OPTUM Financial™

etf

Employee Reimbursement Account

Administration Reference Manual



Flexible Spending Accounts

Health Care | Limited Purpose | Dependent Day Care | Parking & Transit

Optum Financial Resources

Optum Financial resources

Account Management Team:*

Account Executive:	Todd Forwood	443-274-7142
Client Service Manager:	Allesia Messer	443-274-5862
Client Service Manager:	Melissa Bauer	410-324-2930

*The Account Management contacts are for internal use only. Do not distribute to employees.

Email: **etfsupport@connectyourcare.com**

Online: **connectyourcare.com/etfemployers**

Optum Financial Employee Resources

Customer Care Center

Phone:	833-881-8158
Hours:	24 hours a day, 7 days a week
Chat:	24 hours a day, 7 days a week
Claims Mailing Address:	Claims Department P.O. Box 622317 Orlando, FL 32862-2317
Fax:	443-681-4602
Email:	**of-service@of.optum.com**
Online:	**connectyourcare.com/etf**

State of Wisconsin Department of Employee Trust Funds

ETF WEBSITE: **etf.wi.gov**

The ETF website provides a link to the ERA program information and forms. Click on the "Members" tab at the top of the page, then select "Employee Reimbursement Accounts Program" from the menu.

Keep this booklet for your reference throughout the plan year.

Table of Contents

General Information 5

Types of Accounts 5

Plan Information 6

Contributions 6

Limits 6

Availability of Contributions 7

Eligible Expenses 7

Reimbursement 7

Participant Responsibilities 8

Enrollment Information 9

Enrollment Eligibility 9

IRS Maximum Election Amounts 9

Open Enrollment 9

Open Enrollment Dates 9

Enroll During It's Your Choice 9

Election Changes 10

Rescinding Election 10

Late and Mid-Year Enrollment Appeal Process 10

Enrollment Effective Date 11

Newly Hired/Eligible Employees 11

Change in Status During the Year 12

General Information 12

Effective Date 12

Change of Election Process 12

Enroll or Increase Election 12

Decrease Election or Cease Participation 13

Qualifying Event Changes Permitted by IRS 14

Termination of Employment 17

Employee Options Upon Termination 17

Termination of Employment FSA Options 17

Submitting Termination to Optum Financial 18

Retirement 19

Annual Election Payment Upon Retirement 19

Retirement FSA Options 19

Submitting Retirement to Optum Financial 19

Divorce 20

Death 20
Transfers 21
Payroll Center Transfer 21
Agency/Location Transfer 22
Electronic Data Interchange Files (EDI) 23
How to Submit Files: Optum Financial FTP Server Information 23
File Types and Specifications: EDI File Types 23
EDI File and Discrepancy Process 24
EDI File Tips 25
Reimbursement Information 26
Reimbursement Options 26
Reimbursement Request Tips 26
Deadlines for Requesting Reimbursement 26
Reimbursement Denial Appeal Process 26
Optum Financial Payment Card 28
General Information 28
Undeliverable Optum Financial Cards 29
Using the Optum Financial Card 29
Optum Financial Card Substantiation 39
General Information and Carryover Limits 34
General Information 34
Carryover Limits 34
Runout Period 34
Carryover Process 35
Access to Carryover Funds 35
Carryover Scenarios 36
Online Account Management 37
Participant Account Access 37
Employer Dashboard 37
Home Page 37
Reports 38
Optum Financial Employee Microsite 39
Optum Financial Employer Microsite 39
Participant Communications 40
Participant Introductory Communications 40
Enrollment Confirmation Email 40
Glossary 46

General Information

The Employee Reimbursement Accounts (ERA) program is an optional benefit established for eligible state employees. Also referred to as "Flexible Spending Accounts," or FSAs. The ERA Program is authorized under Sections 125, 105, and 129 of the Internal Revenue Code and Wisconsin Statutes 40.85-40.875. The ERA Program allows participants to pay for eligible expenses using their pretax income rather than after-tax income.

The Flexible Spending Account is offered through State of Wisconsin and administered by Optum Financial.

The plan year begins on January 1. After that, participants may change enrollment elections only if a change of status qualifying event affects their eligibility to participate in the Flexible Spending Account. Participants submit any change of status qualifying event information to their Payroll/Benefits Office for approval.

For more about change of status qualifying events and the procedure for requesting a change, refer to the Change of Status section.

Section Contents

- Types of Accounts
- Plan Information
- Contributions
- Limits
- Availability of Contributions
- Eligible Expenses
- Reimbursement
- Participant Responsibilities
- Receipts/Documentation
- Follow Up
- Contact Information
- Adhere to Plan Rules

Terminology

- The Employee Reimbursement Account (ERA) and Flexible Spending Account (FSA) terms can be used interchangeably.
- This guide uses Flexible Spending Account (FSA) terminology only.

Types of Accounts

The Employee Reimbursement Accounts (ERA) program has four pretax benefit account options:

- The Health Care Flexible Spending Account is a pretax benefit account used to pay for eligible health care expenses that are not reimbursed by the participant's medical, dental, or vision care insurance plan.
- The Limited Purpose Flexible Spending Account is a pretax benefit account that covers dental and vision expenses only. It is available to participants enrolled in the High Deductible Health Plan (HDHP) and the Health Savings Account (HSA).
- The Dependent Day Care Account is a pretax benefit account for dependent day care expenses incurred for the care of participant's eligible dependents age 13 or under, or a spouse or other tax dependent who is physically or mentally incapable of caring for them self, so the employee can work. NOTE: This account is for day care for dependents, NOT health care expenses for dependents.
- The Parking & Transit Account covers eligible parking and/or transit expenses incurred for travel to and from participant's place of employment. This account is for parking and transit expenses only, not for dependent commuter expenses.

Plan Information

The following Plan Documents are available on the ETF Employer website. Below please find direct links to the Plan Year Documents.

- Section 125 Cafeteria Plan Document [**etf.wi.gov**]
- Summary Plan Description (Cafeteria Plan) [**etf.wi.gov**]
- Transit and Parking Plan Document [**etf.wi.gov**]

Contributions

- When participants enroll in a Optum Financial Health Care Flexible Spending Account, Dependent Day Care Account, and/or Parking & Transit Account, they determine how much to contribute to each account. The dollar amount is based on the participant's estimated expenses for the upcoming plan year. Participant contributions deduct in equal amounts from each paycheck, pretax, throughout the plan year.

Limits

Each year, the IRS establishes ERA contribution dollar limits. The most up-to-date information regarding limits per plan is listed in the chart below. Meanwhile, there is no minimum ERA election amount.

	2021	2022
ERAs		
Health Care Max Election	$2,750	$2,700
Health Care Rollover Max	$550	$550
Dependent Care Max Election	$5,000	$5,000
Standard Mileage Rate	TBD	TBD
Commuter Fringe Benefit		
Parking	$270	$265
Transit	$270	$265

Participants should be advised to plan carefully. Depending on plan enrollment, any fund balance in participant's account at plan year end may be forfeited. See below for specifics.

- Participant may carry into the next plan year up to $550 in unused Health Care FSA and Limited Purpose FSA funds. Any amount over $550 at plan year end will be forfeited.
- At plan year end, after all expenses are reimbursed, any balance in participant's Dependent Day Care Account will be forfeited.
- At plan year end, after all expenses are reimbursed, any balance in participant's Parking & Transit Account will be rolled over to the next plan year.

In determining (estimating) health care expenses, participants should consider their health insurance benefits, including coinsurance, deductible and copay requirements, and any out-of-pocket maximums. Participants should be advised to review any other coverage that may affect their health care costs.

Availability of Contributions

The participant's total annual Health Care FSA contribution amount is available immediately at the start of the plan year. Conversely, available funds in their Dependent Day Care Account and/or Parking & Transit Account reflect the current contributed account balance only.

Eligible Expenses

Optum Financial Flexible Spending Account funds are applicable only for eligible expenses under Health Care, Limited Purpose, Dependent Day Care, and/or Parking & Transit Flexible Spending Accounts. Some eligible expenses include the following:

- Medical/Dental office visit copays
- Dental/Orthodontic care services
- Eye exams and prescription glasses/lenses
- Prescriptions
- Vaccinations
- Day care fees
- Bus fares
- Parking fees

What about insurance?

Insurance premiums—including qualified long-term care insurance premiums— are not eligible for reimbursement.

For more information, reference IRS Publications **502** and **503**.

Reimbursement

As eligible expenses are incurred, participants have two options to access their Optum Financial Flexible Spending Account funds:

1. **Optum Financial Payment Card:** Participants are mailed a Optum Financial payment card to use when paying for Health Care, Limited Purpose, and Parking Account eligible expenses at point of purchase. They simply swipe the Optum Financial payment card anywhere Visa is accepted for eligible items under the IIAS regulation. Participants who previously received the ConnectYourCare payment card should continue to use that card until it expires. At that time they will be issued an Optum Financial payment card.

   The Optum Financial payment card uses smart card technology to automatically pay for and substantiate eligible expenses. Participants should maintain their itemized receipts. Optum Financial will notify the participant if substantiation documentation is required. (Detailed in the Substantiation section.)

2. Request a Reimbursement: Participants who have paid for expenses out of pocket can submit a request for reimbursement to Optum Financial via one of these methods:
   - Submit via mobile app.
   - Submit via **Optum Financial online account**.
   - Download the appropriate Claim Form from the Optum Financial ETF Employee microsite and submit via fax or mail.

They should include proper documentation to support the claim (e.g., an itemized bill or receipt or an Explanation of Benefits (EOB) from the insurance company). Proper documentation includes:

- Date of Service
- Service Incurred (description of service/purchase)
- Service Provider
- Dollar Amount

Optum Financial promptly processes participant claims daily, and approved expenses reimburse by check or direct deposit within three business days.

Reimbursement options are detailed in the Reimbursement section.

Participant Responsibilities

Receipts/Documentation

Under IRS and Treasury regulations, all payments from a benefit account require third-party documentation. Some electronic transactions will not require after purchase substantiation because they are documented automatically. (These automatic substantiations are made possible by an Inventory Information Approval System, or IIAS.)

Participants are obligated to meet all documentation requirements established by the IRS. By using the ConnectYourCare and Optum Financial cards to pay for transactions, participants agree to retain, verify, and reconcile their transactions and receipts.

Important communications

Optum Financial encourages participants to update their Optum Financial accounts with a personal email address to ensure receipt.

