

# Employee Reimbursement Account

Administration reference manual



---

## Flexible spending accounts

- Health care
- Limited purpose
- Dependent day care
- Parking & transit

## Optum Financial resources

### Account management team:\*

Account executive:	Todd Forwood	1-763-910-9789
Client service manager:	Allesia Messer	1-763-910-9892
Client service manager:	Ann Burke	1-763-348-0326

\*The account management contacts are for internal use only. Do not distribute to employees.

Email: [OFETFSupport@Optum.com](mailto:OFETFSupport@Optum.com)

Online: [myoptumfinancial.com/etf](https://myoptumfinancial.com/etf)

## Optum Financial employee resources

### Customer Care Center

Phone: 1-833-881-8158

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: 1-443-681-4602

Email: [of-service@of.optum.com](mailto:of-service@of.optum.com)

Online: [myoptumfinancial.com/etf](https://myoptumfinancial.com/etf)

### Health Services Identification (HSID)

Phone: [1-844-973-3923](tel:1-844-973-3923)

## State of Wisconsin Department of Employee Trust Funds

ETF website: [etf.wi.gov](https://etf.wi.gov)

The ETF website provides a link to the ERA program information. Click on the “Benefits” tab at the top of the page. You may also search “Employee Reimbursement Accounts Program” for more information.

**Keep this booklet for your reference throughout the plan year.**

## Table of contents

<b>General information</b>	<b>5</b>
Types of accounts	5
Plan information	6
Contributions	6
Limits	6
Availability of contributions	7
Eligible expenses	7
Reimbursement	7
Participant responsibilities	8
<b>Enrollment information</b>	<b>9</b>
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
<b>Change in status during the year</b>	<b>12</b>
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
<b>Termination of employment</b>	<b>17</b>
Employee options upon termination	17
Termination of employment FSA options	18
Submitting termination to Optum Financial	18
<b>Retirement</b>	<b>19</b>
Annual election payment upon retirement	19
Retirement FSA options	19
Submitting retirement to Optum Financial	19
Divorce	20
Death	20

<b>Transfers</b>	<b>21</b>
Payroll center transfer	21
Agency/location transfer	22
<b>Electronic data interchange files (EDI)</b>	<b>23</b>
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
<b>Reimbursement information</b>	<b>26</b>
Reimbursement options	26
Reimbursement request tips	26
Deadlines for requesting reimbursement	26
Reimbursement denial appeal process	27
<b>Optum Financial payment card</b>	<b>28</b>
General information	28
Optum Financial card advantages	28
Receiving the Optum Financial payment card	28
Lost/stolen Optum Financial payment card and fraudulent charges	29
Undeliverable Optum Financial cards	29
Using the Optum Financial card	29
Optum Financial card substantiation	31
<b>General information and carryover limits</b>	<b>34</b>
General information	34
Carryover limits	34
Run-out period	34
Carryover process	35
Access to carryover funds	35
Carryover scenarios	36
<b>Online account management</b>	<b>37</b>
Participant account access	37
Employer dashboard	37
Home page	37
Reports	38
Optum Financial employee microsite	39
Optum Financial employer microsite	39
<b>Participant communications</b>	<b>40</b>
Participant introductory communications	40
Enrollment confirmation email	40
<b>Glossary</b>	<b>46</b>

# General information

The Employee Reimbursement Account (ERA) Program is an optional benefit established for eligible state employees. This includes various types of “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 pre-tax income rather than after-tax income.

Optum Financial is the third-party administrator of the ERA programs offered through the Wisconsin Department of Employee Trusts for State employers.

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.

## Terminology

- The Employee Reimbursement Account (ERA) is a inclusive terminology referring to the benefit options such as health care FSA, limited purpose FSA, dependent day care account, parking account and transit account.
- This guide uses flexible spending account (FSA) refers to the health care FSA and limited purpose FSA.

## Types of accounts

The Employee Reimbursement Account (ERA) Program has 4 pre-tax benefit account options:

- The health care FSA is a pre-tax 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 FSA is a pre-tax benefit account that covers dental, vision and post-deductible medical expenses. 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 pre-tax 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 or look for 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. These 2 accounts are also known as the commuter fringe benefit accounts.

