



FSA Open Enrollment Guide



Enrolling in your medical care and/or dependent care Flexible Spending Account (FSA) has never been easier. This guide was designed to walk you through the process so you can take control of your health care spending quickly and simply.

Accessing the portal for the first time?

- Go to www.myMidAmericaJourney.com
- Select **Create your new username and password.**
- Next, you would simply follow the prompts on the screen to enter your identifying details, select your security questions, and create your username and password.

Already have a username and password?

- Simply log into your account with your established credentials.

MidAmerica

Login

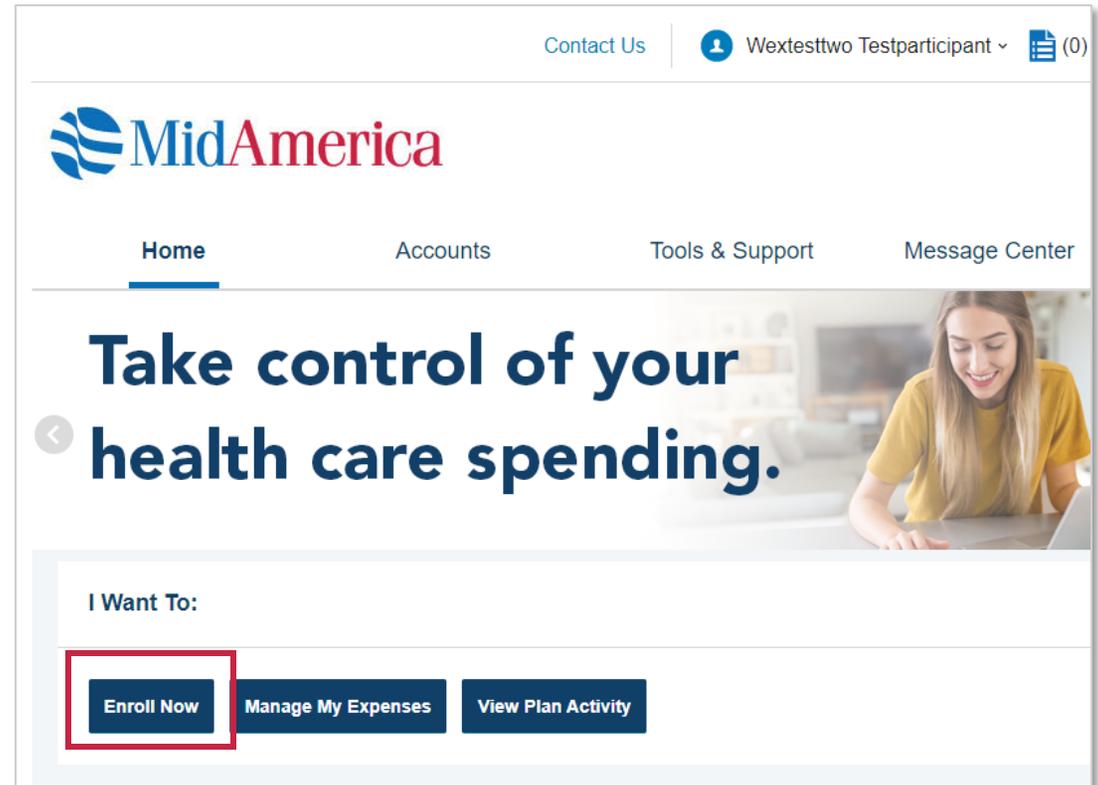
Your benefits on your time.
MidAmerica Journey was built with you in mind. No matter where you're at in life, our goal is connecting you with the benefits you deserve. Access your benefits by logging into your account below.

Are you transitioning to MidAmerica Journey on January 1, 2020?
If you have received recent communications about your upcoming transition, please note you will register for online access after the transition is complete (January 2, 2020).

