



Kansas City



FLEXIBLE SPENDING ACCOUNT (FSA)

Welcome Kit



YOUR FSA

What is an FSA?

Your employer provides you with the opportunity to enroll in a Flexible Spending Account (FSA). An FSA allows you to set aside dollars on a pre-tax basis to pay for eligible medical, dental, vision and dependent care expenses. The amount you choose to contribute is taken out of your paycheck in equal amounts each pay period.

There are three types of FSAs available to help you save – a Health Care FSA, a Limited Purpose FSA and a Dependent Care FSA.

Health Care FSA

With this account you are able to pay for eligible medical, dental, prescription and vision expenses not covered by insurance.

The IRS allows certain medical, dental, vision and related services to be reimbursed through an FSA. Below is a partial list of expenses that qualify for FSA reimbursement. Over-the-counter medications prescribed by a physician, while not listed below, are still eligible for FSA reimbursement. This list is subject to change without notice due to new legislation. For a complete list, log on to www.mybluekcfsa.com.

Examples of eligible expenses:

- Ambulance service
- Bandages, Band-Aids, wraps, and splints
- Chiropractor professional fees
- Contact lenses/solution
- Dental treatment (including orthodontia)
- Diagnostic services and tests
- Drugs (prescription)
- Prescription eyeglasses
- Hospital services
- Orthopedic devices
- Physical therapy

Dependent Care FSA

A Dependent Care FSA allows you to pay for dependent care expenses for children under 13 or for an eligible adult unable to care for themselves.

The IRS allows certain dependent care related services to be reimbursed through a FSA. The below list of services are common FSA Dependent Care expenses. This list is subject to change without notice due to new legislation. For a complete list of eligible Dependent Care FSA expenses please go to www.mybluekcfsa.com.

- Activity fees
- Adult day care center
- Before or after school programs
- Child care
- Elder care (in your home or someone else's)
- Nanny
- Nursery school
- Senior day care

Limited Purpose FSA

For those with a Health Savings Account, the Limited Purpose FSA can reserve your HSA dollars when paying for dental and vision expenses.

- Ambulance service
- Bandages, Band-Aids, wraps, and splints
- Chiropractor professional fees
- Contact lenses/solution
- Dental treatment (including orthodontia)
- Diagnostic services and tests
- Drugs (prescription)
- Prescription eyeglasses
- Hospital services
- Orthopedic devices
- Physical therapy

ONLINE REGISTRATION

Accessing your account through the online member portal will enable you to submit claims electronically for faster approval, as well as access balance and claims history, important communications and more.

Setting up your account for online access is easy! Just follow the steps below.

For additional help you can download the Registration Guide with step-by-step screen shots at www.mybluekcfsa.com.

To begin

- Go to www.mybluekcfsa.com.
- Click **Register**.



Take Advantage of all the Resources

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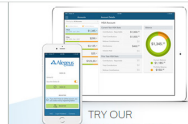
Benefits Card Information



Documents & Forms



Frequently Asked Questions



Step 1

- Read all instructions.
- Start by creating a username.
- Fill out remaining required fields including your Employer ID: **NUEBCBKC**.
- Your Employee ID is your Social Security number.
- Accept terms of use, and click **Next**.

To register with this site, you must have an **Employee ID** and a **Registration ID** which is either your Employer's Employer ID or your Benefit Debit Card Number

Register



Johntest123



Username must be at least six characters long

A valid password must contain between 8

A password must contain 3 of the following

- AN UPPER CASE LETTER

Step 2

- Fill out security questions.
- Click **Next**.

Register - Secure Authentication



Select Question 1 *

In which city was your spouse born?

Type your answer here



Please use the following list to choose questions relevant to you and then enter your answers. These questions may be asked to confirm that an authorized user is registering information online.

Select Question 2 *

Step 3

- Confirm your email address.
- Click **Next**.

