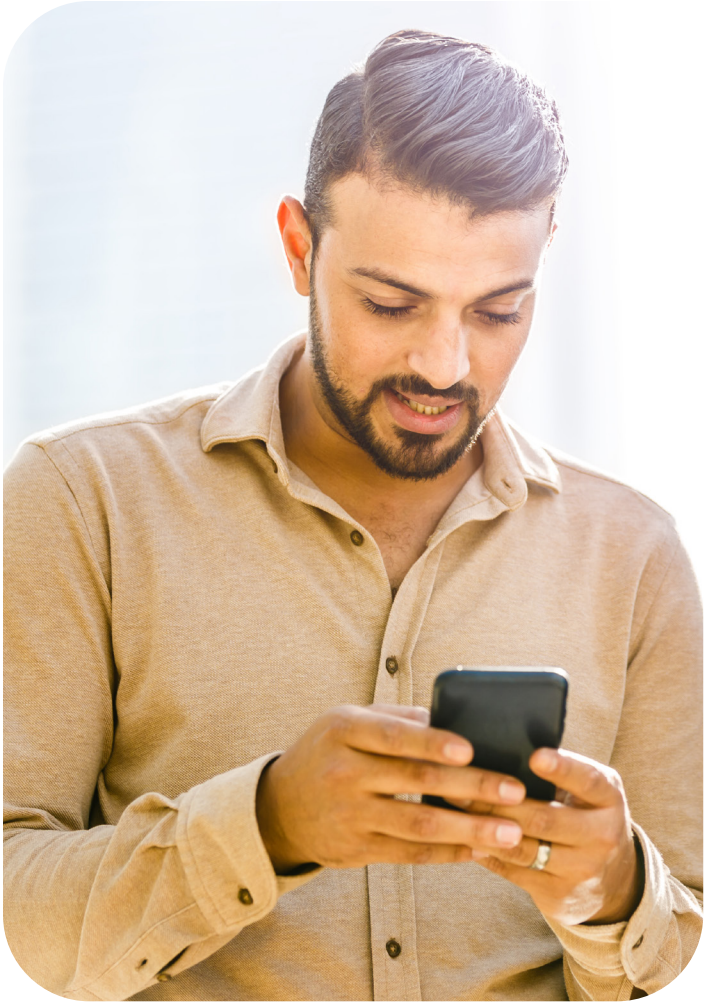
luminare health



Benefit Spending Accounts

Enrollment Guide



Benefit Spending Accounts

Your Benefit Spending Account provides easy access to YOUR tax-free dollars for qualifying expenses and may increase the amount of your take-home pay.

Your Own Personal Spending Account

Luminare Health offers two types of FSAs: a Medical Reimbursement Account and a Dependent Care Account. With either FSA, you "deposit" pre-tax dollars (contributions made before taxes are withheld from income), into an account through automatic payroll deductions. To pay for eligible expenses, you make "withdrawals" from the account. In the process, your disposable income may rise because FSA participation reduces your taxable income.

The following chart shows the significant savings that become apparent in a one-year period when using your Benefit Spending Account for out-of-pocket healthcare and dependent care expenses:

Flexible Spending Account Potential Savings Chart

(Your savings may differ from those shown here on the example chart. Taxes were taken for a single employee earning $50,000/yr.)

No FSA		With FSA
$50,000	Gross Earnings	$50,000
$0	Contributions to FSAs	$4,000
$50,000	Net Taxable Income	$46,000
$6,600	Income Taxes*	$5,600
$2,000	Dependent Care (Eligible expenses)	$0
$2,000	Unreimbursed Medical Care (Eligible expenses)	$0
$39,400	Take Home Pay	$40,400
$0	Tax Savings (May vary based on your tax bracket)	$1,000

* 2024 Federal Tax Rate Schedule - Single. Model does not include state taxes.

Medical Reimbursement Account



The Medical Reimbursement Account offers the option of a debit card that automatically deducts money from your FSA, or you can be reimbursed for medical expenses such as prescriptions and dental or vision expenses, as well as medical deductibles or co-insurance which are not covered by other healthcare benefits.

Deposits

Contributions to the account are made by automatic payroll deductions. Ask your employer about the maximum amount that you can contribute to this account.

Withdrawals and Reimbursement Options

Your Benefit Spending Account plan offers several easy options to use tax-free dollars in your Medical Reimbursement Account to pay for healthcare expenses. Please check with your employer to find out which options are available to you.

The first option is reimbursement by check. During enrollment, you can select an option giving you the ability to be automatically reimbursed for out-of-pocket expenses. Your Benefit Spending Account team will mail you a check for the eligible reimbursement amount.

The second option is reimbursement through direct deposit. If you choose this option, your Benefit Spending Account team would automatically send the reimbursement directly to your bank account for any out-of-pocket expenses incurred from an eligible medical expense.

If you do not select either of these options, or if you incur allowable expenses that do not appear on a claim, fill out a Request for Reimbursement Form, attach a receipt and send the documents to Luminare Health to recoup your payment.

Additional Information For Reimbursement

When submitting a form for reimbursement, you must include the Explanation of Benefits (EOB) from the administrator of your health benefits program showing that your claim has been considered for payment.