Follow Up

Participants should check their online accounts and email often. When participants (or individuals authorized by participants) use the ConnectYourCare and Optum Financial cards, they are obligated to provide eligible documentation if requested. Failure to do so may result in your ConnectYourCare and Optum Financial cards' suspension and repayment required. If an expense is ineligible, participants must repay the ineligible transaction. Failure to repay will authorize State of Wisconsin to collect or withhold such funds from participant's pay (to the extent permitted by law).

Contact Information

Flexible Spending Account participants are obliged to maintain up-to-date contact information; this includes email, mailing addresses, and phone numbers. Optum Financial periodically sends important plan notifications (regarding balances, payment card substantiation notifications, deadlines, and/or plan changes). We are not responsible for any consequences resulting from communications not received due to inaccurate contact information.

Adhere to Plan Rules

By submitting a claim or using the ConnectYourCare and Optum Financial cards, the participant certifies that the expense is eligible, was incurred by an eligible plan participant (includes dependents) during an eligible plan year, has not been previously reimbursed under any benefit plan, and will not be claimed as an income tax deduction. Participants also acknowledge their obligation to comply with all plan guidelines and to avoid submitting duplicate or ineligible requests.

Enrollment Information

Enrollment Eligibility

Most full-time or part-time classified and unclassified state and university employees are eligible to participate.

Employees who are classified as fellows, scholars, and research assistants in the University of Wisconsin System, as well as limited-term employees, student hourlies, per diems, and other temporary employees may not participate.

If an employee's spouse is also eligible for enrollment in a Flexible Spending Account, they may enroll separately, if desired, up to the IRS maximum.

IRS Maximum Election Amounts

The most accurate and up-to-date limits as established by the IRS can be found in the limits section.

Open Enrollment

Employees may enroll (and must re-enroll) in the Health Care FSA, Limited Purpose FSA, Dependent Day Care Account, and Parking & Transit Account during the annual open enrollment period.

Open Enrollment Dates

Open enrollment dates and materials are updated prior to each annual open enrollment period.

Section Contents

- Enrollment Eligibility
- IRS Maximum
- Election Amounts
- Open Enrollment
- Open Enrollment Dates
- Enroll During It's Your Choice
- UW System Employees
- State of Wisconsin & Legislature Employees
- WEDC Employees
- WHEDA Employees
- Rescinding Election
- Late and Mid-Year Enrollment
- Appeal Process
- Enrollment Effective Date
- Mid-Year Enrollment
- Newly Hired /Eligible Employees

Enroll During It's Your Choice

UW System Employees

Enrollments are done electronically in Self Service through your MyUW Portal (not through Optum Financial). UW System employees should refer to the **UW System Employee Benefits** website for enrollment instructions.

State of Wisconsin & Legislature Employees

State of Wisconsin and Legislature employees who are paid through the STAR System should sign in to STAR at **ess.wi.gov** to make all benefits elections during the annual It's Your Choice period. They should contact their agency payroll and benefits staff with any enrollment questions.

UW Hospital and Clinics (UWHC) Employees

UWHC employees should contact their HR or benefit staff for enrollment instructions.

Wisconsin Economic Development Corporation (WEDC) Employees

WEDC employees should visit **connectyourcare.com/etf** and contact their HR or benefit staff for enrollment instructions.

Wisconsin Housing & Economic Development Authority (WHEDA) Employees

WHEDA employees should visit **connectyourcare.com/etf** and refer to the Participant Online Enrollment Guide for instructions or contact WHEDA human resources for enrollment instructions.

Beyond Vision Employees

Beyond Vision employees should visit **connectyourcare.com/etf** and refer to the Participant Online Enrollment Guide for instructions or contact Beyond Vision human resources for enrollment instructions.

Fox River Navigational Systems Authority (FRNSA) Employees

FRNSA employees should contact their HR or benefit staff for enrollment instructions.

Participants should review the Cardholder Agreement affixed to the card.

Note: If they are a current Optum Financial participant, they will not be issued a new Optum Financial card. They will continue to use their current Optum Financial card.

Election Changes

Participants may change their elections for the following plan year at any time during open enrollment. To do so, they log into their enrollment system or contact their human resources for instructions. **Only the last election made will be saved.**

After the change has been processed, the participant will be emailed an updated enrollment confirmation. Participants should retain this for their records.

If participants enroll in multiple accounts but are making a change to one account only, they should review the information to ensure that all accounts reflect the correct election amounts. If a participant is making the update online, the system will automatically provide information for all of participant's election amounts, meaning they will only need to update the account being changed.

Rescinding Election

Participants may request to rescind their enrollment election(s) **prior to their January 1 effective date** by sending a completed Election Rescind Request Form to the Payroll/ Benefits Office. Upon receipt of their request to rescind their election(s), the Payroll/ Benefits Office should communicate all approved changes to Optum Financial via the census, enrollment, and contribution files.

Late and Mid-Year Enrollment Appeal Process

All enrollments must be received during the open enrollment period. If employees experienced unforeseen circumstances that impeded their ability to enroll during open enrollment, they can file an appeal for consideration.

Late enrollment appeals must be received **no later than January 31** and must be requested via the late enrollment process. After open enrollment ends, and prior to the start of the new plan year, any new enrollments must be requested via the late enrollment appeal process.

Mid-year enrollment appeals are received after January 31 and must be requested via the mid-year enrollment appeal process.

Participants who are requesting an enrollment appeal should follow the late or mid-year appeal process, depending on the date they are filing the appeal

Payroll centers must submit all late and mid-year enrollment appeals to Optum Financial for determination. No determinations are to be made at the payroll center level. Late and mid-year enrollment appeals are submitted by the Employer Benefits Specialist or Payroll Benefits Staff to **etfsupport@connectyourcare.com**.

Optum Financial requires the following information to process the appeal:

- A completed and signed appeal request form
- A formal letter including circumstances impeding the enrollment during the open enrollment timeframe. Include proof of impediment with documentation

- Completed enrollment form(s), available at **connectyourcare.com/etf**
- Documentation provided by the employee that supports their request; the appeal request form outlines the documentation items listed under each request reason

The information noted above should be provided via secure email to **etfsupport@connectyourcare.com**.

Once Optum Financial has reviewed the materials and a decision is made, Optum Financial will notify the employers and employees of the appeal decision. Enrollment appeal determination letters are mailed to the employees, and Optum Financial emails the decision to their Payroll/Benefits Office, where they will update, as necessary, payroll and other systems, as well as census, enrollment, and contribution files provided to Optum Financial.

Enrollment Effective Date

For participants who enroll during open enrollment, coverage begins at the start of the new plan year, January 1. The first contribution will be made via payroll deduction from the participant's first paycheck in the new plan year.

Mid-Year Enrollment

Newly Hired/Eligible Employees

To enroll in the Flexible Spending Account program, employees submit an Enrollment Form within 30 days following date of hire/eligibility.

These steps are completed by the employee:

1. Employee determines the amount to contribute for the remainder of the plan year following the effective date of coverage. You may need to assist the employee in determining the number of paychecks remaining in the year.
2. Employee completes an Employee Reimbursement Accounts Enrollment Form. As the employer, you may require the employee enroll through the benefits enrollment system. (Note: Online enrollments are available only during the annual open enrollment period.)
3. Employee returns the completed Enrollment Form to the Payroll/Benefits Office.
4. Enter deduction into system.

These steps are completed by the Payroll/Benefits Office:

1. The Payroll/Benefits Office reviews the form and verifies accuracy of the number of paychecks remaining in the plan year and the date coverage begins.
2. Once verified, the enrollment is added to the agency's payroll/eligibility file.
3. Payroll/Benefits Office uploads file to Optum Financial FTP site.

These steps are completed by Optum Financial:

1. Employee/participant account is updated or added to Optum Financial system.
2. Optum Financial processes the participant's enrollment and sends participant an Enrollment Confirmation via email. We encourage participants to download the mobile app for easy access and additional information regarding their benefit accounts. We also encourage them to provide Optum Financial with a personal email address to ensure delivery of important notifications regarding their benefit accounts.
3. Optum Financial payment cards are mailed, if applicable, to participant home address 7-10 business days after participant receives enrollment confirmation.

Change in Status During the Year

General Information

Participants may enroll, terminate, or change their FSA election mid-plan year if they experience a qualifying change in status event as provided by **IRS regulations** and the State of Wisconsin Flexible Spending Account program. The desired mid-year election change must correspond to and be consistent with the event and must meet **IRS consistency rules.** Mid-plan year election changes are applied going forward (do not address coverage in the past).

To request a mid-year election change, participants complete and submit a Change in Election Form within 30 days after a qualifying event, as detailed below.

Section Contents

- General Information
- Effective Date
- Change of Election Process
- Enroll or Increase Election
- Decrease Election or Cease Participation
- Qualifying Event Changes
- Permitted by IRS

Effective Date

The participant's eligibility effective date is the first of the month following the participant's request for new enrollment or change of enrollment. (Example: For an individual hired on 2/15 who submits request for enrollment on 2/28, enrollment is effective on 3/1.) If the enrollment or change is due to birth, death, adoption, or placement for adoption, the effective date is the date of the event. The date of the first payroll deduction will reflect payroll cutoff dates as well as the date their Change of Election Form or Employee Reimbursement Accounts Enrollment Form arrives at the Payroll/Benefits Office.

When does a participant's election change go into effect?

On the first day of the month that begins on or after the qualifying event date.

A mid-plan year change will result in split periods of coverage. Any funds balance from a previous period of coverage can combine with amounts contributed after the mid-plan year election change and be used through the plan year end. Conversely, any expenses incurred before the permitted election change will reimburse only up to the annual election amount in effect prior to the change.

Change of Election Process

Enroll or Increase Election

To enroll or increase election in the Health Care and Limited Purpose FSAs, Dependent Day Care Account, and Commuter Benefits Program, employees submit an Employee Reimbursement Accounts Enrollment Form and/or Change of Election Form within 30 days following a change of status qualifying event (divorce or marriage, birth or adoption of a child, or a change in employment status). Parking and Transit Accounts can be changed at any time. For more information about the changes permitted by the IRS, please see the **qualifying event chart**. The process for submitting an increase in election/enrollments follows.

These steps are completed by the employee:

1. Employee determines the amount to contribute for the remainder of the plan year following the effective date of coverage. Due to change in status event, you may need to assist the employee in determining the number of paychecks remaining in the year.
2. Employee completes an Employee Reimbursement Accounts Enrollment Form and/or Change of Election Form.
3. Employee returns completed form and any additional required documentation to the Payroll/Benefits Office.

Receive important communications

Optum Financial encourages participants to provide a personal email address to ensure receipt.

