



Flexible Spending Account (FSA) A Member Guide



It takes a team



**Blue Cross
Blue Shield**
of Rhode Island

Maximize Your Take-home Income With an FSA through BCBSRI



Your flexible spending account (FSA) through Blue Cross & Blue Shield of Rhode Island (BCBSRI) allows you to pay for qualified expenses such as healthcare, dependent care, and commuter services with pre-tax dollars. Since taxes are not deducted from your FSA payroll contributions, you'll pay less in federal, state, and FICA taxes—which means more take-home pay! This guide provides the information you need to help you maximize your healthcare, dependent care, and/or commuter FSA.

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Your FSA Options

Healthcare FSA

You can use your healthcare FSA to pay for qualified medical expenses such as medical, dental, and vision out-of-pocket costs. Below is a summary of qualified medical expenses. (This is just a summary. For a complete list of all eligible expenses, please refer to IRS Publication 502.)

Eligible Medical Expenses		
Ambulance	Contact Lenses	Hospital Services
Artificial Limb or Prosthesis	Deductibles	Physician Fees
Birth Control	Dental Expenses	Prescription Drugs
Braces	Diagnostic/Lab Fees	Smoking Cessation Programs
Chemical Dependency Treatment	Eyeglasses	Transplants
Chiropractors	Eye Surgery	Weight Loss Program
Copays	Hearing Aids	

Ineligible Expenses		
Cosmetic Surgery	Medicated Shampoo & Soap	Tissues
Deodorant	Mouthwash	Toiletries
Electrolysis Hair Removal	Multivitamins	
Health Club Dues	Teeth Whitening	



Your FSA Options *(continued)*

Dependent Care FSA

You can use your dependent care FSA to pay for qualified dependent care expenses such as child day care and pre-school. You can contribute up to \$5,000 (or \$2,500 if married and filing separate income tax returns) to your FSA to be used for these expenses. Below is a summary of qualified dependent care expenses. (This is just a summary. For a complete list of all eligible expenses, please refer to IRS Publication 503.)

Eligible Medical Expenses

Child day care programs

Before and after school programs

Home care (care giver cannot be spouse or dependent and is 19 years of age)

Funeral Expenses

Nursery school program

Commuter FSA

You can use your commuter FSA to pay for qualified work-related commuter expenses. You can contribute up to \$255 per month to your FSA to be used for transportation expenses and another \$255 maximum for parking expenses. Below is a summary of qualified commuter expenses. (This is just a summary. For a complete list of all eligible expenses, please refer to IRS Publication 529.)

Eligible Expenses

Bus vouchers and passes used to commute to and from work

Carpooling in a "commuter highway vehicle" to and from work

Ferry passes used to commute to and from work

Work-related parking

Ineligible Expenses

Mass transit and parking costs not associated with the commute to and from work

How Your FSA Works

- Your FSA is funded through payroll deductions each pay period.
- You have access to your full annual pledge amount on the first day of the plan.
- If your employer offers the rollover provision, you are allowed to rollover up to \$500 of unused funds from your previous plan year to the new plan year.
- If your employer offers a grace period, you have the first 75 days of the next year to use the prior year's contributions.
- If your employer does not offer the grace period or rollover provision, your unused funds will be forfeited at the end of the plan year.

How to Use Your FSA to Pay for Qualified Expenses

You have three convenient payment options:

Debit Card

- At the point of service, swipe your FSA MasterCard to pay the billed amount.
- If you receive a bill in the mail, you can call the merchant to pay with your debit card or provide your debit card number on the bill and mail it back to the merchant.

Online Claim Submission through Member Portal or Mobile Application:

- Log into BCBSRI's FSA Portal (Please see log-in instructions on page 7) or mobile application (Please see download instructions on page 9).
- Click [MY ACCOUNTS](#), then select [REIMBURSEMENT REQUEST](#).
- Enter requested information about the FSA claim you want to submit online.
- Upload an image of your receipt by selecting [BROWSE](#).
- When finished click [OK](#).
- You will receive a reimbursement check in the mail within 5-10 business days.

Reimbursement Request

Add/Edit Claim

Instructions Text:
Please submit a copy of the invoice from your provider.

Service Dates: Start Date* End Date

Claim Amount *: \$

Pay Provider? Yes No

Claimant *:

Reimbursement Method*:

Provider:

Account Type*:

Send Payments:

Deliver First Payments On:

Until a total of payments have been sent

Until, but not after

Receipt File:

How to Use Your FSA to Pay for Qualified Expenses *(continued)*

Paper Claim Submission

- Submit a copy of the receipt for the eligible expense along with a claim reimbursement form to BCBSRI's FSA administrator, London Health Administrators:

By Mail

CDH Administrator
40 Commercial Way
East Providence, RI 02914
Attn: BCBSRI Claims

By Fax

(401) 435-3937
Attn: BCBSRI Claims

By Email

BCBSRIclaims@londonhealthusa.com
Subject: BCBSRI Claims

- Claim Reimbursement Forms can be found on BCBSRI's FSA Portal under the [EDUCATION RESOURCES](#) tab.

