



HEALTH FSA

This plan is designed to let employees pay medical expenses not covered by your health insurance (dental, vision, orthodontic, co-pays, etc) with pre-tax dollars. The maximum dollar amount that an employee may contribute to his or her medical FSA for a plan year is the statutory limit allowed by the IRS.

Qualifying Dependent:

- ▶ Yourself
- ▶ Spouse
- ▶ Dependents

Requirements:

Basic Rules for reimbursement of eligible expenses:

1. An individual may only be reimbursed for expenses incurred while the participant is in the plan.
2. An expense is incurred when the service is performed (not when billed or paid).
3. The expense must be reimbursed from funds allocated for the plan year in which the expense was incurred.
4. The participant must submit proper documentation showing that the service has been provided.

Documentation must be submitted showing the following:

1. Provider's name
2. Dates of service
3. Amount charge to participant
4. Description of service or prescription
5. Dependent's Name

Example of what is covered:

1. Office Visits
2. Deductibles
3. Eyewear
4. Dental
5. Orthodontia
6. Prescriptions
7. Co-Pays

Envision Healthcare, Inc.

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Examples of what is not covered:

1. Expenses already reimbursed by your insurance
2. Expenses meant for one's general health (i.e. vitamins, first aid supplies, toiletries)
3. Expenses solely for cosmetic reasons.
4. Expenses that incurred prior to enrollment or after termination of employment.

Support needed when filing a claim:

You must supply the following provider's information

1. Copy of invoice or statement showing date of service
2. Name of Provider
3. Amount charged to member or applied to deductible
4. Name of dependent
5. Description of services provided

Please note that a receipt or copy of check showing amount paid will not be accepted.

Reimbursement:

Medical FSA claims reimbursements must have been incurred during the period of coverage year only. The uniform coverage rule applies meaning that per the IRS guidance permits reimbursement up to the annual amount deducted from their payroll.

Use-it-or-lose-it requirements:

The Use-it-or-lose-it rules, means any amount left at the end of the year that is not used, cannot be paid in cash or any other benefits and it has been forfeited by the employee. There is a 60 day filing period at the end of the year to submit claims.

Health FSA rollover:

Some plans may allow for a rollover (up to \$500) of unused Health FSA funds remaining at the end of the plan year. The carryover funds may be used to reimburse eligible Health FSA expenses incurred during the entire plan year to which it is carried over. **Refer to the plan's Summary Plan Description to determine if the rollover is applicable.**

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Section 125 Medical Qualified Expenses (partial list):

Below is a partial list of expenses that can be reimbursed through your Cafeteria plan. These include services incurred by yourself or eligible dependents for the diagnosis, treatment or prevention of disease. It is possible that changes in the IRS rules can affect qualified expenses.

- abdominal supports
- abortion
- acupuncture
- ambulance
- anesthetist
- arch supports
- artificial limbs
- blood transfusions
- cardiographs
- chiropractor
- Christian Science Practitioner
- contact lenses
- contraceptives
- convalescent home (for medical treatment)
- crutches
- dental services
- dentures
- dermatologist
- diagnostic fees and services
- drug/alcohol treatment
- elastic hosiery
- eye care
- eyeglasses
- fertility monitors
- guide dog
- hearing aids and batteries
- hydrotherapy
- insulin treatments
- laser eye surgery
- oral surgeon
- organ transplant (including donor's expenses)
- orthodontist services
- orthopedist
- orthopedic shoes
- oxygen and oxygen equipment
- physician services
- podiatrist
- pregnancy tests
- pre/postnatal care
- prescription medication
- preventive care screening
- psychological services
- registered nurse
- sleep and snoring aids
- special school costs for the handicapped
- spinal fluid test
- splints
- sterilization procedures
- stop-smoking aids
- surgeon
- transportation expenses (relative to health care)
- vitamins (with prescription from physician)
- wheelchair

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Section 125 Non-Qualified Expenses (partial list):

Below is a partial list of expenses that cannot be reimbursed through your Cafeteria plan. It is possible that changes in the IRS rules can affect non-qualified expenses.