These steps are completed by the Payroll/Benefits Office:

1. The Payroll/Benefits Office reviews the information and verifies accuracy of the effective date of the change and first payroll affected by the change.
2. Once verified, the Payroll/Benefits Office updates their HRIS/payroll system.
3. The change adds to the agency's payroll/eligibility file.
4. Payroll/Benefits Office uploads file to Optum Financial FTP site.

These steps are completed by Optum Financial:

1. Employee/participant account is updated or added to Optum Financial system through the automated file process.
2. Optum Financial processes the participant's enrollment and sends participant an Enrollment Confirmation via email. The participant's Optum Financial online account access and Optum Financial payment card remains unchanged.

   OR:
3. If the Change of Election resulted in a new FSA enrollment with Optum Financial, Optum Financial sends the participant an Enrollment Confirmation via email. We also encourage employees to provide Optum Financial with a personal email address to ensure delivery of important notifications regarding their benefit accounts.
4. Optum Financial payment cards are mailed, if applicable, to participant home address 7-10 business days after participant receives enrollment confirmation.

Decrease Election or Cease Participation

Employees may opt to decrease their election or cease participation in the Health Care and Limited Purpose FSAs, Dependent Day Care Account, and Commuter Benefits Program. A participant can opt out or decrease a Parking or Transit Account election at any time without a qualifying event. To do so, they must submit a Change of Election Form within 30 days following a change in status qualifying event (divorce, death, or a change in employment status). For more information about the changes permitted by the IRS, please see the qualifying event chart. The process for submitting a decrease in election/cease participation follows.

These steps are completed by the employee:

1. Employee determines the amount to contribute for the remainder of the plan year following the effective date of the qualifying event. You may need to assist the employee in determining the number of paychecks remaining in the year.
2. Employee completes a Change of Election Form.
3. Employee returns completed forms and any additional required documentation to the Payroll/Benefits Office.

These steps are completed by the Payroll/Benefits Office:

1. The Payroll/Benefits Office reviews the information and verifies accuracy of the effective date of the change and first payroll affected by the change.
2. Once verified, the Payroll/Benefits Office updates the HRIS/payroll system.
3. The change adds to the agency's payroll/eligibility file.
4. Payroll/Benefits Office uploads file to Optum Financial FTP site.

These steps are completed by Optum Financial:

1. Employee/participant account updates at Optum Financial.
2. Optum Financial processes the participant's Change in Election.

   Two options:

   If participant reduced election, Optum Financial sends participant an Enrollment Confirmation via email. Participant's Optum Financial online account access and Optum Financial cards remain unchanged.

   OR:

   If participant is ceasing election/Flexible Spending Account participation, Optum Financial will terminate the participant's account and deactivate their payment card on the last day of the month following their last payroll deduction. Per plan specifics, after they cease participation, employees may continue to submit reimbursement requests manually, but only through the end of the runout period and/or only until plan funds are depleted (whichever comes first).

Coverage period change in status

A mid-plan year election change will result in split periods of coverage.

Any funds balance from a previous period of coverage can combine with amounts contributed after a permitted mid-plan year election change and can be used through the plan year end.

Conversely, any expenses incurred before the permitted election change can be reimbursed only up to the annual election amount in effect prior to the change.

Qualifying Event Changes Permitted by IRS

Qualifying Event Changes Permitted by IRS								
	Health Care FSA and Limited Purpose FSA				Dependent Day Care Account			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
Legal Marital Status Change—Marriage								
Add dependents.	Yes	Yes	No	No	Yes	Yes	No	No
(a) Participant, spouse, or dependents become eligible under new spouse's employer's Health Care FSA; and (b) Spouse participates in employer's plan; then (c) Coverage for the affected individual becomes effective or is increased under the other employer's plan.	No	No	Yes	Yes	No	No	Yes	Yes
Participant's new spouse is not employed or makes a Dependent Day Care coverage election through their employer.	N/A				No	No	Yes	Yes
Legal Marital Status Change—Death, Divorce, Legal Separation, Annulment								
Participant's former spouse loses eligibility.	No	No	No	Yes	N/A			
Participant loses coverage under former spouse's Health Care FSA.	Yes	Yes	No	No	N/A			

Qualifying Event Changes Permitted by IRS								
	Health Care FSA and Limited Purpose FSA				Dependent Day Care Account			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
Participant can accommodate a newly eligible dependent (due to the divorce).	N/A				Yes	Yes	No	No
Eligibility is lost due to an event (dependent resides with ex-spouse).	N/A				No	No	Yes	Yes
Change in Number of Dependents								
Participant gains a dependent (birth, adoption, eligible dependent moves in).	Yes	Yes	No	No	Yes	Yes	No	No
Participant loses a dependent or dependent loses eligibility (result of death, or as when an individual is no longer financially supported by participant, or their child no longer satisfies the age requirements for health coverage).	No	No	Yes	Yes	No	No	Yes	Yes
Dependent Satisfies or Ceases to Satisfy Eligibility Requirements								
Participant's dependent gains eligibility.	Yes	Yes	No	No	Yes	Yes	No	No
Participant's dependent ceases to be eligible.	No	No	Yes	Yes	No	No	Yes	Yes
Change in Employment Status—Termination								
Participant's spouse terminates employment and they or dependent loses eligibility for participation in spouse employer's Health Care FSA.	Yes	Yes	No	No	N/A			
Participant or dependent commences employment that triggers a gain in eligibility under their employer's plan; then spouse or dependent gains eligibility and enrolls in their employer's Health Care FSA.	No	No	Yes	Yes	N/A			
Participant's spouse terminates employment and it renders dependent ineligible for participation in the Dependent Day Care Account.	N/A				No	No	Yes	No
Participant's spouse returns to work and dependent is now eligible for participation in the Dependent Day Care Account (spouse previously did not work).	N/A				Yes	Yes	No	No
Participant's spouse returns to work and dependent is added to a Dependent Day Care Account offered by spouse's employer.	N/A				No	No	Yes	No
Change in Employment Status—Leave of Absence								
Participant commences an unpaid leave of absence.	No	No	Yes	Yes	No	No	Yes	Yes
Participant's returns from an unpaid leave of absence.	Yes	Yes	No	No	Yes	Yes	No	No
Participant's spouse commences an unpaid leave of absence and spouse or dependent loses eligibility for participation in spouse employer's Health Care FSA.	Yes	Yes	No	No	N/A			
Participant's spouse or dependent returns from an unpaid leave of absence that triggers a gain in eligibility under their employer's plan, if spouse or dependent gains eligibility and enrolls in their employer's Health Care FSA.	No	No	Yes	Yes	N/A			
Participant's spouse commences an unpaid leave of absence and it renders dependent ineligible for participation in the Dependent Day Care Account.	N/A				No	No	Yes	No

Qualifying Event Changes Permitted by IRS								
	Health Care FSA and Limited Purpose FSA				Dependent Day Care Account			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
Participant's spouse returns to work from an unpaid leave of absence and dependent is now eligible for participation in the Dependent Day Care Account (spouse previously did not work).	N/A				Yes	Yes	No	No
Change in Place of Residence (That of Participant, Spouse, or Dependent)								
…results in a decrease in participant's dependent day care cost.	N/A				No	No	No	Yes
…results in an increase in participant's dependent day care cost.	N/A				No	Yes	No	No
…results in a loss of coverage for participant's dependent.	N/A				No	No	Yes	No
…results in a gain of coverage for participant's dependent.	N/A				Yes	No	No	No
Significant Coverage Curtailment								
Participant's day care provider significantly reduces its available hours or goes out of business and participant switches dependent day care providers and make a new election.	N/A				Yes	No	Yes	No
Participant switches dependent day care providers and it results in a cost increase.	N/A				No	Yes	No	No
Participant switches dependent day care providers and it results in a cost decrease.	N/A				No	No	No	Yes
Cost Increase or Decrease								
The cost charged by participant's dependent day care provider* increases.	N/A				No	Yes	No	No
The cost charged by participant's day care provider* decreases.	N/A				No	No	No	Yes
CERTAIN JUDGMENT, DECREES, OR COURT ORDERS **Per a judgment, decree, or court order from a divorce, legal separation, annulment, or change in legal custody…**								
Participant must provide accident or health coverage for child/foster child.	Yes	Yes	No	No	N/A			
Participant's spouse, former spouse, or other individual must provide accident or health coverage for participant's child/foster child.	No	No	Yes	Yes	N/A			
Eligibility for Medicare and Medicaid **Participant, spouse, or dependent…**								
Becomes entitled to and enroll in Medicare or Medicaid (other than coverage solely for pediatric vaccines).	No	No	Yes	Yes	N/A			
Loses eligibility for Medicare or Medicaid.	Yes	Yes	No	No	N/A			

*Note: If the participant's day care provider is related by blood or marriage, the participant CANNOT change election amount solely to increase or decrease amount being paid to the relative.

Termination of Employment

Employee Options Upon Termination

Upon termination, the payment card will deactivate, and their reimbursement requests must be submitted online or via paper form (until date specified in #1 or #2 above, and chart that follows, as pertinent).

There are two scenarios under which a terminated participant can begin FSA COBRA: 1) by taking the remaining FSA annual contributions on their last paycheck; 2) by completing an FSA COBRA form and submitting the form and check payment to ETF's Division of Trust Finance (DTF). In the event a terminated employee was never enrolled in the FSA for the plan year, they are not eligible to begin FSA COBRA.

Section Contents

- Employee Options Upon
- Termination
- Termination of Employment FSA
- Options
- Submitting Termination to Optum Financial

In the first scenario, if the terminated participant takes the remaining FSA annual contribution on their last paycheck, the participant notifies the payroll center. The payroll center notifies Optum Financial of the full contributions taken on the last paycheck. Notifications should be as follows (variable fields are highlighted and bracketed):

> [Employee's name and Employee ID] has terminated effective [mm/dd/yyyy] and has elected to continue their Health Care FSA benefit under COBRA. They contributed the remainder of their annual election on the final paycheck that will be paid on [mm/dd/yyyy]. [Payroll Center Name] will send the final contribution via the standard contribution file, $[ddd.cc] to bring them to the total annual election of $[ddd.cc]. [Payroll Center Name] is requesting Optum Financial update the participant's account to allow claims through the end of the [yyyy] plan year.

Optum Financial will extend Health Care FSA or Limited Purpose FSA coverage through the end of the plan year in which the participant coverage is terminated.

