



Enrollment Kit



Flexible Spending Account



Paying for medical expenses made easy.

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Dear Employee,

Our goal at MidAmerica is to make your life easier by ensuring your benefits plan is administered properly, and that you have the resources you need to take full advantage of it.

Your employer has placed the administration of your benefits in our hands, and this is not a responsibility we take lightly. It's our promise to you that no matter where you're at in life—actively working, nearing retirement or retired—we will dedicate the time and effort to simplify how you access and manage your benefits.

This Enrollment Kit was developed to help you get started, but as you dive deeper into your benefits, you may find that you still have questions. Don't worry. We are here to help. If you need additional materials, further explanation or guidance, don't hesitate to contact us at (855) 329-0095 or healthaccountservices@myMidAmerica.com.

Welcome to your new benefits plan. We're happy you're here.

Sincerely,

MidAmerica Administrative & Retirement Solutions

Meet MidAmerica

Making sure you receive the health care **benefits you deserve.**

At our core, we are a group of people helping people achieve their retirement and wellness goals. We're just like you. We work hard so that we can have fulfilling and well-earned retirement and healthcare benefits.

We understand that your benefits should be stress-free, so we're here to make sure your plan is administered properly. We take care of the administrative details of your plan, including your plan's funding, processing your distribution requests, and everyday questions.

Since 1995, MidAmerica has grown dramatically while remaining focused on what truly matters most: people. Whether it's you, your employer, our employees or our community, we focus on connecting people with retirement and wellness solutions that lead to a more fulfilled life.



Getting Started

An **introduction** to your plan.



Understanding Your Plan

Your employer has established a Flexible Spending Account (FSA) with MidAmerica to allow you to set aside money on a pre-tax basis to pay for eligible medical expenses. Enrolling in the plan gives you a tax-free way to pay for your eligible medical expenses throughout the year! You can control how much or how little you contribute. For more information on how your FSA operates, please review your **Plan Highlights**.



MidAmerica Journey

You can access your account online through MidAmerica Journey at www.myMidAmericaJourney.com. The Journey portal is an interactive website that gives you around-the-clock access to plan details, online claims submission, forms, system guides and much more. If it's your first time accessing the portal select **Get Started**. Next, simply input the prompted information to establish your login credentials.



Journey Benefits Card

You will receive a debit card to pay for eligible medical expenses, reducing the need for claim forms. Hold on to your documentation, though! When you swipe your card at the point of sale, any transaction with eligible, plan-established Merchant Category Codes (MCC) will be approved; however, we may still ask for documentation to verify its eligibility under your plan design. For more information on your Journey Benefits Card, please review the Debit Card FAQ on page 5.



The Journey Mobile App

You are encouraged to download the Journey mobile app, a powerful, on-the-go mobile app that gives you the freedom to submit your claims, ask a question or view your account anywhere at any time. To download, go to your Apple or GooglePlay app store and search **MidAmerica Journey**.



Online Enrollment

You've decided to enroll. What happens next?

During your employer's open enrollment period, you will likely want to take advantage of enrolling in the Flexible Spending Account. Enrolling online is simple and only takes a few steps.

Enrolling in a Plan

If you do not have a username and password:

- Go to www.myMidAmericaJourney.com
- Select **Get Started** from the login page
- Follow the prompts to establish your credentials
- Once logged in, you should see an **Enroll Now** button in the **I Want To** section on your homepage
- Simply select the **Enroll Now** button and follow the enrollment wizard to make your elections and enroll in the plan

If you have a username and password:

- Go to www.myMidAmericaJourney.com and log in
- When you access your account during your open enrollment period, an **Enroll Now** button will appear in the **I Want To** section
- Simply select the **Enroll Now** button and follow the enrollment wizard to make your elections and enroll in the plan

Making an Election that Makes Sense

Your plan allows you to carry over a portion of your unused funds to the following plan year, but any amount in excess of the carryover maximum will be forfeited and does not roll over from year to year. To view current carryover maximums, visit www.myMidAmerica.com/fsalimits. This is why it's important to estimate your expenses to the best of your ability. To help you make an election that makes sense, we've included an FSA Worksheet in your Enrollment Kit. Using the worksheet, you can evaluate your expected expenses, and determine a sensible annual election.