- athletic club membership
- cosmetic surgery and procedures
- cosmetics, hygiene products and similar items
- diaper service
- electrolysis or hair removal/hair transplants
- expenses paid by an insurance company
- funeral expenses
- health club membership
- household help
- illegal operations and treatments
- illegally procured drugs
- maternity clothes
- premiums for life insurance, income protection, disability, loss of limbs, sight or similar Benefits
- prepayment for services that have not yet been rendered or received
- Scientology counseling
- Specifically designed car for the handicapped other than an autoette or special equipment
- special foods or beverages
- surrogate expenses
- weight loss programs

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DEPENDENT CARE

This plan is designed to let employees pay dependent care expenses with pre-tax dollars to qualified caretakers.

AMOUNT ALLOWED FOR PAYROLL DEDUCTION:

The IRS has allowed for a limited amount to be withheld from payroll pretax dollars.
\$2500.00 for a married person filing separate
\$5000.00 for a married person filing jointly
\$5000.00 for a single person

Note: If an employee and their spouse both work for a company that has a 125 plan and both parties are participating they are only allowed \$2500.00 each to be at their max of \$5000.00 or only 1 may participate and take the whole amount from their paycheck.

Qualifying Dependent:

1. A dependent under the age of 13 whom you are claiming on your federal income tax return.
2. Your spouse, parent, or other that you claim as a federal tax dependent, who is physically or mentally incapable of caring for themselves and spend at least 8 hours in your household.

Requirements:

The provider must comply with all state and local regulations.

Note: Day camps, nursery schools, day care centers and after-school programs are eligible. The cost of over-night camp is not considered a work-related expense. For details on specific provider requirements contact Envision Healthcare.

Examples of a Qualified Care Provider:

1. The Child Care, Day Care, or Custodial Care Center (must provide care for more than six individuals other than those who reside at the facility).
2. A Babysitter who reports their income as taxable income.
3. A Paid Governess, Au Pair or Nanny.

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Support needed when filing a Claim:

You must supply the following provider's information

1. Name of Provider
2. Address
3. Tax Identification Number or Social Security Number
4. Date of services rendered
5. Amount of charge
6. Name of Dependent
7. Description of services provided

Reimbursement:

Dependent Care Reimbursements are not subject to the uniform reimbursement requirements as a Medical FSA. Dependent care expenses can only be paid up to the amount that has been deducted from their payroll. There is no advance payment, only after it has incurred.

Use-it-or-lose-it requirements:

The same rule applies as with Medical FSAs, meaning any amount left at the end of the year that is not used, cannot be paid in cash or for any other benefits, and it has been forfeited by the employee. There is a 60 day filing period at the end of the year to submit claims.

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Envision Healthcare Debit Card Frequently Asked Questions

- Q. How do I activate my Envision debit card?**
- A. Your Envision debit card will be activated upon first usage. You do not need to call to activate your card.
- Q. Where can I use my Envision debit card?**
- A. You can use your Envision debit card at both healthcare and non-healthcare merchants. A healthcare merchant includes medical providers, such as doctors, dentists, vision care facilities, and other locations that sell only medical services / products. A non-healthcare merchant is any retailer who may carry healthcare products along with other product lines. Examples of non-healthcare merchants include: grocery stores, mass merchandisers and pharmacy stores.
- Q. Do I need to keep my receipt after using my Envision debit card?**
- A. Yes, you should retain all itemized receipts and documentation from your purchases with the Envision debit card. If requested by Envision you are obligated to submit your receipts to prove expense are eligible under your Benefit Plan and applicable IRS regulations.
- Q. Do I choose debit or credit at the credit card terminal when using my Envision debit card?**
- A. The Envision debit card has the capability to do either. If you choose "credit" you will be required to sign for the transaction. If you choose "debit", you will be required to input the card's PIN. To retrieve the PIN, log on to your account at <https://envisionhealthcare.wealthcareportal.com> or by downloading our Envision Debit Card Mobile App.
- Q. How can I check the balance on my Envision debit card?**
- A. To obtain balance information and transaction history you can access your Envision debit card account online at <https://envisionhealthcare.wealthcareportal.com> or by downloading our Envision Debit Card Mobile App. You may also contact our Customer Service Department to obtain balance information at (866) 672-7526 Monday thru Friday between 8am – 5pm CST.
- Q. What if my Envision debit card is lost or stolen?**
- A. Login to your account at <https://envisionhealthcare.wealthcareportal.com> or Contact our Customer Service Department at (866) 672-7526.
- Q. How do I file for reimbursement for claims paid when I could not use my Envision card?**
- A. Submit your request online at <https://envisionhealthcare.wealthcareportal.com> or via our Envision Debit Card Mobile App attaching the required documentation for reimbursement. You may also complete an Envision reimbursement request form and fax it to (800) 596-3464 or email it to info@envisionhealthcare.com for processing.