In the second scenario in which the terminated participant completes and submits the FSA COBRA form, check, and monthly installment payments to DTF. DTF notifies Optum Financial so that payments are posted/recorded in the Optum Financial system. This will extend the participant's health care or limited purpose FSA coverage through the end of the month indicated.

Termination of Employment FSA Options

	Health Care FSA & Limited Purpose FSA	Dependent Day Care Account	Parking & Transit
	COBRA Continuation Coverage is Allowed	**COBRA Continuation Coverage Not an Option**	**COBRA Continuation Coverage Not an Option**
Final Date to Incur Expenses	Last day of the month following participant's final contribution	Last day of the plan year (December 31)	Last day of participant's employment
Final Date to Submit Expenses	March 31	March 31	March 31
	Health Care FSA & Limited Purpose FSA	**Dependent Day Care Account**	**Parking & Transit**
	COBRA Continuation Coverage is Allowed	**COBRA Continuation Coverage Not an Option**	**COBRA Continuation Coverage Not an Option**
Optum Financial Card Status	Inactive as of termination date	Inactive as of termination date	Inactive as of termination date
Carryover Fund Access	Last day of the month following participant's final contribution	N/A	Last day of participant's employment
COBRA Continuation Payment Options	Last paycheck, monthly or one-time lump payment	N/A	N/A

If the participant terminates without electing COBRA continuation coverage, the Health Care FSA will be terminated; the participant can submit reimbursement requests manually, but only through the end of the runout period and/or only until plan funds are depleted (whichever comes first).

Submitting Termination to Optum Financial

1. Participant notifies Payroll/Benefits Office of termination and whether COBRA continuation is elected.
2. Payroll/Benefits Office updates HRIS/Payroll system to reflect the termination/retirement status and to update final contribution/deduction amounts; these reflect whether a continuation option is or is not selected. If the participant decides to continue at a later date past the final paycheck, the form, and payment are returned to ETF.
3. Payroll/Benefits Office sends the following items to Optum Financial:
   - Updated termination status via the eligibility file feed. **Note: the termination date should show the person employed until the last day of their last contribution month so that their Optum Financial card is not turned off for use before that date.**
   - Contributions via the payroll file
4. Optum Financial's system updates the participant's status to reflect termination/retirement, and updates payroll deductions to reflect amount sent on file.

Retirement

Annual Election Payment Upon Retirement

Upon retirement, a participant's Health Care Flexible Spending Account terminates.

If the participant terminates employment or becomes ineligible for the Flexible Spending Account, the payment card will deactivate, and their reimbursement requests must be submitted online or via paper form (until date specified in #1 or #2 above, and chart that follows, as pertinent).

Section Contents

- Retirement Annual Election
- Payment Upon Retirement
- Retirement FSA Options
- Submitting Retirement to Optum Financial
- Divorce
- Death

Retirement FSA Options

	Health Care FSA & Limited Purpose FSA	Dependent Day Care Account	Parking & Transit
	COBRA Continuation Coverage is Allowed	**COBRA Continuation Coverage Not an Option**	**COBRA Continuation Coverage Not an Option**
Final Date to Incur Expenses	Last day of the month following participant's final contribution	Last day of the plan year (December 31)	Last day of participant's employment
Final Date to Submit Expenses	March 31	March 31	March 31
Optum Financial Card Status	Inactive as of termination date	Inactive as of termination date	Inactive as of termination date
Carryover Fund Access	Last day of the month following participant's final contribution	N/A	Last day of participant's employment
COBRA Continuation Payment Options	Last paycheck, monthly or one-time lump payment	N/A	N/A

If the participant retires without electing COBRA continuation coverage, the Health Care FSA will be terminated; the participant will submit reimbursement requests manually, but only through the end of the runout period and/or only until plan funds are depleted (whichever comes first).

Submitting Retirement to Optum Financial

1. Participant notifies Payroll/Benefits Office of retirement and whether continuation is selected.
2. Payroll/Benefits Office updates HRIS/Payroll system to reflect the termination status and to update final contribution/deduction amounts; these reflect whether a continuation option is or is not selected.
3. Payroll/Benefits Office sends the following items to Optum Financial:
   - Updated termination status via the eligibility file feed
   - Contributions via the payroll file
4. Optum Financial's system updates the participant's status to reflect termination and updates the payroll deductions to reflect amount sent on file.

Divorce

Divorce is a change of status qualifying event. As such, the participant may decrease their election for the former spouse who loses eligibility. The participant may enroll in or increase elections only if they have lost coverage under the former spouse's Health Care FSA or Limited Purpose FSA.

For the Dependent Day Care Account, the participant may enroll in or increase election to accommodate a newly eligible dependent (due to the divorce). The participant may also decrease or cease coverage if eligibility is lost due to an event (dependent resides with ex-spouse).

Death

In the event of the death of the employee, payment reflects the following priority:

1. Executor of the estate of the deceased employee
2. Spouse
3. Family member responsible for payment of the deceased's health care bills

By calling Optum Financial Customer Care, the deceased employee's executor or personal representative, acting on behalf of the employee, can request reimbursement for eligible expenses that were incurred by the employee (or spouse or tax dependents for health coverage purposes, if any) before the employee's death. The reimbursement request must be submitted before the end of the plan's runout period.

For approved claims, Optum Financial issues a reimbursement check to the estate on behalf of the deceased employee. Any changes to the employee's name, address, or bank account information require providing Optum Financial with a document showing legal authority.

Death of a dependent is a change in status qualifying event allowing for cease or decrease of election for the dependent that loses eligibility. This applies to the Health Care FSA, Limited Purpose FSA, and Dependent Day Care Account.

Transfers

Section Contents

- Payroll Center Transfer
- Agency/Location Transfer

Payroll Center Transfer

When a participant transfers from one Payroll/Benefits center to another, please follow the following steps to ensure that the Optum Financial system is updated accordingly.

These steps are completed by the current Payroll/Benefits Office:

1. Submit a term record on the census file and cancellation record on the enrollment file **one time only** to Optum Financial. Additional term/cancellation records for the same employee on future files from the current Payroll/Benefits Office will prevent the transfer processing from working properly.
2. Submit a Personnel Transer Record (PTR) to the new agency that the employee is transferring into.

These steps are completed by the new Payroll/Benefits Office:

1. Reach out to **etfsupport@connectyourcare.com** to confirm the enrollment information the current Payroll/Benefits Office provided to Optum Financial such as coverage type(s), annual election amount(s), and remaining contributions for the participant. The new Payroll/Benefits Office records the remaining contribution amounts on the form as "Annual Employee or Employer Contributions." All transferring enrollment elections must be sent to Optum Financial by the new Payroll/Benefits Office on the enrollment file, in addition to adding the employee to the census file.
2. Provide the applicable enrollment form(s) to the employee to review and complete. (**Note:** If the employee is eligible to transfer benefits coverage to the new agency, the new Payroll/Benefits Office should have the employee complete any applicable enrollment forms. If the new Payroll/Benefits Office does not accept a benefit coverage type [such as commuter fringe benefit], the applicable benefit(s) will be terminated with the current Payroll/Benefits Office. The new Payroll/Benefits Office can only offer new benefits to the employee if it was not offered to the employee at the current Payroll/Benefits Office.)
3. Enter the benefit enrollment and contribution elections into their payroll system once the forms have been received and verified.
4. Send the Census and Enrollment data on the next weekly files. The files will override the previous payroll center which allows the employee to be listed under the new Payroll/Benefits Office.

Note: If the total annual election amount under the new Payroll/Benefits Office is less than the amount for the current Payroll/Benefits Office, Optum Financial's system will ignore the total annual election from the new Payroll/Benefits Office if the updated record is processed by Optum Financial within 14 days from the termination occurring under the current Payroll/Benefits Office; thus, allowing continued coverage without overriding the true total annual election amount. To ensure this process is managed appropriately, it is important timely census and enrollment information is passed to Optum Financial by both the current and new Payroll/Benefits Offices.

Agency/Location Transfer

Optum Financial currently receives agency and location information (for reporting purposes) for the following State of Wisconsin Payroll/Benefits Centers:

- Central
- Legislature
- UW

For these Payroll/Benefits Centers, if you have an employee who transfers to a new agency or location within your Payroll/Benefits Center, be sure your HRIS/Payroll system is updated to reflect the new agency/location. Doing so ensures that the updated information will be sent to Optum Financial via the EDI files. See EDI section for more details about submitting files to Optum Financial.

There is no impact to the participant's account as a result of a transfer from one agency/location to another. These participants may continue to use the payment card as before, and their Optum Financial online account and mobile app access will remain unchanged.

Electronic Data Interchange Files (EDI)

Use Optum Financial EDI files to submit employee demographic, eligibility, and contribution data. The method is fast, easy, and secure.

This section details the following:

- How to submit files
- File types and specifications
- Process time
- How to address any file discrepancies or corrections

Section Contents

- Payroll Center Transfer
- Agency/Location Transfer

How to Submit Files: Optum Financial FTP Server Information

Optum Financial provides an FTP server, a username, and a password granting secure access to the Optum Financial FTP server to each payroll center.

If you have any problems connecting to the Optum Financial FTP server or forgot your username/password, please email **etfsupport@connectyourcare.com.**

Once connected to the Optum Financial FTP server, you will be in your root directory. Use this directory to upload all your production files.

All test files should contain the word TEST in the file name.

In the event your files contain errors, an error report will be posted to your FTP server.

File Types and Specifications: EDI File Types

Each payroll center should refer to the file specifications created specifically for them by Optum Financial.

Optum Financial accepts three types of files for processing:

CE—Census File

This file provides Optum Financial with Flexible Spending Account participant demographic data, including name changes, address changes, and terminations. Census data captures the following required, employee-level information: SSN, employment status, employment status effective date, name, date of birth, mailing address, primary email address, and coverage type (single or family).

Census files are provided on a set, weekly frequency. Processing is typically completed within 24–72 business hours after receipt at Optum Financial.

EN—Eligibility File

This file provides Optum Financial with Flexible Spending Account participant enrollment data, including new hire enrollments, mid-year election changes due to change in status qualifying events, and terminations. Enrollment data captures the following required, employee-level information: SSN, transaction type (new/change, cancel, COBRA), transaction effective date, enrollment submitter ID, employer ID, employer offering ID, and total policy amount. It's important to note that the employer offering ID will be noted

within the file as one of the following (with the number representing the plan year for which the benefit is effective) and that not all offerings are provided by all payroll centers:

FSAEE2022	TRN2022
DCAPEE2022	PRK2022

Also, important to note within the enrollment file is the total policy amount. Amounts should be provided as ddddddddcc, so 150000 on the file will load as $1,500.00.