Register - Secure Authentication



First Name

John

Last Name

Test

Confirm Email *

jcollins@nuesynergy.com



The email address entered is not used for solicitation purposes.

Step 4

- Confirm your information.
- Click **Next**, and you're finished!

Register - Secure Authentication



Your setup information has not yet been submitted. Please verify your information before clicking Submit Setup Information. If you need to make a change after submitting, click the appropriate Change Information link.

Questions and Answers

Question 1

In which city was your spouse born?
NueSynergy



EDIT INFO

FSA DEBIT CARD

The free NueSynergy FSA debit card provides a convenient method to pay for out-of-pocket medical expenses for you, your spouse and/or any tax dependents. The IRS imposes strict regulations on where the FSA debit card can be used and when follow-up documentation is required to substantiate a qualified expense. The card is a convenient benefit, but it is important that you take a moment and understand how it works. As a participant in the FSA, you will automatically receive a debit card. Should you wish for your eligible spouse or dependent to also have a debit card, please complete and return the Debit Card Enrollment form on at your earliest convenience.

Where is the NueSynergy FSA debit card accepted?

Participants can use the FSA debit card at qualified merchants to pay for qualified items such as:

- Office visit copays
- Deductible-related expenses
- Prescriptions
- Dental work (including orthodontia)
- Eyeglasses and contacts

How does NueSynergy verify that the FSA debit card is used only for qualified expenses?

The IRS has imposed limitations that help ensure the card is used only for qualified expenses. When the card is swiped at a qualified merchant and there is a sufficient balance available in the participant's FSA, the qualified purchase will be paid directly from the reimbursement account.

The IRS requires participants to keep all receipts for FSA expenses for seven years in the event of a tax audit. If there is a discrepancy or unusual transaction amount, NueSynergy is required by the IRS to verify the transaction. If a transaction cannot be electronically substantiated, a participant will be sent a notification via email to submit a third-party receipt showing the date of service, description or type of treatment and the amount owed.

All plan communication pertaining to your account activity is provided solely via email and at www.mybluekcfsa.com. It is important to notify NueSynergy if you change your email address.

What are the advantages of using the NueSynergy FSA debit card?

Participants who use the card at qualified merchants may pay for eligible expenses without having to submit a claim and wait for reimbursement. Participants can log on to www.mybluekcfsa.com for real-time, online account information including balance, deposits made to date, and a list of pending and completed payments.

Recurring FSA debit card expenses for the exact amount at the same provider can be set up as a recurring transaction. When you submit your initial documentation, please include a note stating the transaction will be a recurring expense. This will prevent the need for additional documentation on future purchases of the same item purchased at the same provider.

Does the participant always have to use the FSA debit card for claim reimbursement?

No. There will be times when a merchant does not accept the FSA debit card. This does not mean that the expense is not eligible. Participants will need to pay for the expense from their personal funds and then submit a claim for reimbursement. Claim forms can be found at www.mybluekcfsa.com.

How do I send my required documentation for substantiation of my FSA debit card transactions?

You can submit documentation by using NueSynergy Mobile, your member portal at www.mybluekcfsa.com, or by faxing, emailing or mailing completed forms and copies of bills, receipts or invoices to:

NueSynergy
4601 College Blvd, Suite 280, Leawood, KS 66211
Fax: 855.890.7238
Email: customerservice@nuesynergy.com

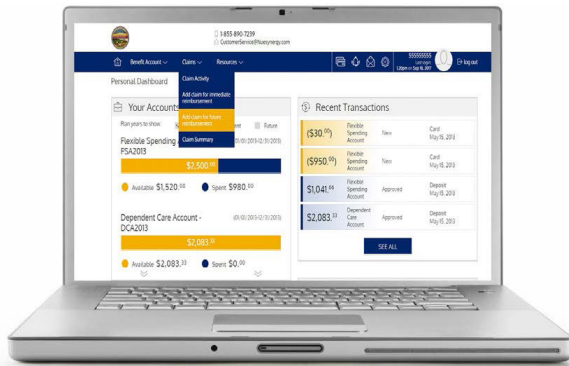
How to substantiate your debit card transaction

The IRS requires documentation be provided at certain times to ensure the card is being used to pay for eligible expenses. The FSA debit card is a great benefit, but you'll want to be sure you know how to substantiate your debit card transactions, if need be.