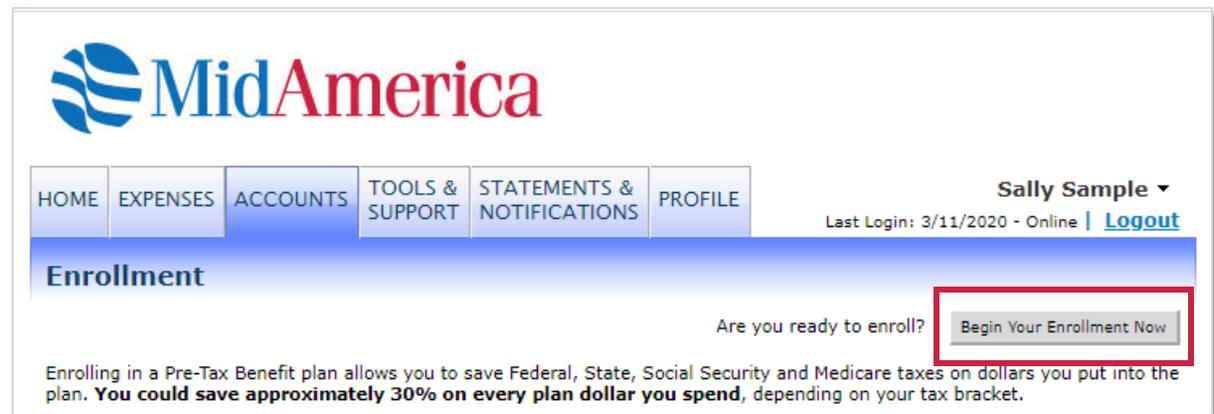
Existing User?	First time here? Register today!
<p>Login to your account</p> <p>Username <input type="text"/> Forgot Username?</p> <p>Password <input type="password"/> <input type="checkbox"/> Forgot Password?</p> <p><input type="checkbox"/> Remember Me</p> <p>Login</p>	<p>Create your new username and password</p>

Enrolling in Your FSA

- When you log into MidAmerica Journey during your open enrollment period, an **Enroll Now** button will appear in the **I Want To** section on your homepage.
- To begin your enrollment, select **Enroll Now**.



- From the next page, select **Begin Your Enrollment Now** to initiate the enrollment process.



Enrolling in Your FSA

Step 1

Review and Update Your Profile

- Some of your identifying details will be preloaded into your profile based on census information provided by your employer.
- Review your profile to ensure the information is accurate
- Be sure to complete all required fields
- Once complete, select **Continue**

Note: if you leave a required field blank, you will not be able to move forward and will receive an error message identifying the missing or incorrect fields.

Profile

steps: 1 2 3 4 5 6

- Please specify your area code.
- Please specify your home phone number.



Sally Sample ▾
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Profile

steps: 1 2 3 4 5 6

* = required field

First Name: * Sally

Middle Initial: *

Last Name: * Sample

Social Security Number: *

Participant Account ID: 0008216009

Home Address:

Country: * United States ▾

Address Line 1: * 2855 Interstate Drive

Address Line 2: *

City: * Lakeland

State: * Florida ▾

Zip Code: * 33805

Mailing Address: Same as Home Address

Home Phone: * (800) 430-7999

Birth Date: * 9/13/1986
(mm/dd/yyyy)

Gender: * Select a gender... ▾

Marital Status: * Married Single

Email Address: *

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Do you have any dependents? Yes No

[Continue](#)

Questions?
Contact MidAmerica Administrative & Retirement Solutions at: (855) 329-0095 or healthaccounts@myMidAmerica.com

Enrolling in Your FSA

Step 2

Adding Dependents

- If you selected yes to the dependent question in step 1, you will be prompted to enter the dependent information in step 2
 - If you do not have any dependents and selected no to the dependent question in step 1, you will automatically go to step 3
- Once you have entered the necessary information, select Add to List
- If you have more than one dependent, you would repeat the process until you see all of your dependents listed in the Eligible Dependents section
- Once complete, select **Continue**

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Wextesttwo Testp... ▼
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Dependents

steps: 1 2 3 4 5 6

* = required field

First Name: *

Middle Initial:

Last Name: *

Social Security Number: *

Birth Date: * (mm/dd/yyyy)

Gender:

Full Time Student: * Yes No

Relationship:

Eligible Dependents

Name	SSN	Relationship		
Test Dependent	xxx-xx-6789	Dependent	Update	Remove

Enrolling in Your FSA

Step 3

Review the Plan Rules

- Review the FSA plan rules and check the **I have read and understand the Flexible Spending rules** box
- If your plan allows Dependent Care Account enrollment, you will also see information on the DCA. Review the DCA plan rules and check the **I have read and understand the Dependent Care rules** box
- Select **Continue**



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Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Plan Highlights included in your Enrollment Kit, which is provided by your employer.