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THE EASY WAY TO ACCESS ALL OF YOUR ENVISION BENEFITS.

The Envision benefits debit card eliminates the hassles of claim submission and waiting for a reimbursement check.

ACCESS TO FUNDS

Your benefits debit card gives you easy access to the funds in your Envision benefit account(s) by swiping the card at the point of sale. The card can be used at any qualified service provider that accepts MasterCard. Funds are automatically transferred from the benefit account directly to qualified providers with no out-of-pocket cost and no need to file a claim for reimbursement.

Your benefits debit card virtually eliminates:

- Out-of-pocket expenses
- Claim forms
- Reimbursement checks

MULTIPLE BENEFIT ACCOUNTS, ONE CARD

In the event that you have multiple Envision benefit accounts, you need only one benefits debit card. Our technology understands which purchases should be applied to any one of your accounts. If your card is swiped at your child's daycare, the funds will be deducted from your dependent care FSA. Buy a train token automatically with funds from your transit account. It's one smart card!

The benefits debit card may be linked to one or more of the below Envision benefit accounts:

- Flexible spending accounts (FSAs)
- Health reimbursement arrangements (HRAs)
- Dependent care flexible spending accounts (DCAs)
- Commuter accounts (transit/parking)

YOUR BENEFITS DEBIT CARD IS AS EASY AS 1-2-3

1. Check your account balance

You can view your transaction history, current balance, claim status, and more by logging in online or calling the phone number on the back of your card.

2. Swipe your benefits debit card

Swipe the card at the point-of-sale for eligible products and services. Most major retail chains utilize a system that will auto-substantiate the purchase, meaning it will approve eligible expenses without requiring submission of receipts. If a purchase is greater than your account balance, you can split the cost at the register or you may submit a manual claim.

3. Keep all your receipts

Though the need for documentation is greatly reduced, it is a good practice to save your receipts in the rare instance documentation is requested by Envision or in case of an IRS audit.

HOW LONG IS MY CARD VALID?

As long as you do not have a break in participation, you can use your card for multiple years, until the expiration date printed on it. If you are still a participant when your card expires, a new card will be automatically mailed to you.

GRACE PERIOD PURCHASES

Check your summary plan document to see if your plan allows purchases during a time called the "grace period." Purchases made during this time are automatically applied to any remaining prior year's balance first, allowing you to use your funds without having to file claims.

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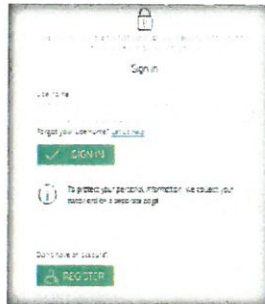
ENVISION HEALTHCARE PARTICIPANT DEBIT CARD PORTAL



OUR SECURE ONLINE PORTAL GIVES YOU 24 HOUR ACCESS TO YOUR ENVISION BENEFIT DEBIT CARD. GO TO WWW.ENVISIONHEALTHCARE.COM AND CLICK "PARTICIPANT DEBIT CARD LOGIN"

PARTICIPANT DEBIT CARD LOGIN

SIGN IN USING YOUR PREVIOUSLY CREATED USERNAME AND PASSWORD, OR IF THIS IS YOUR FIRST TIME, SELECT "REGISTER" TO CREATE AN ACCOUNT. TO REGISTER YOU MUST HAVE AN EMPLOYEE ID (IF NOT ASSIGNED, USE YOUR SOCIAL SECURITY NUMBER) AND A REGISTRATION ID, WHICH YOU MAY USE EITHER YOUR EMPLOYER ID OR YOUR BENEFIT DEBIT CARD NUMBER. FOR ASSISTANCE PLEASE CONTACT CUSTOMER SERVICE AT 866-672-7526.