To submit pharmacy claims, send a copy of your receipt from the prescription bag or a printout from the pharmacy. When submitting any claim, make sure to include the name of the provider, name of the patient, date of service and type of service.

To submit a claim:

- Use the My Benefit Spending Accounts link on wellstarhealthplan.org
- Use the Benefit Spending Accounts mobile app
- Fax your paperwork to 866.514.8287
- Mail your paperwork to Luminare Health Benefits, P.O. Box 2968, Clinton, IA 52733

To obtain a claim reimbursement form:

- Print out the form from wellstarhealthplan.org
- Call 877.267.3359

Dependent Care Accounts

Dependent Care Accounts are designed for when you need to pay for care for a dependent child or adult, while you continue working or searching for work.



Childcare costs are eligible for reimbursement if a child is younger than 13 and you claim the child as a dependent on your federal income tax return. Costs of care for an adult dependent, including a spouse or a parent, qualify if the adult is physically or mentally disabled.

Deposits

	2026	2027
Qualified Parking, Transit, Commuter	$340	$350
Health FSA	$3,400	$3,500
Dependent Care FSA	$7,500	$7,500

Withdrawals

To be reimbursed for dependent care expenses, a claim must be submitted to your Benefit Spending Account team. Complete an Benefit Spending Account reimbursement form and include the following information:

- Name of the dependent child(ren) or adult(s)
- Amount paid
- Dates of service
- Provider's name
- Provider's Tax Identification Number or Social Security Number

If the provider is a daycare center, a printout of your charges can be submitted with the Reimbursement Form. If your provider is an individual with no tax identification number, a receipt signed by the provider must be provided.

To obtain a claim reimbursement form:

- Print out the form from **wellstarhealthplan.org**
- **Call 877.267.3359**

To submit a claim:

- Log on to **wellstarhealthplan.org** and click the Benefit Spending Accounts link
- Use the Benefit Spending Accounts mobile app
- Fax your paperwork to **866.514.8287**
- Mail your paperwork to Benefit Spending Accounts, P.O. Box 2968, Clinton, IA 52733

Contribution Tips

Right now, you can decide how much you want to contribute to an FSA up to the limit set by your employer. It's best to remain conservative with your contribution so that you do not deposit more money in an FSA than you will use. Remember, in most cases, any money left in the account at the end of the year will be forfeited.

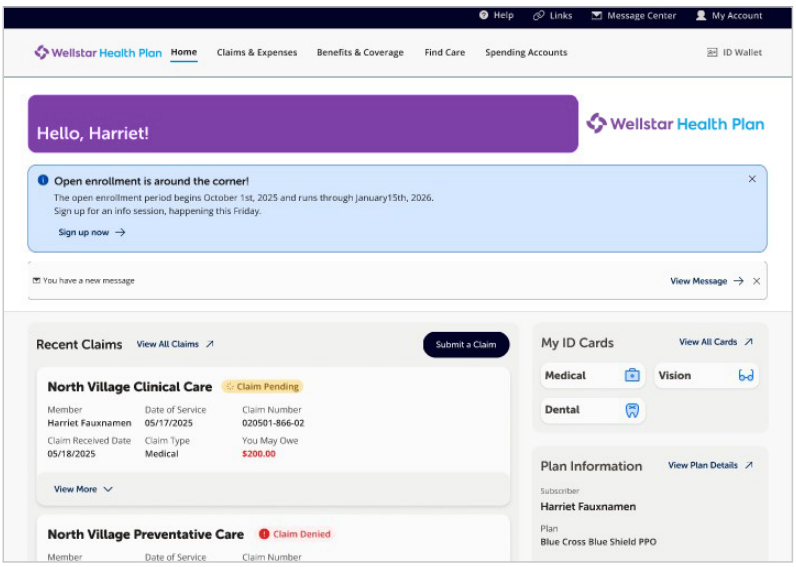


When you are deciding how much you want to contribute to your FSA, here are some important points to consider:

- Set aside money for known expenses, such as orthodontia or vision expenses.
- Determine whether your employer offers a carry-over feature. This feature allows you to carry over up to $700 of your unused healthcare FSA account balance into the next plan year instead of "losing it." The carry-over amount is determined after all expenses have been reimbursed for the applicable plan year (after the end of the plan's run-out period). The FSA carry-over provision eliminates the mad scramble at the end of the year to spend remaining FSA funds.
- Remember that all FSAs are separate. If you have more than one FSA, money cannot be transferred from one to the other to pay expenses.

Online Access

If you are searching for an easy way to check your FSA account balance, look no further. As an FSA account holder, you gain access to your personal account balance and other helpful information through our online portal. Just go to myLuminareHealth.com, log in with your username and password and your FSA information will be at your fingertips!



Gain Access To:

- Personal account balances
- Claim forms
- Claim summaries for the current plan year or a prior year

Frequently Asked Questions

How can I obtain a reimbursement claim form?

Reimbursement forms are available by signing in to myLuminareHealth.com, e-mailing FlexHB@luminarehealth.com, or calling 877.267.3359.