What Happens Next?

Once you're enrolled, each month thereafter, your annual election is taken out of your paycheck in equal installments.

Election Changes

Once you've enrolled, per the IRS, you have the opportunity to change your election if you have a qualifying change in status during the plan year. Qualifying changes include marriage, divorce, death, change in coverage, dependent enrolled in school, birth/adoption, or a change in employment. You must make sure the adjustment is relevant to the change in status, and the requested election change has to be consistent with the event. For example, if you have a child, you could increase your election amount because you have a new dependent. However, it would not be appropriate to decrease your election amount in that scenario.

Downloading Plan Forms & Guides

Once logged into your online account, select **Tools & Support** from the Tools & Support dropdown menu. From here, you can download plan forms as well as system guides that will walk you through online processes.

Debit Card FAQ

Common Questions about Required Documentation

How do I know if documentation is required?

Your debit card purchase may be auto-approved. However, if documentation is needed to substantiate your purchase, we will send a request via email, if we have an email address on file, or USPS.

Why was my expense approved at the point of sale if I still have to provide documentation?

The purpose of your debit card is to prevent out-of-pocket payments, which means no waiting around to get your reimbursement! Documentation may be required, however, per IRS regulations.

What documentation is required?

Documentation should always include the name of the service provider, patient name, date of service, description of the services rendered, and your out-of-pocket costs. Some examples include:

- **Explanation of Benefits (EOB):** An EOB returned to you from the insurance carrier indicating the amount for which you are responsible.
- **If there is no insurance for the health care expense, request an Itemized Receipt:** Be sure to request an itemized receipt every time you use your Journey Benefits Card.
- **If an Itemized Receipt is Not Available:** Request documentation on the letterhead of the licensed health care provider that details the service(s) provided and the cost per service. Be sure to include this with your transaction receipt.
- **Pro Tip!:** Keep your medical documentation in a safe location so they're easy to locate if needed.

How do I submit documentation?

- **Online:** Upload your receipt through MidAmerica Journey by visiting www.myMidAmericaJourney.com.
- **From Your Phone:** Download the Journey mobile app, snap a picture of your documentation with your phone and upload it right from the app! To download, go to your Apple or GooglePlay app store and search "MidAmerica Journey."
- **Email:** Email your receipt to claims@myMidAmerica.com.
- **Mail:** Mail it to PO Box 24927, Lakeland, FL 33802
- **Fax:** Fax it to (863) 577-4460

If we do not receive the requested documentation within 30 days, we will send a 2nd notice via USPS. If we do not receive the documentation after an additional 60 days, the card will be temporarily suspended until documentation is submitted.

How can I make sure my purchase is auto-approved?

- **Establish a Recurring Claim**
The first time you use your card to pay for a recurring expense, you will be asked for supporting documentation such as a statement or itemized invoice from the insurer, or a receipt. Once this has been provided, all purchases for the same dollar amount at the same merchant (or at another merchant with the same MCC) will be automatically approved throughout the plan year.
- **Shop at IIAS Merchants**
Many major pharmacies are registered as Inventory Information Approval System (IIAS) certified. This means you may see an F or FSA next to eligible items on your receipt. The pharmacy's IIAS system allows them to differentiate between eligible and ineligible expenses, making it possible for eligible HRA and FSA products to be automatically approved at the point of purchase.
- **Ask if Copayments Have Been Established Under the Plan**
Copayments that have been established under your employer's Group Health Plan can be used as a substantiation method. For example, if we have on file that there is a pharmacy copay of \$30 and you use your card to make a \$30 copay payment at a pharmacy, the transaction would be automatically approved.

Does my card remain in effect from year to year?

Yes. Your Journey Benefits Card will carry whatever funds are rolled over or contributed.

Flexible Spending Account (FSA)

Frequently Asked Questions



What is a Flexible Spending Account?

Your employer has established a Flexible Spending Account (FSA) with MidAmerica to allow you to set aside money on a pre-tax basis to pay for eligible medical expenses.