## 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](http://etf.wi.gov)]
- Summary Plan Description (Cafeteria Plan) [[etf.wi.gov](http://etf.wi.gov)]
- Transit and Parking Plan Document [[etf.wi.gov](http://etf.wi.gov)]

## Contributions

When participants enroll in a health care FSA, limited purpose FSA, 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, pre-tax, throughout the plan year.

## Limits

Each year, the IRS establishes ERA contribution dollar limits. The most up-to-date information regarding limits per plan adopted by ETF is listed in the chart below. There is a minimum election of \$50 for the FSAs and commuter benefits.

	2024	2023
<b>ERAs</b>		
FSA max election	\$3,050	\$2,850
FSA minimum election	\$50	\$50
FSA rollover max	\$610	\$570
Dependent Care max election	\$5,000	\$5,000
Standard mileage rate	TBD	TBD
<b>Commuter fringe benefit</b>		
Parking	\$300	\$280
Transit	\$300	\$280
Commuter minimum election	\$50	\$50

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 \$610 in unused health care FSA and limited purpose FSA funds. Any amount over \$610 at plan year end will be forfeited. FSA balance less than \$50 by the end of 2023 requires a minimum election of \$50 in 2024 for the balance to be carried over. Balances greater than \$50 will automatically be carried over.
- 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 FSAs 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

ERA 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

## Reimbursement

As eligible expenses are incurred, participants have 2 options to access their ERA funds:

1. **Payment card:** Participants are mailed a payment card to use when paying for health care, limited purpose, and parking account eligible expenses at point of purchase. They simply swipe the payment card anywhere Visa is accepted for eligible items under the IIAS (inventory information approval system) 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 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 [myoptumfinancial.com/etf](https://myoptumfinancial.com/etf).
  - 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 3 business days.

Reimbursement options are detailed in the Reimbursement section.

### 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**.

## 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 Optum Financial card 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 Optum Financial card, they are obligated to provide eligible documentation if requested. Failure to do so may result in your 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

ERA 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). Participants should work with their employers to update their demographic information. Update information will be passed from the employers to Optum Financial. Retirees who does not belong to an employer can call Optum Financial directly to update their information. Optum Financial is 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 Optum Financial card, 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 an ERA, they may enroll separately, if desired, up to the IRS maximum.

## IRS maximum election amounts

The most accurate and up-to-date limits as adopted by ETF 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.

## Enroll during It's Your Choice

### UW system employees

Enrollments are done electronically in Self Service through your MyUW Portal. UW System employees should refer to the [UW System Annual Benefit Enrollment](#) website for enrollment instructions.

### State of Wisconsin and Legislature employees

State of Wisconsin and Legislature employees who are paid through the STAR System should sign in to STAR at [ess.wi.gov](http://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 contact their HR or benefit staff for enrollment instructions.

### Wisconsin Housing & Economic Development Authority (WHEDA) employees

WHEDA employees should visit [myoptumfinancial.com/etf](http://myoptumfinancial.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 [myoptumfinancial.com/etf](https://myoptumfinancial.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.

## Election changes

Participants may change their elections for the upcoming plan year at any time during open enrollment. To do so, they sign in to 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 received after January 31 must be requested via the mid-year enrollment appeal process.

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 [ofetfappeals@optum.com](mailto:ofetfappeals@optum.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 [myoptumfinancial.com/etf](https://myoptumfinancial.com/etf)

**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.

- 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 [ofetfappeals@optum.com](mailto:ofetfappeals@optum.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. Contribution will be made via payroll deduction from the participant's paycheck starting in the new plan year.

## **Mid-year enrollment**

### **Newly hired/eligible employees**

To enroll in the ERA programs, 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 ERA 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.

#### **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.
4. Enter deduction into system.

#### **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. From their account home page, participants can select Settings & Preferences from the drop-down menu under their name to add and update their contact information and communication preferences.
3. Payment cards are mailed, if applicable, to participant's 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 ERA programs. 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.

## 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 Feb. 15 who submits request for enrollment on Feb. 28, enrollment is effective on March 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 cut-off dates as well as the date their Change of Election Form or ERA Enrollment Form arrives at the Payroll/Benefits Office.