Enrollment files are provided on a set, weekly frequency. Processing is typically completed within 24–72 business hours after receipt at Optum Financial.

CN—Contribution File

This file specifies Flexible Spending Account payroll deduction amounts/contribution amounts for a specific payroll/contribution date. Contribution data captures the following required, employee level information: SSN, pay date, billing group identifier, enrollment submitter ID, employer ID, employer offering ID, and contribution amount. Just as with the enrollment file, it's important to note that the employer offering ID will be noted within the file as one of the following (with the number representing the plan year for which the benefit is effective) and that not all offerings are provided by all payroll centers:

FSAEE2022	TRN2022
DCAPEE2022	PRK2022

Also, important to note within the contribution file is the contribution amount. Amounts should be provided as ddddddddcc, so 4167 on the file will load as $41.67.

Negative contributions can be sent for the FSA, DCAP, Parking and Transit accounts and should be provided as -ddddddddcc, so -4167 on the file will load as -$41.67.

Optum Financial requires that contribution files are provided three days prior to the actual payroll/contribution date, as processing the contribution file typically requires 24–72 business hours.

EDI File and Discrepancy Process

After each census, enrollment, and contribution file is received and processed, the payroll center can review whether any discrepancies or errors occurred and if so, see what those errors are.

Those payroll center contacts who have been granted access to the Employer Dashboard are able to access the "File Error Reports" within the Reports section. This report includes all error reports for all payroll centers, regardless of whether the errors were corrected in future files. Once generated, the report should be filtered so that the file in question can be searched within the File Name column.

Within each payroll center's FTP site is a folder that provides all error reports specific to their files. Although most human resource specialists do not have access to the FTP site, their EDI or IT teams who utilize the site can provide these error reports to human resources. Please contact your EDI or IT team to coordinate this effort.

Payroll centers should refer to the File Error Reports Guide that provides census, enrollment, and contribution file error codes and recommended action details to correct the errors. The payroll center should correct any errors within future files provided to Optum Financial through their FTP site.

Contribution file errors can be accessed through the Employer Dashboard by accessing the Contribution Rejections report. More information on contribution management can be found in the contribution management section.

EDI File Tips

For Test Files, make sure to use TEST in the file name and upload to the Test folder. Failure to follow these steps may result in test information being loaded in error into your production account.

Always send files in the following order – census, enrollment, contribution – to prevent file errors from occurring. Failure to submit in this order may result in file discrepancies (such as non-enrolled participants contributing in error via payroll deduction).

For File Naming, please name files in the following format.

ce_[payroll center identifier]_yyyymmdd.txt cn_[payroll center identifier]_yyyymmdd.txt

en_[payroll center identifier]_yyyymmdd.txt

Reimbursement Information

Section Contents

- Reimbursement Options
- Reimbursement Request Tips
- Deadlines for Requesting Reimbursement
- Reimbursement Denial Appeal Process
- Wisconsin Department of Employee Trust Funds' Five-Step Unsubstantiated Claims Recovery Process

Reimbursement Options

As eligible expenses are incurred, participants have two options to access their Optum Financial Flexible Spending Account and Parking Account funds:

1. Optum Financial Payment Card: Participant swipes the Optum Financial payment card at the point-of-purchase. It pays for and automatically substantiates many expenses, eliminating the need to submit reimbursement requests. For details, see the Optum Financial Payment Card section.
2. Request a Reimbursement: If the participant paid for expenses out of pocket, they submit a request for reimbursement to Optum Financial using one of the following methods:
   - Submit via mobile app.
   - Submit via Optum Financial online account.
   - Download the applicable claim form and submits it via fax or mail.

All Transit Account expenses must be paid for out of pocket. The participant should then request a reimbursement using one of the methods noted in #2 above.

Reimbursement Request Tips

Flexible Spending Accounts

Optum Financial processes claims daily. All claims are processed within two business days and approved expenses reimburse by check or direct deposit within 48–72 hours. Participants must include proper documentation to support the request.

Participants must receive the service before they can be reimbursed. The payment card can be used for billed health care expenses if the provider accepts Visa payments; participants simply fill in the Optum Financial card number as payment and return it to the provider. The amount of the billed expense deducts from the participant's Health Care FSA. Participants must submit a copy of the documentation for that health care expense once a documentation request is received. Documentation requests will be sent to the email address on file with Optum Financial.

Deadlines for Requesting Reimbursement

All claims should be submitted by the end of each plan year, December 31. Any outstanding claims are required to be submitted by the end of the runout period, March 31—following the plan year end. All Health Care, Limited Purpose, Dependent Day Care Account, and Parking and Transit reimbursement requests must be received by Optum Financial or postmarked by this date. Any reimbursement requests received after this date will be denied as filed untimely.

Reimbursement Denial Appeal Process

If all or a portion of a reimbursement request has been denied as ineligible, the participant or an authorized representative may file an appeal within 90 days of the date of the denial notification. Appeals must include all information detailed on the right.

Participants may submit a written appeal request along with all documentation, including the Appeal Information/Form, to Optum Financial via mail or fax:

Claims Department
P.O. Box 622317
Orlando, FL 32862-2317
Fax to 443-681-4602

If being represented by another, the participant must complete a written authorization to allow us to communicate with that person.

Optum Financial will review the appeal and provide a written determination within 60 days. Participant may request copies (free of charge) of any documents used to reach a decision.

Request to Appeal a Denied Claim

Participant's request, required in writing, must include this information:

- Name of employer
- Date of service
- A copy of the claim or request
- A copy of the denial letter and
- Any other documents/ information pertaining to the appeal request

Wisconsin Department of Employee Trust Funds' Five-Step Unsubstantiated Claims Recovery Process

The IRS has established specific guidelines that require all Flexible Spending Account (FSA) transactions — even those made using a payment card — to be substantiated (verified that the purchase was an eligible medical expense). The substantiation process is performed by Optum Financial. To learn more about what's needed for claim approval, please review the **Substantiation Requirements**. You must resolve any unsubstantiated claims no later than 90 days after the end of the plan year. This additional 90 day allotment to resolve unsubstantiated claims is called the run-out period. All adequate documentation must be received by March 31, the last day of the run-out period.

Claims that are not auto-substantiated automatically enter into a progressive five-step recovery process in place at Wisconsin Department of Employee Trust Funds (ETF).

ETF and Optum Financial are developing an employee facing overview of the process for late Fall 2021.

ConnectYourCare/Optum Financial Payment Card

General Information

The convenient Optum Financial payment card makes it easy to pay for eligible health care and/or parking expenses (as defined by the Flexible Spending Account and IRS guidelines). Because it is a payment card, when participants use it to pay eligible expenses, funds will automatically be deducted from their accounts.

Optum Financial Card Advantages

- Instant reimbursements for health care and parking expenses.
- Instant approval of most prescription expenses as well as some health care, dental, and vision expenses.
- No out-of-pocket expenses.
- Easy access to funds.

Receiving the Optum Financial Payment Card

When participants enroll in a Health Care FSA and/or Parking Account, they are sent a Optum Financial payment card, which is good for five years. New cards are mailed during the first two weeks of the month that the old cards expire.

The Optum Financial payment card will need to be activated by calling the number shown on the sticker affixed to the card, unless the new card is replacing a previously activated card and has the same card number. In that case, there will not be an activation sticker affixed to the card.

To activate the card, participants will need to dial the activation number on the card and will be prompted to provide:

- The full card number
- The month and year of the account holder's birthday in the following format: MM/YY
- The zip code on the account

Participants are not required to use the Optum Financial payment card, but it does offer the most convenient payment experience. Participants may opt instead to submit claims via mail, fax, Optum Financial online account, or the Optum Financial mobile app.

Participants may request additional Optum Financial payment cards for a spouse or any dependents within their online portal. There is no charge for these dependent cards.

Additional cards ordered for a family member will have the same card number as the participant's original card. If the original card has already been activated, no additional activation is required.

Section Contents

- General Information
- Optum Financial Card Advantages
- Receiving the Optum Financial Payment Card
- Lost/Stolen Card and Fraudulent Charges
- Undeliverable/Change of Address Optum Financial Cards
- Undeliverable/Temp Away Optum Financial Cards
- Using the Optum Financial Payment Card
- Optum Financial Payment Card Purchases
- Over-the-Counter Purchases
- Optum Financial Payment Card Declines
- Optum Financial Payment Card Substantiation
- General Information
- Substantiation Types
- Auto-Substantiation
- Manual Substantiation
- Substantiation Notification Process

By accepting and using their Optum Financial CARD…

participants agree to the terms of the Optum Financial cardholder agreement.

Replacement cards and additional cards will not have a sticker with activation instructions. If the card is reported lost/stolen, the new card will have a new card number and will need to be activated. New cards requiring activation will have a sticker with activation instructions.

If a Optum Financial payment card has a misspelling or participant's name has changed, the participant should contact their Payroll/Benefits Office who can work with Optum Financial to update the information and request a new card.

Lost/Stolen Optum Financial Payment Card and Fraudulent Charges

Participants should immediately report a lost/stolen card via their Optum Financial online account or by calling Optum Financial Customer Care . Participants should call Optum Financial Customer Care immediately if they identify fraudulent charges. This action deactivates the Optum Financial card to prevent fraudulent charges. Participants can review recent Optum Financial payment card transactions to identify any fraudulent charges and should contact Optum Financial Customer Care to assist with reporting the transactions as fraudulent.

Undeliverable/Change of Address Optum Financial Cards

If a mailed Optum Financial payment card is returned as undeliverable or with a yellow change of address sticker by the USPS, Fiserv will review the participant's account and follow the below process:

- If a new address is on file, Fiserv will update the card and resend it to the participant
- If no address update is available, Fiserv will hold the card for 30 days pending an address update and will re-mail the card to the updated address
- If no address is received after 30 days, Fiserv will destroy the card
- If the account as Mailing Address is Undeliverable in Optum Financial and a new address is received, the Optum Financial system will generate a new card to be mailed

Undeliverable/Temp Away Optum Financial Cards

If a mailed Optum Financial payment card is returned as undeliverable or with a yellow change of address sticker by the USPS, Fiserv will review the participant's account and follow the below process:

- Card is marked temp away for 30 days
- Card is re-mailed to address on file after 30 days

Using the Optum Financial Payment Card

Optum Financial Payment Card Purchases

Optum Financial payment card purchases are limited to account type (Health Care Flexible Spending Account, Limited Purpose Flexible Spending Account, Parking Account), and to merchants with an inventory information approval system (IIAS) in place to identify Flexible Spending Account-eligible purchases. Qualifying merchants may include doctors, dentists, vision care facilities, and parking facilities. When participants swipe the card, the inventory system automatically approves the purchase of eligible items and deducts the amount from the appropriate account. If a participant uses the Optum Financial payment card at a merchant that does not have IIAS, the transaction will decline.