How to Get Reimbursed through Direct Deposits

After you submit an eligible paper or electronic claim for reimbursement, you can request that payment to be sent to you via direct deposit within your BCBSRI FSA portal. In order to schedule your direct deposits online please follow these directions:

- Log into your BCBSRI FSA portal (log-in instructions on page 7.)
- Click [MY ACCOUNTS](#) tab, then click [REIMBURSEMENT SETTINGS](#)
- Select [DIRECT DEPOSIT](#) within the [REIMBURSEMENT METHOD](#) data field
- Complete the necessary data fields within the [DIRECT DEPOSIT INFORMATION](#) section (see below)
- Once submitted through the portal, future reimbursements will be deposited directly into your designated bank account.

Direct Deposit Information

Edit Bank Information

Reimbursement Method:

Bank Name:

Account Number: ?


Re-enter Account Number:

Routing Number: ?

Re-enter Routing Number:

Bank Account Type:

Note: By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my account. I understand that I can change this directive at any time.



1 2 1000 308 1 0 38 9 0 3 20 2 1 3 4 4 9 1

Online Portal Instructions and Features

BCBSRI's FSA member portal offers easy-to-use tools that will help you maximize your FSA contributions. Below are instructions on how to log in to your FSA portal and descriptions of key features of the website.

Log-in Instructions

Step 1 – Go to www.mywealthcareonline.com/bcsri, click **LOGIN** at the upper right corner of the page.

Step 2 – Complete the registration page.

Step 3 – When finished, click **REGISTER** toward the bottom of the page.

Step 4 – After you have successfully registered, you will be asked to set up additional security information. When completed, you will be directed to your FSA portal.

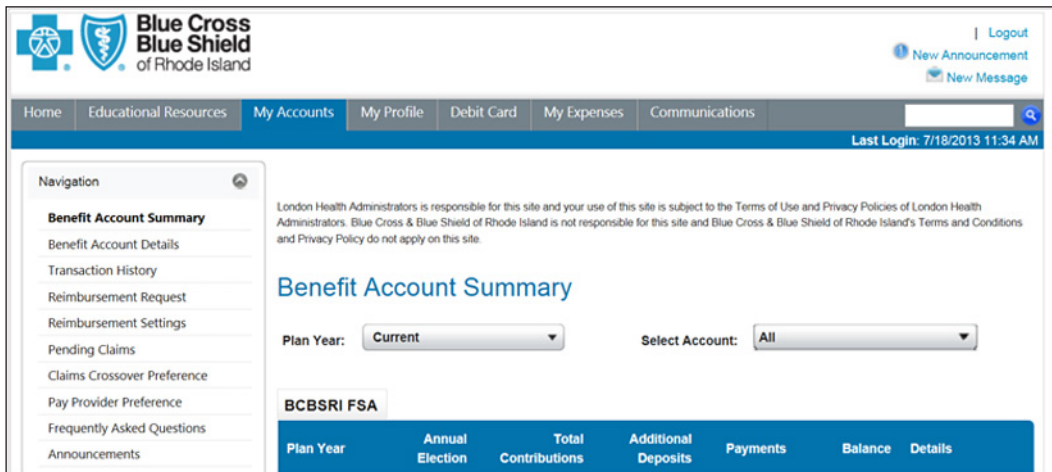
The screenshot shows a registration form with the following fields: User Name, Password, Confirm Password, First Name, Last Name, Email Address, Employee ID, and Registration ID. The Registration ID field has a dropdown menu with 'Employer ID' selected. Below the form are checkboxes for 'Accept Terms of Use' and 'View Terms of Use', and buttons for 'Register' and 'Cancel'.

Your FSA **EMPLOYEE ID** is your nine digit Social Security number

Your FSA **EMPLOYER ID** is:

Important Note
If you are already enrolled in an FSA and/or HRA program with BCBSRI, then you can log in through your **BCBSRI.com** member home page. You do not have to set up a separate login within the FSA portal. Members who are only enrolled in an FSA need to log in through the FSA portal.

Online Portal Instructions and Features *(continued)*



FSA Member Portal Tools and Resources:

- **EDUCATIONAL RESOURCES:** Includes FSA videos, tools and calculators, FAQs, and FSA IRS limits.
- **MY ACCOUNTS:** Lists data associated with account and payment activity, including benefit account summary, benefit account details, transaction history, pending claims, reimbursement request, reimbursement settings, claims crossover preferences, and pay provider preference.