Am I eligible to participate in the plan?

Yes, all employees are eligible to participate in the plan.

When can I enroll in the FSA?

Your open enrollment period will be provided by your employer.

How can I contribute to my FSA?

Your FSA contribution amount will be determined by your FSA election each year. These contributions are deducted in equal installments from your paycheck. You can allocate your election based on the following:

- Health Care Flexible Spending Account
- Dependent Care Account (DCA)

What are the contribution limits?

View the applicable maximum dollar amounts by visiting www.myMidAmerica.com/FSALimits.

Can I change my election amount?

Your election amount is binding for the entire plan year unless you have a qualifying event. However, you may change your election amount during the following year's enrollment.

What qualifying events are allowed for mid-year election changes?

The below are examples of qualifying events when a mid-year election change is permissible. The change in election must always be consistent with the event.

Events that would allow an election increase:

- Marriage
- Birth or adoption of child
- Child who gains dependent status

Events that would allow an election decrease:

- Divorce
- Child no longer qualifies as a dependent
- Death of dependent

Events that would allow an election increase or decrease:

- Your spouse or dependent starts or ends a job
- Your spouse or dependent has an increase or decrease in work hours
- You gain or lose eligibility for employer-sponsored health insurance or health flexible spending coverage
- You receive a court order requiring you or another person to provide health coverage for an eligible child
- You, your spouse, or dependent gain or lose Medicare or Medicaid coverage
- You go on or return from FMLA leave as allowed by FMLA requirements and plan rules

How do I make a mid-year election change?

Complete and submit MidAmerica's Change in Status Election form, along with the necessary documentation supporting the election change. You can access this form by logging into your account at www.myMidAmericaJourney.com and selecting **Tools & Support**.

When am I able to use my funds?

Your FSA funds are available immediately. Funds must be used in the year they are deposited or the remaining balance is forfeited after 90 days. Funds in your FSA must be exhausted prior to requesting reimbursements from an HRA.

Am I able to submit claims for reimbursement after the end of the plan?

You will have 90 days after the end of the Plan Year to submit any eligible claims for reimbursement.

What happens to my unused funds at the end of the 90 days?

You are able to carry over up to \$610 of your unused funds to the following plan year. Any amount in excess of the \$610 carryover will be forfeited.

Can I still submit claims if I no longer work for St. Anthony-New Brighton ISD #282?

Yes. You will have 90 days after you separate from service to submit expenses that were incurred prior to your separation date.

How can I view my account balance and transaction history?

Please log into your secure online account through www.myMidAmericaJourney.com. If it is your first time logging in, select **Get Started**. Next, simply follow the prompts on the screen to establish your credentials.

Questions?

If you have questions regarding your plan, please contact MidAmerica Administrative & Retirement Solutions (MidAmerica), the plan administrator, at (855) 329-0095 or email us at healthaccounts@MyMidAmerica.com.



Flexible Spending Account Worksheet

Estimate your expenses

We want you to make a smart annual FSA election. To help you do this, we've put together a worksheet you can use to estimate your expenses and savings.

Your total estimated costs will help you determine what election amount makes sense for you.

Take it a step further by calculating your estimated tax savings using your total projected expenses!

Projected Uninsured Plan Year Expenses

Medical and dental deductible	\$ _____
Medical insurance co-payments and coinsurance.	\$ _____
Dental insurance co-payments and coinsurance.	\$ _____
Immunizations, injections and vaccinations	\$ _____
Routine examinations	\$ _____
Dental and orthodontic expenses.	\$ _____
Prescription drugs or co-payments.	\$ _____
Eye examinations, glasses and contacts	\$ _____
Hearing examinations	\$ _____
Transportation to and from medical provider	\$ _____
Medically necessary elective surgery	\$ _____
Other expenses	\$ _____
Total expenses	\$ _____

The above items are some common expenses. Please see the FSA List of Eligible and Ineligible Expenses for a more comprehensive list.

