

Welcome

Everything you need to know about administering your Flexible Spending Account





Benefits funding made **simple** for the public sector.

Since 1995, MidAmerica has focused on providing simple, meaningful retirement and wellness funding solutions to the public sector. Our goal is to make the administration of your benefits easy through dedicated account management, total in-house administration, and stress-free plan implementation.

For more than 24 years, we've been champions for the public sector. From our school districts and colleges, to fire departments and city halls - we're here for you because you're always there for us.

Thank you for choosing to partner with MidAmerica. We're happy you're here.

Contents

Welcome	. 1
Implementation Expectations	. 2
Your Online Resources	. 3
Participant Resources	. 4
Claims Process 101	. 5
FSA FAQs	. 6

Implementation Expectations

To stay on track and informed, simply follow this 4-step implementation checklist.

Employer Checklist

 Sign plan documents and return to MidAmerica
 Establish open enrollment period
 Set up ACH account with MidAmerica for weekly debits
Send one-time prefund via ACH, wire, or paper check

Timeline of Events

Below are a few key details on the timing of your implementation.



Provide Open Enrollment Kit to employees. Open Enrollment period begins.



Prefund is calculated by MidAmerica and paid by employer.

Open Enrollment period closes. Summary of Elections sent to employer for review.



Debit cards are issued. Plan is live - claims can now be submitted.



Your Online Resources

Accessing your Online Account

Log into your account through MidAmerica Journey, your benefits management portal, at www.er.myMidAmericaJourney.com. Your username and login instructions will be provided by your Account Manager.

Viewing and Generating Reports

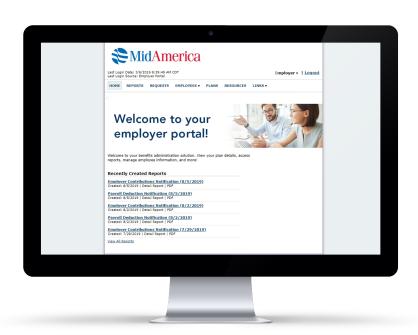
- 1. Once logged in, from the tabbed choices at the top, select Reports.
- 2. You will then see a full listing of reports from which you can choose.
- 3. If you click on the report itself, you can view any previously-run report.
- 4. To run a new report, select Run New Report next to the report you wish to generate.
- 5. You will then be prompted to enter additional details, which will vary depending on the report you have selected. Once complete, select Request to run your report.

Finding Plan Forms and Plan Documents

Once logged in, select Resources from the navigation bar at the top.

Managing Employees and Account Balances

Once logged in, hover over the Employees option from the navigation bar at the top. From here, you can search for employees or quickly access recently viewed information.



Participant Resources

Your employees will receive an Enrollment Kit containing all of the below information. However, we want to prepare you in case they come to you with questions. Here's what you need to know about participant online resources.

Accessing their Online Account

Participants log into their account at www.myMidAmericaJourney.com. First time users will select Create Your New Username and Password. They would then follow the prompts on the screen to input identifying details and security questions, as well as their preferred username and password.

Finding Forms

Once logged into their account, participants are able to access plan forms by selecting Tools & Support from the Tools & Support dropdown menu. They can submit their form by emailing it to claims@myMidAmerica.com, or via fax at (863) 577-4460.

Helpful Resources

Once logged into their account online, participants are able to download other helpful materials from the Resources area. These resources include:

- Plan Information
- List of common eligible and ineligible expenses
- System guides

The Journey Mobile App & Journey Benefits Card

• Participants can download the Journey mobile app from their app store for free. The app allows on-the-go plan management and claims submission.

• The Journey Benefits Card prevents out-of-pocket payments for eligible medical expenses at the point of sale. However, participants need to be sure to always request an itemized receipt. When a participant swipes their card at the point of sale, any transaction with eligible, plan-established Merchant Category Codes (MCC) will be approved; however, when providers are not set up with MCCs, we will require an itemized receipt to verify a transaction's eligibility under your plan design, per IRS regulations.

Customer Service

Participants can submit customer service inquiries by:

- Email: healthaccountservices@myMidAmerica.com
- Phone: (855) 329-0095

Customer Service Hours

Monday through Thursday, 8:30 a.m.–8 p.m. ET Friday, 8:30 a.m.–6 p.m. ET



\$0.00 >

Claims Process 101

Your participants are able to submit their claims and supporting documentation in a number of ways. Below is a quick overview of the claims submission process.

Online Claims Submission

Participants can submit claims online at any time through MidAmerica Journey.

- Once logged in, they would select the Submit a Claim button in the I Want To section.
- Next, they would simply follow the prompts to complete the online form.
- Participants can also submit claims through the Journey mobile app.

Paper Claims Submission

Participants can also submit claims via a paper claim form.

- To download a claim form, they select Tools & Support from the Tools & Support dropdown menu once logged in.
- Participants can email their claim form to <u>claims@myMidAmerica.com</u>
- Mail their claim form to PO Box 24927 Lakeland, FL, 33802
- Fax their claim form to (863) 577-4460

Documentation Requirements

Claim Documentation must include:

- Date of service
- Description of service
- Cost of service
- Individual receiving the service
- Provider of the service

Reimbursement Turnaround Times

Approved claims are processed within 7-10 business days. If the necessary documentation is not received with the reimbursement request, a processor will contact the participant to obtain the missing information. This could delay the reimbursement.

FSA FAQs

Why does MidAmerica require a 10% prefund?

The 10% prefund is required to fund the plan upfront in order to pay for participant reimbursement requests. At the end of the plan year, MidAmerica will true-up the differences between the money paid out of the plan and the replenishment funds we receive. If necessary, we would refund the excess at that time.

What is the replenishment process?

You will be notified of the claims paid. The total paid amount is the amount you will replenish. To expedite this, you can set up an automatic debit from the bank account established or you can send a wire transfer after the report is sent.

Does MidAmerica hold the FSA payroll deductions from my employees?

MidAmerica does not hold any FSA funds. The employer is required to keep these funds with the employer's general assets until we send a report of claims paid for replenishment.

Can a participant use their total annual election before it has been deducted from their payroll?

Yes. A participant has immediate access to their entire annual election amount after they enroll. If a participant separates from service before they contribute the full amount of their election, and they have used their annual election amount in its entirety, the employer will lose the difference.*

Let's look at an example:

An employee makes an annual election of \$2,000 when they enroll in their FSA. In January, they incur an eligible medical expense of \$2,000 for which they receive the full reimbursement. In April, this employee decides to terminate their employment, even though they have only contributed \$500 toward their annual FSA election. In this scenario, the employer loses the \$1,500.

The opposite is true if the employee doesn't use their total annual election by the end of the plan year.

An employee makes an annual election of \$2,000 when they enroll in their FSA. Throughout the plan year, the employee only uses \$500 of this annual election. When the plan year is over, the employee loses the \$1,500 and those funds are forfeited back to the employer. However, a plan may permit an employee to carry over up to \$500 into the following year. If the employer in this scenario offered the carryover, the employee would be able to carry over \$500 in unused funds. \$1,000 would still be forfeited back to the employer.

Both of these examples illustrate the "use it or lose it" rule. The employer and the participant must be at equal risk.

^{*} The only exception to this is with Dependent Care FSAs. The employee can only use the amount they have funded when drawing from a Dependent Care account.