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 FSA, limited purpose FSA, dependent day care account, employees submit an ERA 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 below. The process for submitting an increase in election/enrollments follows.

### 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.

**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 ERA Enrollment Form and/or Change of Election Form.
3. Employee returns completed form 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 their HRIS/payroll system.
3. The change is added 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 FSA, limited purpose FSA, dependent day care account and Commuter Benefits Program. To decrease election or cease participation in the health care FSA, limited purpose FSA or dependent day care account, employees submit an ERA 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). 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 is added 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 at the end of the month of termination or when notified if after the end of the month. Per plan specifics, after they cease participation, employees may continue to submit reimbursement requests manually, but only through the end of the run-out period and/or only until plan funds are depleted (whichever comes first).

**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	No	No	Yes	Yes	No	No	Yes	Yes
(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.								
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								
	Health care FSA and limited purpose FSA				Dependent day care account			
	Enroll	Increase	Cease	Decrease	Enroll	Increase	Cease	Decrease
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
Decrease in hours worked								
If participant hours reduce to less than 50%	No	No	No	Yes	No	No	No	Yes
Change in employment status – termination								
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 is currently not working or looking for work and it renders dependent ineligible for participation in the dependent day care account	N/A				No	No	Yes	No
Participant's spouse changes employment and no longer has a dependent day care account with former or new employer	N/A				Yes	Yes	No	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 cos.	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 (at the end of the month of termination or when notified if after the end of the month), and their reimbursement requests must be submitted online or via paper form (until date specified on the below Termination of employment FSA options chart).

There are 2 scenarios under which a terminated participant can continue their FSA under COBRA: 1) by taking the remaining FSA annual contributions on their last paycheck; 2) by completing an **ET-1518 FSA** Continuation Election 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 (i.e., the employee only had FSA carryover balances and did not enroll in the plan year).

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, the terminated participant completes and submits the **ET-1518 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
<b>Final date to incur expenses</b>	Last day of the month of participant's termination date	Last day of the plan year (December 31)	Last day of participant's employment
<b>Final date to submit expenses</b>	March 31	March 31	March 31
<b>Payment card status</b>	Inactive at the end of the month of termination or when notified if after the end of the month	N/A	Inactive as of termination date
<b>Final carryover fund access</b>	Last day of the month of participant's termination date	N/A	Last day of participant's employment
<b>COBRA continuation payment options</b>	Last paycheck, monthly or one-time lump payment	N/A	N/A

If the participant terminates without electing COBRA continuation coverage, the FSAs will be terminated. The participant can submit reimbursement requests manually, but only through the end of the run-out 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 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 employment, i.e., if last day of employment is June 15; termination date would be June 16.**
  - Contributions via the payroll file.
4. Optum Financial's system updates the participant's status to reflect termination and updates payroll deductions to reflect amount sent on file.

# Retirement

## Annual election payment upon retirement

Upon retirement, a participant's ERA terminates.

The Optum Financial payment card will deactivate (at the end of the month of termination or when notified if after the end of the month), and their reimbursement requests must be submitted online or via paper form. Mid-year retirees can continue their FSAs coverage to the end of the plan year through COBRA. However, retirees are not eligible to sign up for the FSAs during the open enrollment period. All FSAs COBRA continuation will end on December 31.

## 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
<b>Final date to incur expenses</b>	Last day of the month of participant's retirement date	Last day of the plan year (December 31)	Last day of participant's employment
<b>Final date to submit expenses</b>	March 31	March 31	March 31
<b>Payment card</b>	Inactive at the end of the month of termination or when notified if after the end of the month	N/A	Inactive as of termination date
<b>Final carryover fund access</b>	Last day of the month of participant's termination date	N/A	Last day of participant's employment
<b>COBRA continuation payment options</b>	Last paycheck, monthly or one-time lump payment	N/A	N/A

If the participant retires without electing COBRA continuation coverage, FSAs will be terminated. The participant will submit reimbursement requests manually, but only through the end of the run-out 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 run-out 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

## 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 Transfer 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 [OFETFSupport@Optum.com](mailto:OFETFSupport@Optum.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 to Optum Financial. 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 that 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 and discrepancy process
- File types and specifications

## 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 [OFETFSupport@Optum.com](mailto:OFETFSupport@Optum.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 3 types of files for processing, these files can be combined with the HSA files and do not need to be sent separately. For HSA specific file information, please refer to the HSA Administrative Guide.