Flexible Spending

Use it or lose it: FSA funds do not roll over from year to year. This is why it's important that employees estimate their expenses to the best of their ability upon enrollment.

Election Changes: Once an employee enrolls in an FSA, per the IRS, they have the opportunity to change their election if they 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. Employees 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 the employee has a child during the plan year, they could increase their election amount because they have a new dependent. However, it would not be appropriate to decrease their election amount in this scenario.

I have read and understand the [Flexible Spending rules](#)

Dependent Care

Qualified dependents: 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: Employees are able to use any provider they choose; however they cannot be the employee's own child if the child is 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 including on your tax filing.

I have read and understand the [Dependent Care rules](#)

Enrolling in Your FSA

Step 4

Make Your Election

- Enter your annual election amount
- If your plan allows Dependent Care Enrollment, you will also see a field to make a DCA election
- When you select **Calculate**, the system will estimate your per pay period deduction and your annual tax savings
- Once complete, click **Continue**

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Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate your total elections, tax savings, and estimated per pay period deduction, select the calculate button. If you choose not to enroll in a plan, simply leave the field blank.

	Your Election	Max Employee Election
Flexible Spending ⓘ	<input type="text" value="2,500"/>	\$2,750.00
Dependent Care ⓘ	<input type="text" value="1500"/>	\$5,000.00
Total election for the year: \$4,000.00		<input type="button" value="Calculate"/>
Total tax savings for the year *: \$1,200.00		

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

? **Questions?**
Contact MidAmerica Administrative & Retirement Solutions at: (855) 329-0095 or healthaccounts@myMidAmerica.com

Enrolling in Your FSA

Step 5

Select Your Payment Method

- You will automatically receive a debit card in the mail for your FSA/DCA, which is why the Debit Card option is already selected
- As an alternate form of reimbursement, you can choose to receive your reimbursement via a check in the mail by selecting the Check option
- If you prefer to have your reimbursement funds deposited directly into your bank account, select Direct Deposit
- Once complete, select **Continue**



Wextesttwo Testp... ▾
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Payment Method

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

Debit Card

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check
 Direct Deposit

[Continue](#)

 **Questions?**
Contact MidAmerica Administrative & Retirement Solutions at: (855) 329-0095 or healthaccounts@myMidAmerica.com

Enrolling in Your FSA

Step 6 Review Your Enrollment Information

- Review the information you have entered to ensure it is accurate
- If you need to edit any of your information, simply select **Edit Information** next to the section
- If you are happy with your enrollment information, select **Submit**

wextesttwo resp...
Last Login: 4/13/2020 - Online | [Logout](#)

Enrollment Verification

steps: **1** 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile Edit Information

Name: Wextesttwo Testparticipant
Social Security Number: xxx-xx-1122
Home Address: 12345 Test Street
Lakeland, FL 33801
United States
Mailing Address: 12345 Test Street
Lakeland, FL 33801
United States
Home Phone: (800) 430-7999
Birth Date: 1/1/1953
Gender: Female
Marital Status: Single
Email Address: Wextesttwo.Testparticipant@mymidamerica.com
Do you have any dependents? Yes

Dependents Edit Information

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Test Dependent	xxx-xx-6789	1/1/1984	Male	No	Dependent

Enrollment Elections Edit Information

	Employee Contribution	Company Contribution
Flexible Spending	\$2,500.00	
Dependent Care	\$1,500.00	
Total Election for the year:		\$4,000.00