How can I submit a claim?

You may fax your claim to us at 866.514.8287 or mail it to Luminare Health Benefits, P.O. Box 2968, Clinton, IA 52733. Claims can also be submitted online at myLuminareBenefits.com, or by using the mobile app.

Can I be reimbursed for the cost of over-the-counter drugs with my FSA?

Yes. You can purchase over-the-counter medications - including feminine hygiene products - using your benefits card. There is no need for a prescription. If for any reason your transaction is denied at point of sale, you can manually submit your claim for reimbursement.

I did not receive my reimbursement check. How can I get a new check issued?

We must wait three weeks from the date the check was mailed before we can issue a stop payment. After the three-week period has expired, we will issue a replacement check.

Can I submit my credit card receipt or a balance due statement from my provider instead of an itemized statement?

The credit card receipt and the balance due statement do not include the necessary information to process a claim. An EOB form or itemized statement is required.

Eligible Expenses

This list contains numerous examples of eligible expenses but should not be considered complete.

Dental Services

- Dental X-rays (not employment related)
- Dentures
- Exam/Teeth Cleaning
- Extractions
- Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia/Braces
- Physical Exam

Lab Exams/Tests

- Blood Tests
- Cardiographs
- Laboratory Fees
- Metabolism Test
- Spinal Fluid Tests
- Urine/Stool Analysis
- X-rays

Vision Services

- Artificial Eyes
- Contact Lenses
- Eye Exams
- Eyeglasses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy/LASIK
- Reading Glasses

Medical Treatment/ Procedures

- Acupuncture
- Exercise/Fitness Programs (if necessary and prescribed by your doctor)
- Hearing Exams
- Hospital Services
- Infertility
- In Vitro Fertilization
- Norplant Insertion/Removal
- Physical Exam (not employment related)
- Reconstructive Surgery (if medically necessary due to congenital defect or accident)
- Rolfing
- Speech Therapy (if medically necessary)
- Sterilization
- Transplants (including organ donor)
- Treatment for Substance Abuse (alcoholism and drug addiction)
- Vaccinations/Immunizations
- Vasectomy and Vasectomy Reversal
- Weight Loss Programs (as prescribed by your doctor)
- Well Baby Care

Medication

- Insulin
- Prescribed Birth Control and Vitamins
- Prescription Drugs
- Over-the-Counter Drugs

Obstetric Services

- Breast Pumps and Supplies (only for supplies that assist with lactation)
- Lamaze Class
- Midwife Expenses
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Prenatal and Postnatal Treatments

Medical Equipment Supplies and Services

- Abdominal/Back Supports
- Ambulance Services
- Arches/Orthopedic Shoes
- Contraceptives, prescribed
- Crutches
- Guide Dog (for visually/hearing impaired)
- Hearing Devices and Batteries
- Hospital Bed
- Learning Disability Support (special school/teacher)
- Medic Alert Bracelet or Necklace
- Oxygen Equipment
- Prosthesis
- Splints/Casts or Support Hose (requires medical necessity)
- Syringes
- Transportation Expenses (essential to medical care)
- Tuition Fee at Special Schools (for disabled children)
- Weight Loss Drugs (to treat specific disease)
- Wheelchair
- Wigs (hair loss due to disease)

Over-the-Counter Items

- Acid Controllers
- Allergy & Sinus medicine
- Anti-Diarrheals
- Antifungal
- Anti-Parasitic Treatments
- Baby Electrolytes and Dehydration
- Cold Sore Remedies
- Cough, Cold & Flu
- Digestive Aids
- Eye Care
- Fiber Laxatives
- Foot Care Treatment
- Homeopathic Remedies
- Laxatives (non Fiber)
- Medicated Nasal Sprays, Drops and Inhalers
- Pain Relief Oral and Topical
- Skin Treatments
- Smoking Deterrents
- Acne Medications
- Antibiotics
- Anti-Gas Products
- Anti-Itch & Insect Bite
- Antiseptics & Would Cleansers
- Baby Rash Ointments/Creams
- Contraceptives
- Denture Pain Relief
- Ear Care
- Feminine Anti-Fungal/Anti-Itch
- First Aid Burn
- Hemorrhoidal Preps
- Incontinence Protection & Treatment Products
- Motion Sickness
- Oral Remedies and Treatments
- Medicated Respiratory Treatments
- Sleep Aids & Sedatives
- Stomach Remedies

Eligible Feminine Protection, Menstrual Care products:

- Cups
- Liners
- Pads
- Tampons
- Disposable and Non Disposable Underwear for Menstruation
- Sponge



Numerous Examples of Ineligible Expenses

This list contains numerous examples of ineligible expenses but should not be considered complete.

- Cosmetic Surgery/Procedures
- Cosmetics, Toiletries
- Diaper Service
- Hair-Loss Medications
- Hair Transplants
- Health Club Dues (if exercise is not prescribed by your physician)
- Insurance Premiums
- Long-Term Care Premiums
- Marriage Counseling
- Maternity Clothes
- Vitamins or Nutritional Supplements
- Teeth Whitening/Bleaching

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