### CE – Census file

This file provides Optum Financial with ERA 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 and primary email address.

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 ERA 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:

FSAEE2024	DCAPEE2024	TRN2024	PRK2024
-----------	------------	---------	---------

Also, important to note within the enrollment file is the total policy amount. Amounts should be provided as ddddddcc, 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 ERA 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:

FSAEE2024	DCAPEE2024	TRN2024	PRK2024
-----------	------------	---------	---------

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

Optum Financial requires that contribution files are provided 3 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.

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.



## 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

en\_[payroll center identifier]\_yyyymmdd.txt

cn\_[payroll center identifier]\_yyyymmdd.txt

# Reimbursement information

## Reimbursement options

As eligible expenses are incurred, participants have 2 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 submit 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

Optum Financial processes claims daily. All claims are processed within 2 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 run-out period, March 31 – following the plan year end. All health care FSA, limited purpose FSA, 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 during the run-out period may be process with delay and refunds taking longer.

## 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, to Optum Financial via mail, email or fax:

### Claims Department

P.O. Box 622317

Orlando, FL 32862-2317

Email: [ofetfappeals@optum.com](mailto:ofetfappeals@optum.com)

Fax: 1-443-681-4602

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.

## Wisconsin Department of Employee Trust Funds' 5-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 5-step recovery process in place at Wisconsin Department of Employee Trust Funds (ETF).

For more information, see [ETF FSA Unsubstantiated Claims Recovery Process](#).

### 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

# 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 an FSA and/or parking account, they are sent an Optum Financial payment card, which is good for 5 years. New cards are mailed during the first 2 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.

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 ConnectYourCare.

## 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 an 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 United States Postal Service (USPS), the card vendor will review the participant's account and follow the below process:

- There is a second attempt to mail the card
- If the second attempt is unsuccessful, the card vendor will destroy the card

## **Using the Optum Financial payment card**

### **Optum Financial payment card purchases**

Optum Financial payment card purchases are limited to account type (health care FSA, limited purpose FSA, 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 FSA 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.

### Optum Financial payment card declines

Participants may use the Optum Financial payment card to pay for FSAs 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.

#### What's my balance?

Check your account balance via the Optum 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: Reasons and solutions	
Explanation of decline	Solution
<b>Insufficient funds</b>	
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. <b>OR</b> If account balance is \$0 or participant is unable to check balance, they should use another form of payment for the expense.
<b>Ineligible expense</b>	
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.
<b>Expenses incurred outside of plan year or coverage period</b>	
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.
<b>Inactive cards due to unsubstantiated claim &gt; 85 days old</b>	
Within 85 days of a transaction, participant must submit required substantiation documentation. 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.  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 an ERA 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 2 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 5 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). Recurring claims are only an option for FSAs and do not apply to dependent day care, parking or transit accounts.
- **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 3 Substantiation Notifications via mail or email:

- 10 days after the Optum Financial payment card transaction; notifies participant that substantiation is required (sent via email if an email address is on file, otherwise will be sent via paper letter),
- 30 days after the first notification has been sent, reminding participant that substantiation is required (sent via mail letter), and
- 30 days after the second notification has been sent, as a final reminder that documentation is still lacking (sent via mail letter).

Participants must submit required substantiation documentation within 85 days of a transaction or by December 31 (whichever comes first). Otherwise, the unsubstantiated FSA 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 continue to submit their receipts or documentation for prior year expenses via the portal, mobile, or claims form during the run-out period. However, any refunds on the eligible expenses or overpayment on employer withholding will occur in April after the run-out period ends.

### 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. Statements, invoices or bills need to include insurance benefit payments made therefore, showing the participant's out-of-pocket cost. EOBs provide all needed information.

**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 side 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)
- Provider name
- Provider address
- Provider SSN or tax ID number
- Provider signature
- 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 [myoptumfinancial.com/etf](https://myoptumfinancial.com/etf).