Participants can use the Optum Financial payment card to pay for billed health care expenses, such as coinsurance, if the provider accepts Visa payments. The participant simply enters the Optum Financial payment card number as payment on the bill and returns it to the provider. (The provider's expense and payment must incur in the same plan year.)

The amount of the billed expense deducts from the participant's Health Care Flexible Spending or Parking Account. The reimbursement request must include a copy of documentation that substantiates the health care expense. For details, see the **Substantiation** section.

Over-the-Counter (OTC) Purchases

Participants may use the Optum Financial payment card to purchase hundreds of OTC health care items. Examples include bandages, cough and cold treatments, contact lens solutions, feminine care products, nasal strips, pain relievers, pregnancy tests, reading glasses, etc.

What's my Balance?

Check your account balance via the myOptum Financial mobile app or Optum Financial online account.

Same Year…

The provider's expense and payment must incur in the same plan year.

Optum Financial Payment Card Declines

Participants may use the Optum Financial payment card to pay for Flexible Spending and Parking Account-eligible expenses only, incurred at eligible IIAS merchants only. The card may be declined in some situations.

If the Optum Financial payment card declines, the participant should simply pay the expense out of pocket and submit a claim via the employee portal, Optum Financial mobile app, or using the appropriate claim form to send or fax to Optum Financial.

Optum Financial Payment Card Declines: Reasons and Solutions	
Explanation of Decline	**Solution**
Insufficient Funds	
At point of purchase the Optum Financial payment card automatically checks participant's account balance to ensure funds are adequate to cover the entire purchase. If the purchase exceeds the account balance, participant's Optum Financial payment card will be declined.	Participant asks the merchant to deplete the card's account balance and pays the difference out of pocket. **OR** If account balance is $0 or participant is unable to check balance, they should use another form of payment for the expense.
Ineligible Expense	
At point of purchase the Optum Financial payment card automatically checks for eligible expenses based on participant's plan type. Example: participant is purchasing a prescription and a gallon of milk. The Optum Financial payment card pays for the prescription and the merchant will request another form of payment for the milk.	Participant uses another form of payment for the ineligible expenses.
Expenses Incurred Outside of Plan Year or Coverage Period	
At the point of purchase the Optum Financial payment card automatically checks participant's eligibility dates to ensure that the expense is incurred during their coverage period. If the purchase is outside of the coverage period or plan year, the Optum Financial payment card will be declined.	Participant uses another form of payment for the ineligible expenses. If the service date of the expense was incurred during their coverage period or plan year, participant submits a request for reimbursement. Optum Financial provides check or direct deposit reimbursements within 48–72 hours of approval.
Inactive Cards Due to Unsubstantiated Claim > 90 Days old	
Within 90 days of a transaction, participant must submit required substantiation documentation. Otherwise, the unsubstantiated Flex Spending Account claim will be denied, repayment will be requested, and the Optum Financial payment card will be suspended until Optum Financial receives repayment or required substantiation. If the participant attempts to use the Optum Financial payment card when it is inactive it will decline. Finally, if participant fails to repay the claim or provide necessary documentation, the State of Wisconsin will withhold the claim amount from their paycheck.	Three Steps: 1. Participant uses another form of payment to pay the expense. 2. Participant submits documentation for the unsubstantiated claims. 3. Participant submits a request for reimbursement.

For more information about Optum Financial payment card declines, contact the Optum Financial Customer Care team.

Optum Financial Payment Card Substantiation

General Information

Under **IRS and Treasury** regulations, payments from a Flexible Spending Account require third party substantiation documentation unless the transaction is auto-substantiated (i.e., Rx, office visit copays, IIAS items). Other transactions require substantiation by providing documentation (i.e., coinsurance payments, laboratory, or x-ray expenses). Participants are obliged to satisfy any documentation requirements and to retain those documents and records for tax purposes or in the event of an IRS audit.

Substantiation Types

There are two ways to substantiate purchases per IRS requirements:

Auto Substantiation

Automatically through electronic evidence:

- **Copay matching:** Charges that exactly match the dollar amount for a copay under the employer's group health plan or charges up to fives times the dollar amount. For example: a $10, $20, $30, $40, or $50 charge at a doctor's office in a health plan with $10 office visit copays.
- **Recurring claims:** Charges that exactly match the provider and dollar amount for a previously approved and substantiated transaction (e.g. a fixed monthly orthodontia payment).
- **Real-time substantiation:** Charges verified as eligible expenses by the merchant, service provider, or other third-party vendor. For example, a store that automatically approves using IIAS.
- **Offsetting can only occur within a particular plan year (and cannot cross plan years):** If a participant has a claim in "Repayment Required" status and another claim is submitted for reimbursement from the same account and the same plan year, the new claim will automatically offset to repay the older claim in "repayment required" status before reimbursing the remaining funds.

Manual Substantiation

All purchases that do not qualify for auto- substantiation must be manually substantiated with receipts or other documentation submitted for review.

- Doctor or other provider payment when the amount paid does not equal the copay amount.
- Prescription and over-the counter transactions when the amount paid does not equal the copay amount, and/or the merchant is not IIAS compliant.

Substitute Documentation

Participants have the option to use documentation of another eligible expense to "pay back" the amount owed on a claim. Substitute documentation can be attached directly to the claim that is in "Repayment Required" or "Paid, Documents Needed" status.

Substantiation Notification Process

If expenses require additional documentation, Optum Financial will provide Substantiation Notifications to participants. Participants may also view transactions and receipt status online or via the mobile app.

Optum Financial will send up to three Substantiation Notifications via mail or email:

- 10 days after the Optum Financial payment card transaction; notifies participant that substantiation is required,
- 40 days after the initial Optum Financial payment card transaction; reminder that substantiation is required, and
- 70 days after the initial Optum Financial payment card transaction; reminder that substantiation is required.

Participants must submit required substantiation documentation within 90 days of a transaction or by December 31 (whichever comes first). Otherwise, the unsubstantiated Flexible Spending Account claim will be denied, repayment will be requested, and the Optum Financial Payment Card will be suspended until Optum Financial receives repayment or required substantiation. Any transaction attempted with an inactive Optum Financial payment card will be declined. Finally, if the participant fails to repay the claim or provide necessary documentation, the State of Wisconsin will withhold the claim amount from their paycheck.

When participants' unsubstantiated claims are in the recovery process through payroll deduction with the employer, they are no longer able to resolve their unsubstantiated claims through the normal substantiation process. They may file a Plan Correction Request in an effort to resolve their unsubstantiated claims. The Plan Correction Request must be sent to **etfsupport@connectyourcare.com** by March 31. Any Plan Correction Requests received after March 31 will not be accepted.

Substantiation Documentation

To substantiate Health Care expenses, the participant's statement, invoice, bill, receipt, or Explanation of Benefits (EOB) must include the items detailed on the previous page, in the box at right.

Examples of documents with all required information: a statement, invoice, bill, or Explanation of Benefits (EOB). Examples of documents that lack all required information: credit card receipts with no description of service or canceled checks.

Orthodontia expenses are treated differently than other health care expenses because services generally span longer than one plan year. Participants should complete the Orthodontia Contract.

To substantiate Dependent Day Care expenses, the participant's statement, invoice, bill, or receipt must include the items detailed in the second box.

Letter of Medical Necessity: Please keep in mind, some health care expenses require additional information, such as A Letter of Medical Necessity. Examples include those deemed to be cosmetic, for general health purposes, and over-the-counter expenses falling under the category of "medicines and drugs" (except insulin, which requires no prescription and is eligible).

Health Care FSA Expenses Require Substantiation Items

- Who: The name of the person who received the product or service
- What: A description of the product or service
- When: The date of service
- Where: Your health care provider's name
- How Much: Amount you are required to pay

Dependent Day Care FSA Expenses Require 7 Substantiation Items

Required information:

- Dependent name (person who received the service)
- Dependent age
- Provider name
- Provider address
- Provider SSN or Tax ID number
- Start and end dates of service
- The cost

Substantiation is not required for **Parking Account** expenses paid by payment card as those expenses will be auto-substantiated automatically using IIAS codes.

Substantiation is required for **Transit Account** expenses as those expenses will be paid manually. Participants should retain and submit these receipts and documentation with their claims.

Adequate substantiation such as a third-party receipt or attestation will be required for any manual claims. When it is not possible to obtain a Parking or Transit receipt, participants should complete the Parking and Transit Attestation. This form can be found in the Forms sections of **www.connectyourcare.com/etf.**

Ways to Submit Substantiation Documentation

Participants choose from four ways to submit documentation:

- Attach the receipt to the online request for reimbursement.
- Upload the receipt to the claim in the online portal.
- Use the mobile app to photograph the receipt and attach it to the claim.
- Submit the receipt along with printed Substantiation Notification, via fax to 443-681-4602 or mail to:

  Claims Department
  P.O. Box 622317
  Orlando, FL 32862-2317

The participant's Optum Financial payment card will be activated within 48 hours after Optum Financial receives proper substantiation documentation or repayment.

General Information and Carryover Limits

Section Contents

- General Information
- Carryover Limits
- Runout Period
- Carryover Process
- Access to Carryover Funds
- Timing of Carryover
- Carryover Scenarios

General Information

Participants may carry over into the next plan year a Health Care Flexible Spending Account and Limited Purpose FSA balance of up to $550 if participants remain enrolled in the benefit for the entire plan year. This carryover option means carryover funds are available to participants the next plan year beginning April 15 (approximately two weeks after the 90-day runout period ends).

Carryover Limits

The $550 carryover option is available only for the Health Care FSA plan and Limited Purpose FSA. The carryover limit is not cumulative, meaning participants may not carry over $500 from prior plan year and $550 from the current plan year.

The Dependent Day Care Account has no carryover option but does have a runout period. Participants must submit reimbursement requests prior to the end of the 90-day runout period (March 31 of the following calendar year) to avoid forfeiture of any remaining balances.

The Parking & Transit Accounts allow participants to carry over unused funds into the next plan year.