Calculate your savings

Estimated Tax Savings

Desired FSA Plan Year Election	\$ _____
Multiply the number above by 25% (estimated tax savings)	x _____ .25
Estimated tax savings for the year	\$ _____





FSA Eligible Medical Care Expenses

A Partial Listing

What are medical care expenses?

The IRS defines these expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

With that in mind, we have created a list of medical expenses inquired about most frequently. For a full listing of eligible expenses, we encourage you to download the IRS Publication 502 Medical and Dental Expenses from IRS.gov.*

Dental Services

Crowns/Bridges
Dental X-Rays
Dentures
Exams/Teeth
Cleaning
Extractions
Fillings
Gum Treatment
Oral Surgery
Orthodontia/Braces

Insurance-Related Items

Co-pay Amounts
Deductibles
Preexisting condition expenses (medical)
Private Hospital Room
Differential

Lab Exams/Tests

Blood Tests
Cardiographs
Diagnostic
Laboratory Fees
Metabolism Tests
Spinal Fluid Tests
Urine/Stool Analysis
X-Rays

Medications

Aspirin, if plan allows
Insulin
Nicotine Gum or Patches, if plan allows
OTC Medicines, such as pain relievers, sleep aids, digestive aids, and cold

medicines
Prescribed Birth Control
Prescribed Vitamins (to treat specific disease)
Prescription Drugs

Obstetric Services

Midwife Expenses
OB/GYN Exams
OB/GYN Prepaid
Maternity Fees (reimbursable after date of birth)
Post-Natal/Pre-Natal Treatment
Pre-Natal Vitamins

Practitioners

Allergist
Chiropractor
Christian Science
Dermatologist
Homeopath
Naturopath
Osteopath
Physician
Psychiatrist
Psychologist

Other Medical Treatments/Procedures

Acupuncture
Alcoholism (inpatient treatment)
Cosmetic Surgery (if medically necessary)
Drug Addiction
Hearing Exams

Hospital Services
Infertility
In-Vitro Fertilization
Norplant Insertion or Removal
Patterning Exercises
Physical Examination (not employment related)
Physical Therapy
Pregnancy Tests
Rolfing
Smoking Cessation Programs
Speech Therapy
Sterilization
Transplants (includes organ donor)
Treatment for Handicapped
Vaccinations/Immunizations
Vasectomy
Well-Baby Care

Other Medical Equipment, Supplies and Services

Abdominal/Back Supports
Ambulance Services
Arches/Orthopedic Shoes
Contraceptives
Counseling
Crutches
Guide Dog (for visually/hearing impaired person)
Hearing Aids &

Batteries
Breast Pumps
Hospital Bed
Learning Disability (special school/teacher)
Medic Alert Bracelet or Necklace
Menstrual Care Products
Oxygen Equipment
Prescribed Medical and Exercise Equipment
Prosthesis
Splints/Casts
Support Hose (if medically necessary)
Syringes
Transportation Expenses (essential to medical care)
Tuition Fee at Special School for Disabled Child
Wheelchair
Wigs (hair loss due to disease)

Vision Services

Artificial Eyes
Contact Lenses
Contact Lens Solution
Eye Examinations
Eyeglasses
Laser Eye Surgeries
Ophthalmologist
Optometrist
Prescription
Sunglasses
Radial Keratotomy



Dependent Care Account Expenses

How it can work for you

A Dependent Care Account (DCA) is a type of FSA that allows you to pay for eligible dependent care expenses with pre-tax dollars throughout the year, eliminating the need to take the annual Federal Tax Credit. The amount you contribute to your DCA is not subject to Federal, State or FICA taxes, which generally means a tax savings of 15% to 40%, depending on your tax bracket.

Who is considered a qualified dependent?

Dependents are defined as children under 13 years of age, or children 13 and over who are physically or mentally unable to care for themselves. A spouse or an elderly parent residing in your home who is physically or mentally unable to live independently also qualifies.

Eligible Providers

You are able to use any provider you choose; however, they cannot be your own child if they are under 19 and still claimed as a dependent. An example of this may be paying your 16-year-old to babysit your 10-year-old. You cannot be reimbursed for the amount you paid the 16-year-old for babysitting. However, a provider can be as informal as a neighbor who watches your children after school, as long as they claim the money received for the services as income when determining their taxes at the end of the year. Note: you will need to obtain the provider's Federal Identification / Social Security Number for inclusion on your tax filing.