### **Ways to submit substantiation documentation**

Participants choose from 3 ways to submit documentation:

- 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 1-443-681-4602 or mail to:

#### **Claims Department**

P.O. Box 622317

Orlando, FL 32862-2317

If the payment card has been deactivated due to substantiation required, the participant's payment card will be activated within 48 hours after Optum Financial receives proper substantiation documentation or repayment.

# General information and carryover limits

## General information

Participants may carry over into the next plan year a health care FSA and limited purpose FSA balance of up to \$610 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 2 weeks after the 90-day run-out period ends). To be eligible for the carryover, the participant must be an active participant on December 31 and have the minimum carryover balance of \$50 or make the minimum election amount during open enrollment.

## Carryover limits

The \$610 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 \$570 from prior plan year and \$610 from the current plan year.

The dependent day care account has no carryover option but does have a run-out period. Participants must submit reimbursement requests prior to the end of the 90-day run-out 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.

A minimum balance of \$50 by the end of the run-out period (March 31) is required for balance to automatically rollover into the 2024 plan year. A balance less than \$50 at the end of the run-out period requires the member to enroll in the new 2024 plan year for the balance to be carried over. If the balance is less than \$50 and there is no new enrollment, the balance will be subject to forfeiture (loss). This applies to the health care FSA, limited purpose FSA, parking account and transit account.

## Run-out period

All 3 ERA programs include a run-out period. This provides additional time after plan year end to request reimbursement for expenses incurred during the prior plan year. The ERA programs allow a 90-day run-out period 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 \$610 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** – FSAs and commuter benefits of \$50 or greater at the end of the plan year will automatically be carried over by April 15 for use. Any health care FSA and limited purpose FSA amount above a \$610 balance will forfeit. (Example: After the 90-day run-out period, a participant's FSA balance is \$620. Of this, \$610 will remain in the new plan year and the remaining \$10 in the prior plan year balance forfeits.)
- **No election in new plan year** – Any FSAs and commuter benefits balance that is less than \$50 at the end of the plan year will require the participant to make the minimum election during open enrollment for balance to be carried over. Balances of \$50 or greater will automatically be carried into the new plan year for the benefit plan.
- **Make no health care FSA** – 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. Minimum carryover balance and/or minimum election will apply.

## 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.

**Please note:** There is no carryover for dependent day care accounts.

For the health care FSA and the limited purpose FSA, if your prior plan year has a remaining balance greater than \$610, the balance greater than \$610 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.

If a participant terminates employment with their employer, they may use the carryover funds by submitting requests for reimbursements for eligible expenses incurred through the end of the month in which the participant terminates from position. 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 \$610 of health care FSA and limited purpose FSA and remaining balance of parking and transit accounts beginning on April 15.

## Carryover varies

- Health care FSAs and limited purpose carryover is \$610 for 2023 plan year going into the 2024 plan year.
- The dependent day care account has no carryover option but extends a run-out until March 31.
- The parking & transit account allows unlimited carryover.

Carryover scenarios*		
Flexible spending account (FSA)	Parking & transit account	Limited purpose FSA
Timing of carryover		
Optum Financial automatically carries over balances of \$610 or less for participants to access on April 15. Participant must have balance over \$50 for automatic carryover. For balances less than \$50, participant must enroll with a minimum election of \$50.	Optum Financial automatically carries over balances over \$50 for participants to access on April 15. For balances less than \$50, participant must enroll with a minimum election of \$50.	Optum Financial automatically carries over balances of \$610 or less for participants to access beginning on April 15. Participant must have balance over \$50 for automatic carryover. For balances less than \$50, participant must enroll with a minimum election of \$50.
Terminated participants		
Through the end of the month in which the participant terminates from position.	Terminated participants can use their carryover funds and incur eligible expenses through the end of the month in which they terminate from position.	Terminated participants can use their carryover funds and incur eligible expenses through the end of the month in which they terminate from position.
Balances > \$610		
Optum Financial automatically carries over up to \$610 into the next plan year; the amount over \$610 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 \$610 into that year's limited purpose FSA. The amount over \$610 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 post-deductible health care expenses.

\*Dependent day care accounts have no carryover option.