Once you receive a notification that you have a pending debit card claim you can fax, email or attach your receipt online at www.mybluekcfsa.com,

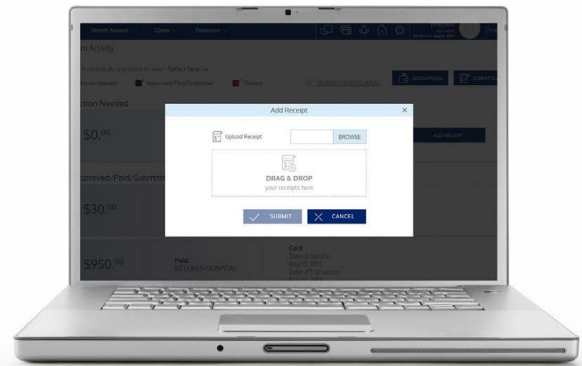
Step 1

- Log in to your online account at www.mybluekcfsa.com, and select **Claims > Claims Activity** from the Navigation menu.



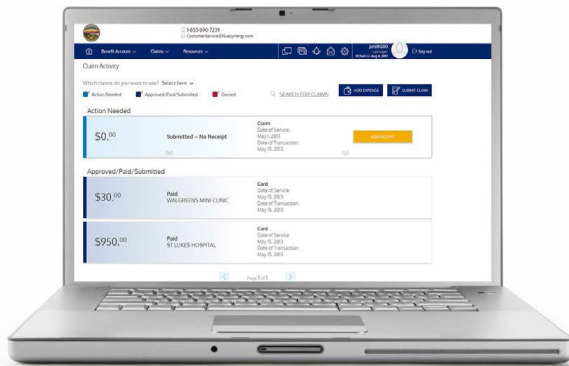
Step 3

- Drag and drop, or click **Browse** to select your electronic documentation, and then click **Submit** to attach that documentation to your debit card transaction.



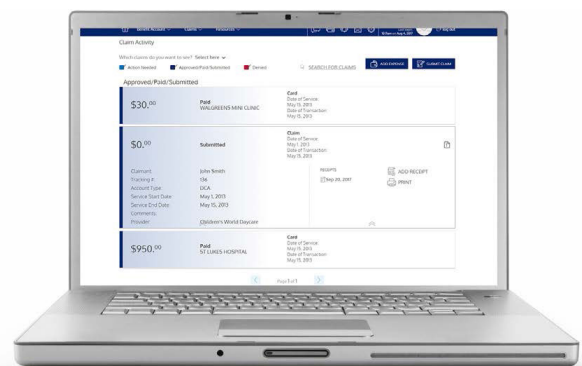
Step 2

- You will be directed to **Claims Activity**.
- Click **Add Receipt** under **Action Needed** to attach your electronic claims documentation.



Step 4

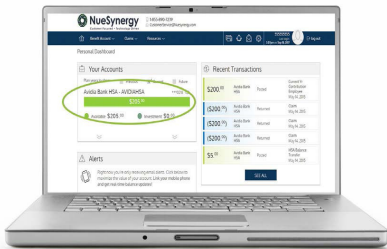
- Your receipt has now been attached to your debit card transaction and is pending approval from NueSynergy.



ACCESSING YOUR FSA ONLINE

Step 1

- After registering, sign in to your account and click **Your Account** on the personal dashboard.