Eligible DCA Expenses

Expenses which allow you (and your spouse, if married) to work, look for work or attend school as a full-time student are eligible. Below are expenses that would qualify for reimbursement from your DCA:

- Day care facility fees (including transportation, lunches, educational services)
- Before-school and after-school care
- Local day camp
- In-home babysitting fees (income must be claimed by your care provider)
- Nursery school and preschool (preschool expenses are eligible if the amount you pay for schooling cannot be separated from the cost of care.)



Common Ineligible Expenses

A Partial Listing

Common Ineligible FSA Expenses

The IRS does not allow the following to be reimbursed under your Flexible Spending Account as expenses to promote general health are not eligible. This is not an inclusive listing.

Babysitting and Child Care	Treatment Program (at a Health Club)****	Special Foods**** (cost difference of common product)
Calcium Supplements	Herbs & Herbal Medicines	Student Health Fee
Canceled Appointment Fees	Homeopathic Drugs	Swimming Lessons
Contact Lens Insurance	Illegal Operation or Treatment	Tattoo Removal
Cosmetic Surgery/Procedures	Insurance Premium Interest Charge	Teeth Whitening/Bleaching
Custom Fit-overs (clip-ons)	Insurance Premiums	Toiletries, Toothpaste, etc.
Dancing Lessons	Lamaze Class*****	Varicose Vein Treatment****
Diaper Service	Marriage Counseling	Veneers
Discounted Fees/Write-offs	Massage Therapy*****	Vision Discount Program Premiums
Electrolysis	Maternity Clothes	Vitamins****
Exercise Equipment****	Personal Trainer	Weight Loss Programs &/or Drugs****
Eyeglass Insurance	Prescription Drug Discount	
Fitness Programs****	Program Premiums	
Hair Loss Medication	Retin-A****	
Hair Transplant	Rogaine****	
Health Club Dues		

Common Ineligible DCA Expenses

Dependent care expenses are not considered incurred until the child care is actually provided.

Reimbursement may not exceed your year-to-date deductions. Divorced parents should be aware that the Dependent Care Reimbursement Account is only available to the custodial parent, as it can only be used to allow the parent to be gainfully employed. The following are examples of common ineligible expenses:

- Diaper changing fees
- Fees for lessons (e.g., dance, piano, swim, etc.)
- Field trips
- Household services (housekeeper, maid, cook)
- Kindergarten
- Lunches/food
- Maternity Leave (if you or your spouse are on maternity leave and you place your other children in day care, those expenses are not eligible)
- Overnight camp expenses (this is not considered a work-related expense)
- Transportation for day care

* There are two exceptions to be aware of: 1) Insurance premiums are not reimbursable under a Health Care Reimbursement Account / Flexible Spending Account, and 2) the reimbursement is based only upon when the expense was incurred. For example, the date of service, not the date paid.

** There are two exceptions to be aware of: 1) Insurance premiums are not reimbursable under a Health Care Reimbursement Account / Flexible Spending Account, and 2) the reimbursement is based only upon when the expense was incurred. For example, the date of service, not the date paid.

*** Based on the definition described in Section 223(c)(2)(C).

**** Eligible only with Doctor's certification identifying the medical condition and length of treatment program.

***** IRS Section 213(d) has indicated that therapy provided for the general improvement of mental health, relief of stress, or personal enjoyment, is not an eligible expense reimbursable from your HRA or FSA account. Therapy used to treat a specific medical need remains eligible. Therefore, this type of expense will require a doctor's note, with a diagnosis, to state the medical need for eligibility to be determined.

*****Eligible expenses are limited to the mother's instruction related to birth.

Questions?

(855) 329-0095

healthaccountservices@myMidAmerica.com

Customer Service Hours

Monday through Thursday, 8:30 a.m.–8 p.m. ET

Friday, 8:30 a.m.–6 p.m. ET



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