ONLINE ACCOUNT ACCESS

- ◆ VIEW BENEFIT ACCOUNT BALANCES
- ◆ ACCESS ACCOUNT ACTIVITY
- ◆ MAINTAIN ACCOUNT INFORMATION
- ◆ ESTABLISH ACCOUNT ALERTS
- ◆ SUBMIT A REIMBURSEMENT REQUEST
- ◆ VIEW BENEFIT DEBIT CARD PIN

The collage includes several screenshots:

- Personal Dashboard:** Shows 'My Accounts' with a 'Flexible Spending Account - ENVFSA' having an available balance of \$2,000.00 and a spent amount of \$0.00. It also shows 'Get Reimbursed' and 'My Recent Transactions' with a \$5,000.00 transaction.
- Flexible Spending Account - ENVFSA:** A detailed view showing an account balance of \$2,000.00, with \$2,000.00 available and \$0.00 spent.
- Claim Activity:** A table showing claims with columns for 'Action Needed', 'Approved/Paid/Submitted', and 'Denied'. One claim is listed as 'Action Needed' for \$0.00, 'Eligible for Reimbursement' at Anytown Hospital, with a claim date of service of April 1, 2018.
- Reimbursement Requests:** A table listing requests with columns for ID, status, and name. Two requests are shown: ID ****-3333 (New) for Samuel Jenkins and ID ****-3341 (New) for Harriet Jenkins.

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Envision Healthcare Debit Card Mobile App

Have the account information you need, right when you need it most. Our secure mobile app makes it easy to manage your benefit account on the go!

Getting Started

- Search Envision Healthcare, Inc. in iTunes or Google Play store
- Select "Install"
- Log-in using your previously created username and password, or register
- Registration requires an employee ID (unless assigned, use your SSN#), Envision benefit debit card number and a valid email address to begin.



Convenient Mobile Features

- **Access accounts** - Check balances, view transaction history, and more.
- **Manage claims**- Submit new claims, upload receipts and check claim status.
- **Access cards** - Manage Card details, access your PIN.
- **Receive alerts** – View important account messages.
- **Update your Profile** – Update personal information, including email and mobile phone.

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Handling Your Customer Service Needs

The Customer Service Department at Envision Healthcare is available Monday through Friday, 8am to 5pm C.S.T. You may contact us toll free at (866) 672-7526 or by email at info@envisionhealthcare.com. Our friendly Customer Service Representatives are happy to assist you with any questions you may have regarding your Envision plan benefits, claim status or payment history.

If you have forms to submit to our office such as reimbursement forms, address changes, etc., they can be mailed, faxed securely to our toll free fax number (800) 596-3464, or emailed to us at info@envisionhealthcare.com. If you submit your form via email, we will reply back with a confirmation of receipt.

Forms can be mailed to:
Envision Healthcare, Inc.
P.O. BOX 5047
Oak Brook, IL 60522-5047

You can download necessary forms and access your secure claim information on our website at www.envisionhealthcare.com.

**Call Us Today at
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HEALTH FSA ROLLOVER

This is designed to allow plan participants to rollover (up to \$500) of unused funds from the Health FSA remaining at the end of the plan year to the immediate following plan year.

Requirements:

This must be accepted in the contract from the employer.

What is the maximum amount that may carryover?

The amount that may be carried over to the following plan year is the unused amounts from the immediately preceding plan year **OR** \$500, whichever is lesser.

Does the rollover amount affect the Health FSA maximum?