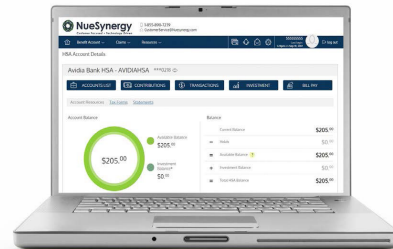
Step 2

- You can manage your FSA by selecting the tabs located above your account summary.



Feature guide

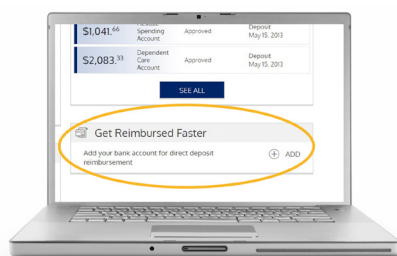
- Dashboard** — Takes you back to the home screen of your portal.
- Transactions** — All transaction activity on your account detailed with date, type, description, and plan year.
- Submit a claim** — Click here to submit your claim online.



ONLINE DIRECT DEPOSIT

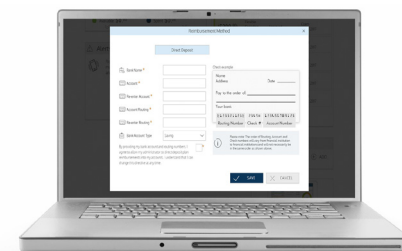
Step 1

- After registering, sign in to your account, and select **Get Reimbursed Faster** on the homepage.



Step 2

- Review the example to determine where to find your routing and account number on your check.
- Input both numbers exactly as they appear on your check.
- Click **Save** and you're finished!



HOW TO FILE A CLAIM

File your claim online

One of the easiest ways to submit your claim for reimbursement is by completing our online claim form at www.mybluekcfsa.com. Once your claim is processed, an email notification will be sent to your email address on file confirming approval or requesting additional documentation.

Step 1

- Go to www.mybluekcfsa.com.
- Log-in to your online account.
- Click **Claims**.
- Select **Submit Claim for Reimbursement**.

Step 2

- Enter your claim details.
- Drag and drop, or upload your scanned receipts.
- Read certification statement.
- Click box to agree.
- Click **Submit**.

File your claim with NueSynergy Mobile

Filing a claim with the free NueSynergy Mobile app is fast and easy. Once your claim is processed, an email notification will be sent to your email address on file confirming approval or requesting additional documentation.

Step 1

- Log on to NueSynergy Mobile.
- Click **Claims**.
- Click + on the top right corner to add an expense or submit a claim.

Step 2

- Fill out all required information to submit a claim.
- Click **Preview**.
- Review your information and click **Submit**.

File your claim online

You can download a copy by going to www.mybluekcfsa.com. Claims can be faxed or emailed to NueSynergy at 855.890.7238 or customerservice@nuesynergy.com.

NUESYNERGY MOBILE APP

NueSynergy is excited to offer you a new way to access your account! By downloading the NueSynergy Mobile app, you will have a single access point to manage your benefit account.



NueSynergy Mobile enables you to:

- See detailed account information
- View your account balance and plan details
- Review recent transactions
- View all email and SMS alerts
- Contact administrator via email or mobile phone
- Submit a claim for substantiation
- Upload a photo of a receipt or bill to attach to a claim or debit card transaction for approval

Step 1

- Access App Store (iPhone) or GooglePlay (Android)
- Search for NueSynergy
- Select install and accept app permissions
- Select the app once NueSynergy Mobile is downloaded

Step 2

- Sign in using the same username and password for your participant portal at www.mybluekcfsa.com. (If you have not yet registered your account online, you can do so on the mobile app by selecting the **Register** button at the bottom of the sign on screen.)

FREQUENTLY ASKED QUESTIONS

I don't like the "Use-it-or-lose-it" FSA rule. Why can't my unused funds roll over from year to year?

Section 125 of the IRS tax code states that there may be no deferral of compensation. Specifically, money contributed in one plan year cannot be used or deferred to pay for benefits in another plan year (except during the grace period).