Runout Period

All three Flexible Spending Accounts include a runout period. This provides additional time after plan year end to request reimbursement for expenses incurred during the prior plan year. The State of Wisconsin plans allow a 90-day run-out period so participants may submit reimbursement requests until March 31. For the Health Care FSA, Limited Purpose FSA and Parking & Transit accounts, during the 90-day run-out period (until March 31), the funds that are carried over will be available to pay claims from the prior plan year and Optum Financial will automatically adjust plan balances accordingly. **See example below:**

If a participant files a claim with a date of service from the prior plan year, Optum Financial will automatically move the approved claim reimbursement amount to the prior plan year to pay claim. The system will make an adjustment to the current plan year account to reduce the carryover funds available and apply them to the prior plan year. Then the claim will be paid from the prior plan year account and the transaction will be listed under the prior plan year account details

Carryover Process

At the end of your current plan year, a balance of up to $550 of a Health Care FSA and the remaining balance of a Parking and Transit Account will carry forward to the next plan year on April 15.

- **Automatic carryover**—Any Health Care FSA and Limited Purpose FSA amount above a $550 balance will forfeit. (Example: After the 90-day runout period, a participant's FSA balance is $580. Of this, $550 will remain in the new plan year and the remaining $30 in the prior plan year balance forfeits.)
- **No election in new plan year**—If a Health Care FSA and Limited Purpose FSA balance is $550 or less at plan year end and participant makes no election in the new plan year, Optum Financial will automatically enroll them in a Health Care FSA and Limited Purpose FSA and deposits the carryover balance in that account.
- **Make no Flexible Spending Account election,** but enroll in a Health Savings Account for new plan year—If a participant enrolls in an HSA for the new plan year, Optum Financial will automatically enroll them in a Limited Purpose FSA and deposit the FSA carryover balance in that account, where the funds may be used for dental, vision, or post deductible health care eligible expenses.

Carryover Varies

- Health Care FSAs and Limited Purpose limit carryover is $550 for 2021 plan year going into the 2022 plan year.
- The Dependent Day Care Account has no carryover option but extends a runout until March 31.
- The Parking & Transit Account allows unlimited carryover.

Access to Carryover Funds

Once the carryover funds are transferred and added to the participant's Health Care FSA, Limited Purpose FSA and/or Parking & Transit Account available balance, they may access the funds beginning April 15 just as accessing annual election funds. Participants will be able to view their carryover funds via their Optum Financial online account at that time.

For the Health Care FSA and the Limited Purpose FSA, if your prior plan year has a remaining balance greater than $550, the balance greater than $550 will appear in the prior plan year account details as those funds can only be used for claims incurred during the prior plan year.

Carryover funds added to the Participant's Account become an available part of the balance.

No Carryover for Dependent Care FSA

But a runout period extends spend-down deadline until March 31.

If a participant terminates employment with State of Wisconsin, they may use the carryover funds by submitting requests for reimbursements for eligible expenses incurred prior to termination. Participant forfeits any unused Health Care FSA balance.

A participant continues to have access to carryover funds while on a leave of absence.

Timing of Carryover

Optum Financial will automatically carry over balances up to $550 of Health Care FSA and Limited Purpose FSA and remaining balance of Parking and Transit Accounts beginning on April 15.

Carryover Scenarios*		
Flexible Spending Account (FSA)	Parking & Transit Account	Limited Purpose FSA
Timing of Carryover		
Optum Financial automatically carries over balances of $550 or less for participants to access on April 15.	Optum Financial automatically carries over balances for participants to access on April 15.	Optum Financial automatically carries over balances of $550 or less for participants to access beginning on April 15.
Terminated Participants		
To use the carryover funds, participants submit reimbursement requests for eligible expenses incurred prior to termination.	To use the carryover funds, participants submit reimbursement requests for eligible expenses incurred prior to termination.	To use the carryover funds, participants submit reimbursement requests for eligible expenses incurred prior to termination.
Balances > $550		
Optum Financial automatically carries over up to $550 into the next plan year; the amount over $550 will be reflected in the prior plan year balance and participants will have access to use those funds through the end of the run-out period. Any funds remaining in the prior plan year balance after the end of the run-out period will forfeit.	Optum Financial automatically carries over the entire balance into the next plan year.	If the participant enrolls in a Health Savings Account (in the next year), Optum Financial will automatically carry over up to $550 into that year's Limited Purpose FSA. The amount over $550 will be reflected in the prior plan year balance and participants will have access to use those funds through the end of the run-out period. Any funds remaining in the prior plan year balance after the end of the run-out period will forfeit.
Health Savings Account (HSA) Enrollment		
Due to the HSA enrollment in the new plan year, participants are not eligible for the Health Care FSA. See Limited Purpose FSA column.	N/A	Due to the HSA enrollment in the new plan year, Optum Financial will automatically enroll participants into a Limited Purpose FSA; the funds can be used for eligible dental, vision, or postdeductible health care expenses.

*Dependent Day Care Accounts have no carryover option but extend a runout period until the end of March.

Online Account Management

Section Contents

- Participant Account Access
- Employer Dashboard Access
- Employee Microsite
- Employer Microsite
- Plan Design

Participant Account Access

Participants can refer to the Instructions to access your account, Mobile app handout, and Mobile app and portal demo video on the Optum Financial ETF Employee Microsite to get started in using their account.

Employer Dashboard Access

Payroll center lead contacts determine those team members who should be given access to Optum Financial's Employer Dashboard. The Employer Dashboard provides, those with access, the following functionalities and capabilities:

- Accessing and Running Reports
- Viewing Employee Information

Note: Payroll center contacts with Employer Dashboard access are unable to edit any employee demographic, enrollment, and contribution information within the dashboard. Any/all changes must be made through the files provided to Optum Financial on the FTP site.

Payroll center lead contacts should complete the Employer Dashboard Authorization Form & Billing Notification Request to have access provided, edited, or removed for a team member. The form can also be used to have payroll center-specific billing notifications emailed to specified team members. Upon completion, the form should be signed by the payroll center lead contact and emailed to **etfsupport@connectyourcare.com.** Upon receipt of the form, Optum Financial will set up the team member's access and email them upon completion. Team members are then able to set up their username and password for their Employer Dashboard account.

Note: In the event access should be removed, the payroll center lead contact should complete and provide the form to Optum Financial within 24 hours.

On a monthly basis, Optum Financial will contact the payroll center lead contacts to confirm no updates are needed to team member access.

The following is an overview of the Employer Dashboard home page and Reports section.

Home Page

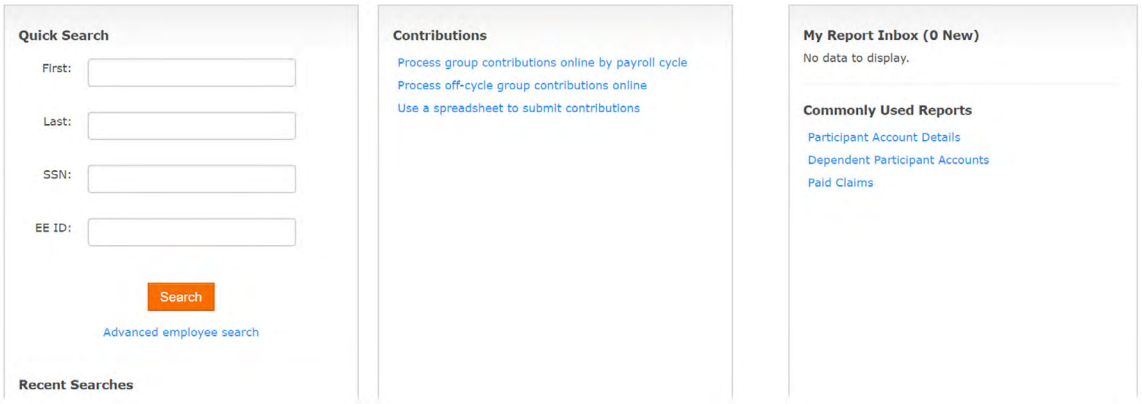
The home page allows those with Employer Dashboard access to do a quick search of an employee and/or to utilize one of the commonly used reports.

For easy navigation, use tabs at the top to access the following content:

- Home
- Reports
- Employee Information
- Company Profile
- FAQs

Employee Information

Reports



Quick Search on the Home or Employee Information pages allows you to easily look up an employee. You may search by first or last name and/or SSN. There is also an advanced search that provides additional criteria to be used to identify an employee, such as searching by address or claim number.

This area also includes a "My Recent Searches" section, which gives you a summary view of the last employees you have selected with the last four numbers of their SSN, allowing you to quickly go back to a record you were recently viewing. If within "My Recent Searches" a person is listed but the last four numbers of their SSN are not shown, it's because you have accessed their Administrator account. (Administrators do not include SSNs within their demographics.)

Contributions will be managed through your file feed, and this section should be disregarded on both the Home and Employee Information pages.

Reports on the Home page includes an Inbox for those larger reports that take processing time and can be emailed to you (and you'll be sent a notification). This section also includes what we refer to as our Tier 1 reports, those most frequently used.

Reports

Within the Reports tab is a list of all available reports to view and download in several file formats. Below is a summary of reports and the information each provides.

Account Balance and Admin Reports

Report Name	Report Description
Participant Accounts	Employee level detail of savings account elections and utilization for the selected plan year.
Participation Accounts Utilization and Forfeitures	Employee level data on savings account utilization to determine amounts not used by employees.
Group Audit	Employee level detail of RMSA utilization.
Participant Accounts RMSA	Employee level detail of RMSA utilization.
HSA Pending Accounts	Employer account setup values for current plan year.
Active Employees with Closed HSAs	Employees who have not completed the account opening process so their HSAs are pending; contributions submitted for the HSA will be unable to post.
Admin Fee Report	Employees with active enrollment in the HSA for a selected plan year, but the HSA is closed so contributions will not post.
File Error Reports	Employer administrative fee billing details.

Funding and Contribution Reports

Report Name	Report Description
Comprehensive – Contribution Invoice Funding Details	Listing of contributions successfully applied and posted for the selected funding invoice.
Comprehensive – Payroll Reconciliation Details	Contributions received by employee for a selected date range; may be matched to employer payroll records.
Contributions for an Employee	All contributions for a selected employee for a given date range.
Contributions Reduced for Employer Caps	Contributions removed from employee savings accounts because they exceed the plan's maximum for contributions.
Contribution Invoice Discrepancies	Differences between contributions submitted and what posted for the selected funding invoice.
Contribution Invoice Rejections	Contributions not loaded due to a lack of census or enrollment records; rejected records displayed can be resubmitted through this report once census or enrollment is corrected.
Missed Contribution	Contributions that were expected but not sent.
Pending Contribution Details	Contributions that have not been posted because the employee has not yet completed the setup process.
Unsettled Contribution Detail	The Unsettled Contribution Detail Report can either be displayed on the Employer Dashboard or in a CSV file via email.