Please note:

Account type "FSA" = Healthcare Flexible Spending Account

Account Type "DCA" = Dependent Care Flexible Spending Account

Account Type "TRN" = Transportation Flexible Spending Account

Account Type "PKG" = Parking Flexible Spending Account

- **MY PROFILE:** Displays demographic information and mobile app registration instructions.
- **DEBIT CARD:** Verify your debit card status and number.
- **MY EXPENSES:** Provides you the ability to track medical, dental, vision, and prescription expenses.
- **COMMUNICATIONS:** View announcements, communication preferences, and contact information.



How to Use Your Mobile App

The FSA mobile app (coming soon) will allow you to manage your FSA on the go. The mobile app can be downloaded within Apple and Android marketplaces. Below you'll learn how to download and set up the FSA mobile application. You can also read about its valuable features. (Please note, you can manage only your FSA from the mobile app, not your health plan benefits.)

Download the Mobile Application:

Step 1 – Key in “Blue Cross & Blue Shield of Rhode Island BlueSolutions Spending On the Go” within the search engine of your Apple or Android smartphone.

Step 2 – When you locate the app, click the icon and select **INSTALL**.

Step 3 – Once installed, click the “BCBSRI BlueSolutions Spending On the Go” app icon on your smartphone's home screen.

- First-time users will have to create a **USERNAME** and **PASSWORD**. When you click on the app icon and the log-in screen comes up, click **SIGN UP**.
- Complete the registration page shown below:

The registration form contains the following fields and options:

- User Name: [text input]
- Password: [password input]
- Confirm Password: [password input]
- First Name: [text input]
- Last Name: [text input]
- Email Address: [text input]
- Employee ID: [text input]
- Registration ID: [text input]
- Employer ID: [dropdown menu]
- Accept Terms of Use: [checkbox]
- View Terms of Use: [checkbox]
- Buttons: Register, Cancel

Your FSA **EMPLOYEE ID** is your nine digit Social Security number

Your FSA **EMPLOYER ID** is located on page 7.

Summary of the Mobile App Features

- **ACCOUNTS:** Posts data such as account details, account balance, and recent transactions.

Please note:

Account type “FSA” = Healthcare Flexible Spending Account

Account Type “DCA” = Dependent Care Flexible Spending Account

Account Type “TRN” = Transportation Flexible Spending Account

Account Type “PKG” = Parking Flexible Spending Account

- **CLAIMS:** Submit claims for reimbursement.
- **ALERTS:** View messages and updates to your account, such as password changes and claim submission updates.
- **CONTACT US:** Find BCBSRI's customer service contact information.
- **MORE:** Access additional information, including About Us, Privacy & Security, and Clear Saved ID.

- When finished, click **REGISTER**.
- After you have successfully registered, you will be asked to set up additional security information. When completed you will be directed to your mobile app.



FSA Annual Contribution Worksheet

The worksheet below will help you estimate your healthcare FSA and dependent care FSA contribution amount(s).

Your healthcare FSA annual contribution maximum is \$2,600. For dependent care FSA, your annual contribution maximum is \$5,000 per family (if you are a head of household or married and file a joint tax return) or \$2,500 (if you are married and file a separate tax return).

Healthcare FSA		Dependent Care FSA	
Annual Medical Expenses:		Annual Dependent Daycare Expenses:	
Deductibles, coinsurance, and co-payments	\$ _____	Day care center (s) for child care	\$ _____
Routine physical exams	\$ _____	In-home care for child care	\$ _____
Well-baby care	\$ _____	Nursery and pre-school	\$ _____
Hearing exams, hearing aids	\$ _____	Before/after school care	\$ _____
Prescription drugs	\$ _____	Au pair services	\$ _____
Other eligible expenses	\$ _____	Summer day camps	\$ _____
Dental expenses , such as:		Day care center for elder care	\$ _____
Gold fillings, crowns, fixed bridge or other restorative services	\$ _____	In-home care for elder care	\$ _____
Treatment exceeding your plan's limits	\$ _____		
Vision care expenses , such as:			
Exams	\$ _____		
Eyeglasses, contact lenses	\$ _____		
Other estimated health-related expenses that may exceed your plan's limits			
Outpatient psychiatric care	\$ _____		
Therapy	\$ _____		
Estimated Healthcare FSA Contribution:		Estimated Dependent Care FSA Contribution:	
This is the estimated amount you may want to contribute to your healthcare FSA. This amount cannot exceed the annual Healthcare FSA maximum amount of \$2,600 per year.	\$ _____	This is the estimated amount you may want to contribute to your dependent care FSA. This amount cannot exceed the annual dependent care FSA maximum amount of \$5,000 per year.	\$ _____

Have questions about your health plan or FSA?

Call our Customer Service Department at the number printed on the back of your BCBSRI member ID card or 1-800-639-2227.

We're available Monday through Friday, 8:00 a.m. to 8:00 p.m. (EST).

Or, talk to your employer about your benefits.



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