Do I have to elect an FSA every year if I want to keep it?

Yes, participants must enroll each plan year.

Where can I go to find out what expenses are considered eligible under a Health Care FSA and/or Dependent Care FSA?

The easiest way to find out if an expense is considered eligible is to go to www.mybluekcfsa.com. There you will find an extensive list of eligible FSA expenses. These expenses are determined by the IRS/Department of Treasury Publications 502 and 503. These publications are available at www.IRS.gov.

What is the deadline for incurring an eligible expense within a plan year and for filing a claim?

If you are actively employed and you have a positive balance in your Health Care FSA, Limited Care FSA or Dependent Care FSA at the end of the plan year, December 31, you have until March 31 following each plan year to file a claim for reimbursement. All expenses for Health Care FSAs, Limited Purpose FSAs and Dependent Care FSAs must be incurred by December 31.

Note: If you have a positive balance of \$25 up to \$500 in your Health Care FSA or Limited Purpose FSA, then you are eligible to carryover those FSA funds into the new plan year. These funds can reimburse expenses incurred throughout the entire plan year. (see question: When are carryover funds available for the member?) Dependent Care doesn't have a rollover.

When are carryover funds available for the member?

Healthcare FSA to Health Care FSA carryover

As of December 31 any funds up to \$500 remaining in the Health Care FSA will immediately carryover on the first day of the new plan year. This means that the carryover amount is simultaneously available to pay previous plan year expenses and current plan year expenses during the previous plan year run-out period.

Health Care FSA to Limited Purpose FSA carryover

Funds remaining in the Health Care FSA as of December 31 can only be used for previous plan year dates of service until the end of the plan run-out period. Any dental or vision expenses incurred during the new plan year can be reimbursed either immediately from the new plan year Limited Purpose FSA, or at the end of the run-out period, when any remaining funds from the previous plan year Health Care FSA are carried over to the Limited Purpose FSA.

If I experience a qualifying event, when will the change become effective?

According to Section 125 of the IRS tax code, all eligible changes must be made on a prospective or "future forward" basis. Participants have 60 days to inform their employer in writing of a qualified change in status. The effective date of the change will be the first of the month following the receipt and approval of the change request by BCBSKC. For example, if a participant gets married on March 31 and does not submit a Change in Status form requesting to increase/decrease their contribution until April 10, the effective date of the change would be May 1.

If I go on a leave of absence, what are my contribution options?

When a participant goes on a leave of absence there are three options available:

- Make a lump-sum pre-payment for the time you're going to be gone, if known.
- Make after-tax contributions via personal check to BCBSKC while on leave.
- Make a catch-up contribution upon the employee's return from leave.

Note: If catch up contributions are not made then the absence will be considered a period of no coverage and claims incurred during this time will not be reimbursable.

Is there a deadline for submitting my FSA Debit Card Enrollment form?

No, you can submit your FSA Debit Card Enrollment form to NueSynergy at any time. If you need multiple cards, please complete a form for each card requested. Completed Debit Card Enrollment forms may be e-mailed, faxed or mailed to NueSynergy at the contact information provided.

What happens to my FSA if I retire or leave employment mid-year?

When a participant leaves employment their FSA accounts will terminate on their last date of employment. For Health Care FSAs and Limited Purpose FSAs, expenses incurred while active may continue to be submitted for reimbursement through March 31 following the close of the plan year.

For the Dependent Care FSA, expenses may continue to be incurred up through the last day of employment and submitted for reimbursement through March 31 following the close of the plan year.

Example: My 10-year-old step-child will be living with me until the end of the school year. After that, they are moving in with their biological father. I had included their expenses when calculating my annual election during Open Enrollment. Can I lower my contribution amount after they move out?

Yes, a change in residence of a dependent child is a qualifying event that allows for a mid-year election change.

When I submit a Dependent Care FSA claim should I claim only what I've contributed for that month or what I actually incurred in daycare costs?