Claims Reports

Report Name	Report Description
Paid Claims	Details of all paid claims for a specific time period.
Claims Needing Documentation	All claims still in need of appropriate documentation for verifications of the expense; can be either claims already paid using the healthcare payment card or other reimbursement requests made online or through the mail.
Rejected Claims Requiring Pay Back	Claims paid that have been rejected or partially rejected and should be paid back to the plan; reasons for rejection include ineligible expenses and dates of service outside the plan year parameters.
Rejected Claims Written Off	List of ineligible claims that have been updated to show you (the employer) have added them to employee's taxable income.

If the reports above do not provide you with the information you need, contact your Optum Financial Client Service Manager with your request.

Optum Financial Employee Microsite

The Optum Financial ETF Employee microsite provides employees with benefit-specific information (HSA, FSA, Dependent Day Care, and Commuter), forms, guides, and benefit enrollment terms.

The microsite is updated throughout the plan year as needed and should be referenced for the most up-to-date materials.

Optum Financial Employer Microsite

The Optum Financial ETF Employer microsite provides employer resources (process documents), an inventory of State of Wisconsin employee-specific email communication, new features, employee forms, and employee education resources for education building, open enrollment, and post-enrollment. This includes access to briefs, videos, handbooks, and posters.

The microsite is updated throughout the plan year as needed and should be referenced for the most up-to-date materials.

Participant Communications

Section Contents

- Participant Introductory Communications
- Enrollment Confirmation
- Optum Financial Card
- Participant Optum Financial
- Card Substantiation Communications
- Request for Documentation
- Email
- Online Message

Participant Introductory Communications

Once participants have enrolled in a Health Care, Limited Purpose, or Parking Account, Optum Financial will send these items to them:

- Enrollment Confirmation Email
- Optum Financial Card

All communications will be emailed to participants when Optum Financial has an email address on file. Below please find additional information about both communications.

Enrollment Confirmation Email

The Enrollment Confirmation email will provide new enrollees with information on how to set up their Optum Financial online account, service tools available to manage their account, and information about the mobile app.

Welcome! You elected to enroll in a tax-advantaged account that is designed to give you more choices for managing your out-of-pocket eligible expenses.

Your Payment Card is on its way! If you enrolled in an account that includes a payment card, watch for your card to arrive in a few weeks. It is an easy way to pay for your eligible expenses. If you are not already a registered user, you will need your payment card number to register and log in for the first time on the Optum Financial Portal at **connectyourcare.com/etf.**

Note, if you enrolled in a Dependent Care Account as a tax-favored way to cover day care and related eligible expenses, you would not be issued a payment card for the Dependent Care Account.

Make the most of this program by reviewing the tools available to you through the Optum Financial mobile app or online at **connectyourcare.com/etf.**

Take advantage of payment conveniences. Log in to sign up for direct deposit, and then future payments and reimbursements can be automatically deposited to your personal bank account.

Save time by going mobile!
iPhone Users: Click here [**itunes.apple.com**]
Android Users: Click here [**play.google.com**]

We look forward to providing you convenient ways to save and pay with your tax-advantaged account.

Sincerely,
Customer Care Center
833-881-8158, 24 hours a day, seven days a week

NOTE: THIS IS A SYSTEM GENERATED EMAIL. PLEASE DO NOT REPLY TO THIS EMAIL.

Optum Financial complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optum Financial does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. See more.

Optum Financial Card

The Optum Financial card allows participants to conveniently pay for eligible medical expenses. The card packet includes information on how participants can log in to their online account, information about the mobile app, reminders to save all itemized receipts, and Customer Care contact information.

Participant Optum Financial Card Substantiation Communications

Request for Documentation

Email:

Payment Card transaction Documentation Needed

Claim Number: #########
Date: mm/dd/yyyy
Amount: $dd.cc

Dear [first name]:

Documentation required for payment card transaction. Refer to your plan documents for claim submission requirements.

You recently used your card, a convenient way to access your health care funds. Because of IRS regulations, we need additional information in order to finalize this claim as a tax-free benefit.

Take action now! Easily upload your documentation instantly through the Optum Financial mobile app or online at **connectyourcare.com/etf**

Documentation Requirements

For successful submission, make sure your documentation is submitted within two weeks and clearly shows all of the following:

- WHO: The name of the person who received the product or service
- WHAT: A description of the product or service
- WHEN: The date of service
- WHERE: Your health care provider's name
- HOW MUCH: Amount you are required to pay

Proof of payment without service details, like cash register slips, credit card receipts and other nonitemized statements, don't provide all the required details.

Obtaining Documentation

If this was handled through insurance, you may be able to get the service details or Explanation of Benefits through your health plan's web site.

Thanks for your attention to this, [first name]. If you have questions, contact us at 833-881-8158, 24 hours a day, seven days a week.

Sincerely,
Customer Care Center

Looking for the mobile app? **Click here.**

NOTE: THIS IS A SYSTEMS GENERATED EMAIL. PLEASE DO NOT REPLY TO THIS EMAIL.

Optum Financial complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Optum Financial does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. Optum Financial:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Written information in other formats
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact 866-568-7558.

If you believe that Optum Financial has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: General Counsel, 307 International Circle, Suite 200, 866-568-7558, or **service@optumfinancial.com**. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Customer Care Team is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 866-568-7558.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 866-568-7558.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 866-568-7558.

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 866-568-7558.

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بر866-568-7558z رقم.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 866-568-7558.

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 866-568-7558 번으로 전화해 주십시오.

CHú ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 866-568-7558.

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 866-568-7558.

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັງຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທຣ 866-568-7558.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 866-568-7558.

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 866-568-7558.

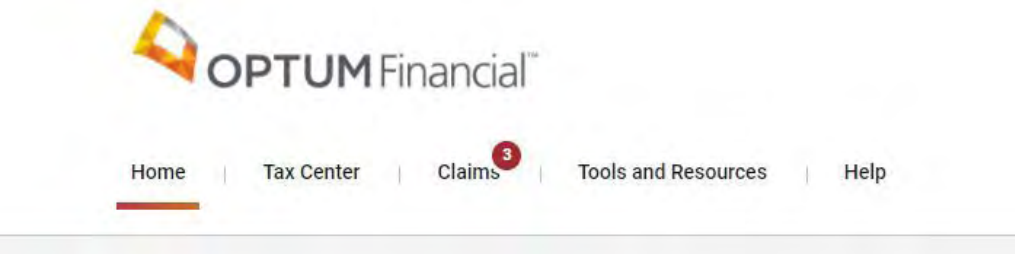
ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 866-568-7558 पर कॉल करें।.

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 866-568-7558.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 866-568-7558.

Employee Portal:

If documents are needed, this will be identified within the menu at the top of the employee's portal landing page.



When the employee accesses the Claims page and clicks on the transaction flagged in red, they are provided the following message:

Your claim payment was received, but documentation has not been received by customer service. Please see below for your options to resolve this issue:

- **Upload Documentation**
- Pay online by clicking the **Repay Now** button
- Repay with a check by clicking the **Print Form** button
- All repayments are **final** once submitted
- If your bank account information has recently been updated, it could take **5-10 business days** to verify your account. Once updated, processing repayment takes up to an **additional 3-5 business days.**

Appendix

Glossary

Carryover

An option that permits participants to carry over unused plan funds to the next plan year.

Optum Financial (Optum Financial)

The third-party administrator that administers the Health Care FSA, Limited Purpose FSA, Dependent Day Care Account, Parking and Transit Accounts, and Health Savings Account.

Dependent Day Care Account

Flexible Spending Account that allows participants to use pretax dollars to pay for eligible expenses related to care for a child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so participant (or spouse) can work, look for work, or attend school full time.

EOB

Explanation of Benefits.

ERA

Employee Reimbursement Accounts (ERA) program or Flexible Spending Accounts (FSAs) include Health Care FSA, Dependent Day Care Account, Limited Purpose FSA, Parking Account, and Transit Account.

ETF

Employee Trust Funds.

FSA

Flexible Spending Account.

Health Care Flexible Spending Account

The Health Care Flexible Spending Account is a pretax benefit account used to pay for eligible health care expenses that are not reimbursed by your medical, dental, or vision care insurance plan.

IIAS

The Inventory Information Approval System is a retailer's point-of-sale system that identifies eligible Healthcare FSA purchases by comparing the inventory control information (e.g., UPC or SKU number) for the products being purchased, against a pre-established list of eligible health care expenses.

IRS

Internal Revenue Service.

Letter of Medical Necessity

Letter provided by participant's doctor to indicate that otherwise ineligible items are medically necessary and as such are eligible for reimbursement from a Flexible Spending Account.

Limited Purpose Flexible Spending Account

Flexible Spending Account for employees who are enrolled in a Health Savings Account (HSA): Participants use pretax dollars to pay for qualified healthcare expenses incurred during the plan year but are limited to only vision and dental expenses and health care post-deductible expenses.

Parking

The Parking account covers eligible parking expenses incurred for travel to and from your place of employment. Use this account for parking expenses only, not for dependent commuter expenses.

Run-Out Period

Provides participants with additional time after plan year end to request reimbursement for eligible expenses incurred during the prior plan year.

Substantiation

Process of providing documentation that confirms an expense as FSA-eligible.

Transit

The Transit account covers eligible transit expenses incurred for travel to and from your place of employment. Use this account for transit expenses only, not for dependent commuter expenses.

WRS

Wisconsin Retirement System.

Forms, Resources, and Additional Information

Optum Financial is pleased to provide ETF a comprehensive selection of account and administrative management resources, including important documents and forms, online.

Quickly and conveniently access the most up to date information for all your employee reimbursement account administration needs in one user-friendly location.

Take me to the site



Health savings accounts (HSAs) are offered through ConnectYourCare, LLC, a subsidiary of Optum Financial. HSAs are subject to eligibility requirements and restrictions on deposits and withdrawals to avoid IRS penalties. State taxes may apply. Fees may reduce earnings on account. Flexible spending accounts (FSAs), dependent care assistance programs (DCAPs) and Transit and Parking Programs are administered on behalf of your plan sponsor by ConnectYourCare, LLC, a subsidiary of Optum Financial, Inc. and are subject to eligibility and restrictions. Federal and state laws and regulations and the design of your plan are subject to change.

© 2021 Optum, Inc. All rights reserved. WF4815461 136992-042021