No, the carryover of up to \$500 does not count against or otherwise affect the indexed Health FSA maximum.

How it Works:

For Health FSA plans that allow for the rollover, any unused funds remaining after the end of the plan year and run out period (up to \$500) will carry over to the immediate following plan year. These funds may be used for eligible expenses incurred during the plan year to which it is carried over.

A plan participant's unused Health FSA balance at the end of the prior year may be used:

- For expenses incurred in the prior plan year, but only if claimed during the plan's run out period that begins at the end of the prior plan year.
- To the extent of the permitted carryover amount of up to \$500, for expenses that are incurred at any time in the current plan year.

Note: The Health FSA plan is **not** permitted to allow unused amounts to be cashed out or converted to any other taxable or nontaxable benefit.

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FLEXIBLE SPENDING ACCOUNT (FSA)

Q. *What is a Flexible Spending Account (FSA)?*

A. A Flexible Spending Account (FSA) is part of the benefit plan offered to you by your employer and allows you to use tax-free dollars to pay for certain medical and/or dependent care expenses. There are two types of FSAs: a Medical FSA (for eligible medical expenses incurred by you, your spouse or your dependent) and a Dependent Care FSA (for eligible dependent care expenses).

Q. *What is the advantage of enrolling in an FSA?*

A. Enrolling in an FSA allows you to make tax-free salary contributions to pay for eligible medical and dependent care expenses that are not covered or reimbursed by any other source. FSAs increase your take-home pay by reducing taxable income, making these out-of-pocket expenses more affordable. FSAs also help employees budget for health expenses that they can forecast in the coming year. You are unable to deduct these types of expenses unless they exceed 10.5% of your adjusted gross income, which you may do at the end of a tax year.

Q. *What are some examples of qualified medical expenses?*

A. A qualified medical expense is any medical expense that helps to treat or mitigate a specific medical condition or ailment; it can be out of pocket medical expenses as related to a major medical insurance policy (co-payments, deductibles, co-insurance, prescription expenses), dental expenses, vision expenses, over the counter drugs, as well as many other expenses. Please inquire to see a more detailed list of examples of permissible expenses.

Q. *Who is eligible to elect an FSA?*

A. Eligibility requirements for a Medical FSA and a Dependent Care FSA are determined by the employer and outlined in the plan documents.

Q. *Is there a maximum or minimum annual amount that I can elect for an FSA?*

A. Any applicable maximum/minimum amounts for your annual FSA elections are determined by the employer and outlined in the plan documents.

Q. *Can I elect a Medical FSA and a Dependent Care FSA?*

A. Yes. Participation in each FSA is completely voluntary - you can enroll in one, both or neither. To participate, you must make your election(s) prior to the beginning of each new Plan Year and use the elections in the corresponding year.

Q. *What employee taxes are eliminated by contributing to a Medical or Dependent Care FSA?*

A. You will not pay federal income tax, Social Security tax and most state taxes (except for Pennsylvania and New Jersey) on contributions to a Medical and/or Dependent Care or Transit FSA.

Q. *How can I check my Account balance?*

A. There are several ways you can determine your Account balance:

- Your Account balance will be displayed on the Explanation of Benefits (EOB) issued with each reimbursement check (as of the day the check was created).
- You can access Account information 24/7 online by using Envision Healthcare's secure web-site interface.
- You may call Envision Healthcare at 866-672-7526 (8 am-5pm Central Time, Monday - Friday).

Q. *Who is responsible for determining if an expense is eligible?*

A. Eligibility of expenses is dictated by the IRS and those guidelines are used by Envision Healthcare. We will use these guidelines to authorize payments for any claim request. If a unique claim request is called into question we will contact the IRS or an attorney to determine the eligibility of the expense.

Q. *Can I change my FSA election during the Plan Year?*

A. Generally, your election cannot be changed during a Plan Year unless you experience a Qualified Status Change (QSC) as defined by the Internal Revenue Service. A change in election must be preceded by a qualifying event, including but not limited to: change in marital status, number of dependents, a child's eligibility due to age, employment status of employee or spouses. For more information please inquire.

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