You should claim what you actually incurred in daycare costs. NueSynergy will keep track of your Dependent Care FSA claim and will reimburse you as contributions are made to the account.

Are over-the-counter items eligible for reimbursement under my FSA?

Over-the-counter (OTC) medicines and drugs require a prescription from your doctor in order to be reimbursed through an FSA.

There are, however, many OTC items that do not require a prescription to be reimbursed such as contact lens solution and supplies, Band-aids, elastic bandages, insulin and diabetic supplies, ostomy products, hearing aid batteries, cotton balls and first aid kits.

What web browsers can I use to access my account online?

www.mybluekcfsa.com requires the most recent versions of Internet Explorer, Firefox, and Chrome. Safari is not an acceptable web browser.

Further Questions?

NueSynergy is the administrator for your plan. We can be reached at 855.890.7239 Monday-Friday from 7:30 a.m. – 5:00 p.m., CST.

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AUTHORIZATION FORM

Direct Deposit Authorization Form

Direct deposit of your FSA reimbursements is a convenient feature. You may sign up for direct deposit by logging into www.mybluekcfsa.com or by completing the authorization form. By completing the authorization form below, you are directing your employer and financial institution to deposit your reimbursements to the checking or savings account you designate.

To sign up for direct deposit, simply complete the form as directed, and return it to NueSynergy, your FSA administrator. Be sure to:

- Fill out the form completely.
- Mark the appropriate box to indicate whether your reimbursement will be deposited to your checking or savings account.
- Attach a voided check to the form if you want reimbursements deposited in your checking account. Attach a voided deposit slip if you want reimbursements deposited to your savings account.

Banking Information: ☐ Checking (attach a voided check) ☐ Savings (attach a deposit slip)

Employer: Blue Cross Blue Shield of Kansas City

Employee/Participant Name: _____

Social Security Number or Employee ID: _____ **Date of Birth:** _____

Address: _____ **City/State/Zip:** _____

Daytime Phone: _____ **Email:** _____

Financial Institution/Depository: _____

Branch: _____

City: _____ **State:** _____

Account #: _____ **Routing # (9 Digits):** _____

*Direct deposit cannot be processed without a voided check/deposit slip.

By completing and signing this Authorization Form, I, the PARTICIPANT, am directing my EMPLOYER/ ADMINISTRATOR and FINANCIAL INSTITUTION/ DEPOSITORY to deposit my reimbursements to my designated checking or savings account. The FINANCIAL INSTITUTION/ DEPOSITORY indicated above is authorized to credit the same to such account. I also authorize my EMPLOYER/ADMINISTRATOR to draw drafts on my account or to initiate debit entries to my account, solely for the purposes of adjusting an error resulting from a deposit or credit entry that has been made under this Authorization in an amount that is not correct. The FINANCIAL INSTITUTION/ DEPOSITORY shall not be liable for honoring any draft, debit entry or withdrawal initiated by my EMPLOYER/ ADMINISTRATOR.

Should my EMPLOYER/ADMINISTRATOR be unable to stop from posting an entry with respect to which I, the PARTICIPANT, has requested cancellation or amendment or should the EMPLOYER/ADMINISTRATOR be unable to withdraw the entry from the ACH Origination System, I, the PARTICIPANT, may initiate a reversal to correct the entry, as provided by the ACH Rules. Where I, the PARTICIPANT, initiate a reversal for an individual entry, I, the PARTICIPANT, must notify the EMPLOYER/ADMINISTRATOR of the entry no later than the settlement date of the reversing entry. Reversals do not guarantee that the funds will be returned and the EMPLOYER/ADMINISTRATOR shall not have liability if such reversal is not effected. I, the PARTICIPANT, shall reimburse my EMPLOYER/ ADMINISTRATOR for any expense, losses, or damages the EMPLOYER/ADMINISTRATOR may incur in effecting or attempting to affect the reversal of an entry.