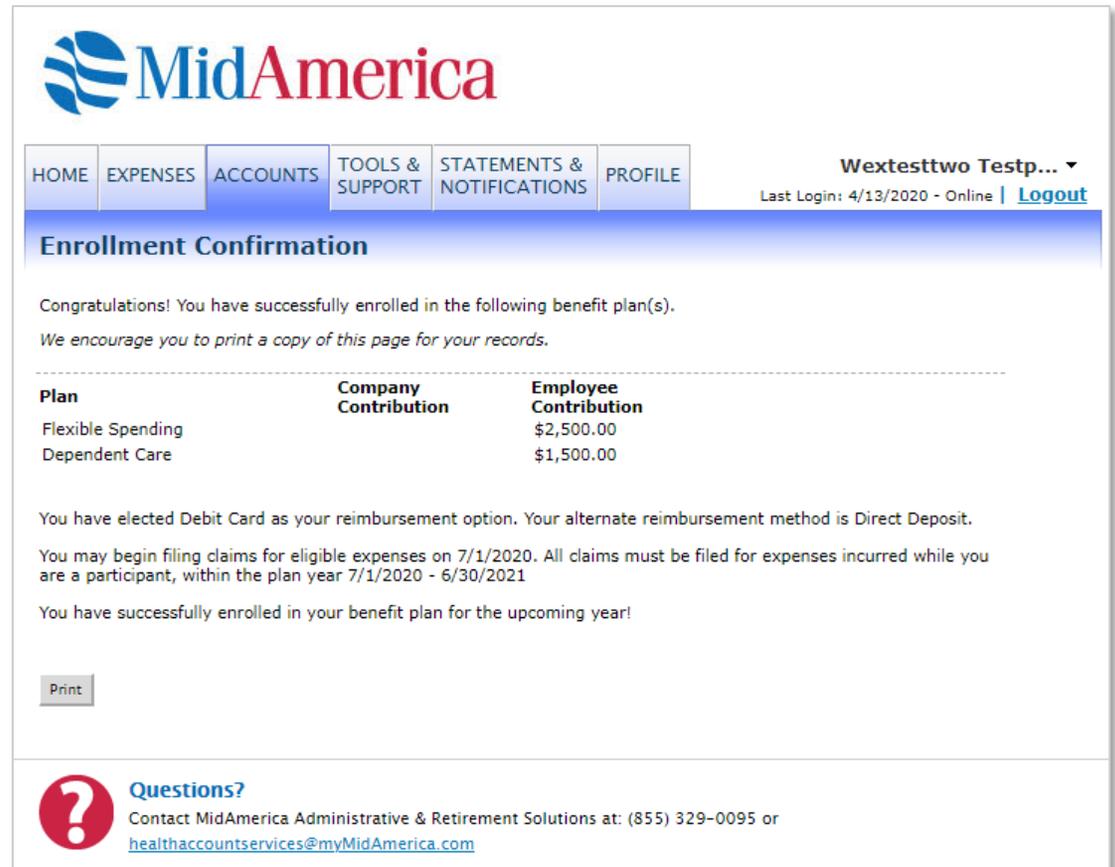
Method of Reimbursement Edit Information

You have chosen **Debit Card** as your method of payment.
Your alternate reimbursement method is Direct Deposit.
Separate debit cards will be issued to the following dependents:
No dependent debit cards issued

Enrolling in Your FSA

Enrollment Confirmation

- Once you have successfully enrolled in the plan, you will be brought to the Enrollment Confirmation page
- You may go back at any time during your employer's open enrollment period to update your information by simply selecting the **Enroll Now** button from your homepage
- When your open enrollment period has closed, the Enroll Now option will be removed



The screenshot shows the MidAmerica website interface. At the top left is the MidAmerica logo. A navigation menu includes HOME, EXPENSES, ACCOUNTS, TOOLS & SUPPORT, STATEMENTS & NOTIFICATIONS, and PROFILE. The user is logged in as 'Wextesttwo Testp...' with a last login of 4/13/2020. The main heading is 'Enrollment Confirmation'. The message reads: 'Congratulations! You have successfully enrolled in the following benefit plan(s). We encourage you to print a copy of this page for your records.' Below this is a table with three columns: Plan, Company Contribution, and Employee Contribution. The table lists 'Flexible Spending' with a company contribution of \$2,500.00 and 'Dependent Care' with a company contribution of \$1,500.00. Below the table, it states: 'You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit. You may begin filing claims for eligible expenses on 7/1/2020. All claims must be filed for expenses incurred while you are a participant, within the plan year 7/1/2020 - 6/30/2021. You have successfully enrolled in your benefit plan for the upcoming year!' There is a 'Print' button. At the bottom, there is a 'Questions?' section with a red question mark icon and contact information: 'Contact MidAmerica Administrative & Retirement Solutions at: (855) 329-0095 or healthaccountservices@myMidAmerica.com'.

Plan	Company Contribution	Employee Contribution
Flexible Spending		\$2,500.00
Dependent Care		\$1,500.00



Questions?

If you have questions about the online enrollment process, please email us at healthaccountservices@myMidAmerica.com or give us a call at (855) 329-0095.