# Online account management

## 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 manager 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 manager 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 manager contact and emailed to [OFETFSupport@Optum.com](mailto:OFETFSupport@Optum.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 manager contact should complete and provide the form to Optum Financial within 24 hours.

On a monthly basis, Optum Financial will contact the payroll center manager 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

**Quick Search**

First:

Last:

SSN:

EE ID:

[Advanced employee search](#)

**Recent Searches**

### Contributions

[Process group contributions online by payroll cycle](#)  
[Process off-cycle group contributions online](#)  
[Use a spreadsheet to submit contributions](#)

## Reports

### My Report Inbox (0 New)

No data to display.

### Commonly Used Reports

[Participant Account Details](#)  
[Dependent Participant Accounts](#)  
[Paid Claims](#)

**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 4 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 4 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	Employer account setup values for current plan year.
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
<b>Comprehensive – Contribution Invoice Funding Details</b>	Listing of contributions successfully applied and posted for the selected funding invoice.
<b>Comprehensive – Payroll Reconciliation Details</b>	Contributions received by employee for a selected date range; may be matched to employer payroll records.
<b>Contributions for an Employee</b>	All contributions for a selected employee for a given date range.
<b>Contributions Reduced for Employer Caps</b>	Contributions removed from employee savings accounts because they exceed the plan's maximum for contributions.
<b>Contribution Invoice Discrepancies</b>	Differences between contributions submitted and what posted for the selected funding invoice.
<b>Contribution Invoice Rejections</b>	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.
<b>Missed Contribution</b>	Contributions that were expected but not sent.
<b>Pending Contribution Details</b>	Contributions that have not been posted because the employee has not yet completed the setup process.
<b>Unsettled Contribution Detail</b>	The Unsettled Contribution Detail Report can either be displayed on the Employer Dashboard or in a CSV file via email.
<b>Contribution Returns</b>	Contributions that have been rejected after the money was received and are being returned.

## Claims reports

Report name	Report description
<b>Paid claims</b>	Details of all paid claims for a specific time period.
<b>Claims needing documentation</b>	All claims still in need of appropriate documentation for verifications of the expense; can be either claims already paid using the health care payment card or other reimbursement requests made online or through the mail.
<b>Rejected claims requiring payback</b>	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.
<b>Rejected claims written off</b>	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 ETF employee-specific email communication, new features, employee forms, as well as employee education resources for 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

## 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 sign in for the first time on the Optum Financial Portal at [myoptumfinancial.com/etf](https://myoptumfinancial.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 [myoptumfinancial.com/etf](https://myoptumfinancial.com/etf).

Take advantage of payment conveniences. Sign 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](https://itunes.apple.com)]

Android Users: Click here [[play.google.com](https://play.google.com)]

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

Sincerely,

Customer Care Center

1-833-881-8158, 24 hours a day, 7 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 sign 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 **myoptumfinancial.com/etf**.

#### **Documentation requirements**

For successful submission, make sure your documentation is submitted within 2 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 1-833-881-8158, 24 hours a day, 7 days a week.

Sincerely,  
Customer Care Center

Looking for the mobile app? [Click here.](#)

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. 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 1-866-568-7558.

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 at: 1-866-568-7558, or [of-service@of.optum.com](mailto:of-service@of.optum.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](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave S.W., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD).

Complaint forms are available at [hhs.gov/ocr/office/file/index.html](https://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.

رقم 866-568-7558 ملاحظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بر

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 [Deutsch (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.

ໄປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 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.

# Appendix

## Glossary

### Carryover

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

### 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 pre-tax 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 Account (ERA) Program or flexible spending accounts (FSAs) include health care FSA, dependent day care account, limited purpose FSA, parking account, and transit account.

### ETF

Department of Employee Trust Funds.

### FSA

Flexible spending account.

### Health care flexible spending account

The health care flexible spending account is a pre-tax 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 health care 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 pre-tax dollars to pay for qualified health care 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.

### Payroll center

Refers to the employer that the employee is associated with.

### 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 online selection of account and administrative management resources, including important documents and forms.

Quickly and conveniently access the most up-to-date information for all your ERA 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.

© 2024 Optum, Inc. All rights reserved. WF12448700 312672-122003 OHC