Signature: _____ **Date:** _____

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DEBIT CARD ENROLLMENT

As a participant in the BCBSKC Health Plan FSA, you will automatically be issued a NueSynergy FSA debit card, and agree to use it according to this agreement and the cardholder agreement provided to you with the card. If you would like a card issued to your dependent(s), you will need to complete the information below. Your NueSynergy MasterCard® FSA debit card will be valid for three consecutive plan years.

You understand that the card is restricted to certain merchant categories and is not accepted at all MasterCard acceptance locations. You understand that you may not obtain a cash advance with the card at any merchant, bank or ATM. You understand that the card is to be used exclusively for qualified expenses as defined by the plan(s) in which you participate. If the card is issued pursuant to employer plans, and you use the card for an expense that is not a qualified expense, you are indebted to your employer and must repay the full amount of the non-qualified expense.

You agree to save all invoices and receipts related to any expense paid with the FSA debit card; upon request you must submit these documents for review by the plan service provider. Failure to submit the receipt(s) will cause the expense to be treated as a non-qualified expense and you will be required to remit payment to NueSynergy in order to repay your plan. Payment may be in the form of an offsetting claim, a personal check, online personal checking account information which will create an EFT, or other options established by your employer.

For proper cardholder identification, please complete the following information. Your card cannot be issued until this form is received by your plan service provider. The completed Debit Card Enrollment form may be e-mailed, faxed or mailed to NueSynergy.

All fields required

Employer: Blue Cross Blue Shield of Kansas City

Account Holder First Name: _____ **M.I.** _____ **Last:** _____

Social Security Number or Employee ID: _____ **Date of Birth:** _____

Address: _____ **City/State/Zip:** _____

Home Phone: _____ **Email:** _____

Dependent 1

First Name: _____ **M.I.** _____ **Last:** _____

Social Security Number or Employee ID: _____ **Date of Birth:** _____

Dependent 2

First Name: _____ **M.I.** _____ **Last:** _____

Social Security Number or Employee ID: _____ **Date of Birth:** _____

Dependent 3

First Name: _____ **M.I.** _____ **Last:** _____

Social Security Number or Employee ID: _____ **Date of Birth:** _____

Signature: _____ **Date:** _____

For Official Use Only

Plan Service Provider Initials: _____ **Receive Date:** _____ **Process Date:** _____

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CLAIMS REIMBURSEMENT

FSA Claims Reimbursement Form

Employer: Blue Cross Blue Shield of Kansas City Social Security Number _____

Employee Name: _____ Date of Birth: _____

Address: _____ City/State/Zip: _____

Email: _____ Work Phone: _____

Change of Address: _____

*20 characters maximum, including spaces

*All plan communication pertaining to your account activity is provided solely via email and at www.mybluekcfsa.com. It is important to notify NueSynergy if you change your email address.

Dependent Care Expenses

Dependent Name	Age	Period Covered	Provider Name	Provider Address	Provider Tax ID	Amount Incurred
		-				
		-				
		-				
		-				
		-				

Total Dependent Care Expense:

Day Care Provider Signature: _____

Unreimbursed Medical Expenses

(copies of cancelled checks, credit card slips or balance due statements are not allowed)

Apply to Plan Year		Service Date	Expense Description	Person Who Incurred Expense	Amount Incurred
Prior	Current				
Prior	Current				
Prior	Current				
Prior	Current				
Prior	Current				

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employee's Flexible Spending Arrangement with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense.

Signature: _____ Date: _____

Visit www.mybluekcfsa.com or call us at 855.750.9440 to check on the status of your claim. Fax, email or mail completed forms and copies of bills, receipts or invoices to:

4601 College Blvd, Suite 280 Leawood, KS 66211 • 855.890.7238 • customerservice@NueSynergy.com

For Office Use Only:

Amount Approved:

Amount Rejected:

Rejected by:

