

Kushner & Company, 2427 W. Centre Avenue, Portage, MI 49024
800-KUSHNER or 269-342-1700, ext. 213, FSA@kushnerco.com

**KUSHNER
& COMPANY**
The best team wins

Welcome to the Teaching Family Homes & Associated Family Care Benefits Newsletter!

Teaching Family Homes & Associated Family Care Employee Benefits

In this newsletter you will find information related to the Teaching Family Homes & Associated Family Care employee benefits program administered by Kushner & Company. The following pages will detail the benefits available to you, answer many of your general questions, and provide information on how to access your benefits. If you need additional information, or if you have questions about your account, you may always contact your Human Resources department or Kushner & Company (contact information below).

Kushner & Company
2427 W. Centre Avenue
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FSA@kushnerco.com

Online Account Access: <http://www.mywealthcareonline.com/Kushner>

Pre-Tax Benefits = YOU WIN BIG!!

All of the benefits described in this newsletter are provided to you on a pre-tax basis. That means no federal, state, or local income tax, and no FICA deductions! Without the advantages that these benefits provide, the expenses that you incur would be subject to the same taxes as your paycheck. Because your employer has taken the necessary steps to implement these plans on your behalf, the benefits you receive are not taxable income to you! All of this adds up to a big WIN for you and your family – saving you approximately 30% in taxes on benefit expenses!



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Teaching Family Homes & Associated Family Care HRA Plan

Eligible Expenses: In-Network Deductible and In-Network Coinsurance Expenses. To ensure that the expense has been properly applied to the deductible and/or coinsurance, an Explanation of Benefits (EOB) from the insurance carrier must be provided as proof when submitting a claim for reimbursement.

Initial Deductible/Coinsurance: Prior to an expense becoming eligible for reimbursement from the HRA you are responsible for an initial deductible of \$250 if you are enrolled in employee-only health coverage, or \$250 per member of your family to a maximum of \$500 if you enrolled in dual or family health coverage. You will also be responsible for the first \$1,000 of coinsurance expenses per family member to a maximum of \$2,000 of coinsurance expenses.

Maximum Reimbursement: The maximum reimbursement that you may receive from the HRA is \$5,100 if you elect employee-only health coverage or \$10,200 if you elect dual or family health coverage. This amount is available to you for reimbursement from the first day of the plan year.

Run-Off Parameters: You will have 90 days after the end of the plan year to submit expenses incurred in the prior year.

How is a Claim Processed?

To ensure that a claim has been properly processed with the insurance carrier, your health care provider will first submit your health claim to the insurance carrier for adjudication. Once that is complete, you will receive a copy of your Explanation of Benefits (EOB) from the insurance carrier showing what has been applied to what. Once that is received, submit the EOB to Kushner & Company for reimbursement from the HRA. It is important to remember to **submit all pages of your EOB**. Once processed, you will receive your reimbursement made payable to you. At the same time that you received your EOB, your health care provider has also received their version of an EOB. From that they will be sending you a bill for the services

What is an HRA?

Many employers, including your own, are constantly on the lookout for ways to address rising health care costs and provide the greatest value to employees. One of the ways to do this is the implementation of an HRA plan. Often, this HRA account is linked to a higher deductible health plan. Employers are able to take the savings from lower premium costs and use those savings to fund the HRA for you to use. Think about the premium savings in your car insurance when you increase your deductible, and you get the idea. An HRA plan provides employer-funded dollars into an account setup in your name. The effectiveness of this approach relies on you and your family to be good consumers of your health care. With lower usage of the HRA, you and your employer are able to reap the savings instead of the insurance company. By working together, employees and employers can take advantage of this approach to combatting rising health care costs.

Each HRA is custom designed to each employer's needs. The design of the Teaching Family Homes & Associated Family Care HRA Plan is detailed below, and how to submit a claim is provided later in this newsletter.

General HRA Definitions:

Deductible: A deductible is a dollar amount that you as the employee are responsible for before the insurance company begins coverage. In many cases, depending on your HRA design, some or all of the deductible will be reimbursable from the HRA. Remember that if you are enrolled in a Health FSA, you may submit the employee responsibility for reimbursement.

Coinsurance: Coinsurance is the percentage split in employee and insurance company responsibility after the deductible is met. For instance, there may be an employee 20% coinsurance after the deductible has been met. This means that the employee is responsible for 20%, and the insurance company is responsible for 80% of an expense above the deductible. Depending on your HRA design, some or all the coinsurance may be reimbursed by the HRA. Remember that if you are enrolled in a Health FSA, you may submit the employee responsibility for reimbursement.

Copays: Copays are flat dollar amounts due at the time of a service, such as an office visit or prescription drug. These should not be confused with coinsurance, and are often the responsibility of the employee to pay. Your HRA design will determine whether these are reimbursable. Remember that if you are enrolled in a Health FSA, you may submit the employee responsibility for reimbursement.

Submitting a Claim for Reimbursement

Submitting a claim online: With Kushner & Company, you have the ability to enter a claim online at <http://www.mywealthcareonline.com/Kushner>, and even scan and attach receipts right to that claim. Instructions for getting online are included later in this newsletter. To submit a claim:

1. From the My Accounts tab select Submit Claims
2. Click the *add new* button
3. Complete the claim form (the fields marked with asterisks are required):
 - a. Select the benefit you want the expense to be reimbursed from (FSA, DCRA, HRA, etc)
 - b. Enter the date(s) the expense was incurred (not billed or paid)
 - c. Enter the amount of the expense- the amount you are requesting reimbursement for
 - d. Enter the dependent name. If not in the drop-down, you can add a dependent from the *My Info* page and return to the claim to edit, or select N/A for employee.
 - e. Type the Provider name
 - f. Select the Provider Type (doctor, pharmacy, etc.)
 - g. If you have a receipt to attach to the claim, you may do so by selecting *Browse* and searching for the receipt. If you do not want to submit receipts online, select OK now
 - h. If you did select a receipt, select "Add file to list"
 - i. If needed, you may add a note to your claim in the *Notes* section
 - j. When complete, click Ok.
 - k. Your newly-entered claim appears in the new claims box. If you have additional claims to enter, click the add new button again, and repeat the process until all claims are entered. Click the edit button to go back and edit anything you have entered on a claim, as needed. **NOTE:** Once you submit your claim, you are no longer able to edit it.
4. When complete, acknowledge the certification text by checking the checkbox and click the submit button. A confirmation page displays, showing the tracking number and total amount for your submitted claim(s). Individual claim details appear under two headings; one for claims submitted with receipts, and one for claims submitted without.
5. If you would prefer to fax in your receipts instead of uploading them through the portal, click the *view receipt submittal form* button for a cover page that you can print and submit when faxing. It is important that you submit your receipt with the cover page included, as it contains specific information that speeds up the adjudication process. Without the cover page, your reimbursement may be delayed.

Kushner & Company provides a number of options for you to submit claims for reimbursement or processing. Included in your enrollment packet, and also available online at <http://www.mywealthcareonline.com/Kushner>, is a Request for Reimbursement Form. With the exception of online and mobile claims submission, this Request for Reimbursement Form must be completed and signed in order to receive a reimbursement from your account.

Submit Via Mail: To submit a claim via the mail, please complete the Request for Reimbursement Form and include copies of all necessary receipts (see below for requirements). Mail them to:

Kushner & Company
Attn: *Your Employer*
2427 W. Centre Avenue
Portage, MI 49024

Submit Via Email: To submit a claim via email, please complete the Request for Reimbursement Form and attached scanned copies of all necessary receipts and email them to fsa@kushnerco.com.

Submit Via Mobile App: To submit a claim via the mobile application, download the "Kushner Participant Portal" app from your iOS or Android app store.

Local Drop-Off: If you are local, you can drop off your Request for Reimbursement Form and necessary receipts in a 24 hour drop-box at the mailing address above.

*"What is required to be
on a receipt/EOB?"*

- Service Provider Name
- Date of Service (not necessarily date of payment)
- Expense Amount
- Service Incurred (office visit, dental cleaning, etc.)

Note: A credit/debit card receipt does not meet IRS standards.

Online Account Access

What can I do?



View Accounts



Submit Claim



Add Receipts



Get Help



Lost / Stolen Card



Update Profile

Benefit Account Summary

Plan Year:

Select Account:

Flexible Spending Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Balance Due	Payments	Balance	Details
01/01/2015							
-	\$2,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,000.00	View Details
12/31/2015							

Dependent Care Account - DCA

Plan Year	Annual Election	Total Contributions	Additional Deposits	Balance Due	Payments	Balance	Details
01/01/2015							
-	\$10,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	View Details
12/31/2015							

With Kushner & Company you can access your Flexible Spending Account (FSA) and/or HRA information at <https://www.mywealthcareonline.com/Kushner>. Information is available about your balance, payment information, account balance, personal information (such as address), eligible FSA expenses and other useful information, and online claim entry. Please take the time to familiarize yourself with all of the helpful tools on the website!

Registration

Step 1. If this is your first time accessing the portal, simply click the register button atop the right corner of the home screen.

Step 2. After clicking the register button, complete the registration form. Choose a username and password. Enter the required demographic information. Your employee ID is your Social Security number and your employer ID can be obtained from your account administrator. ****If you already have a benefit debit card, the card number can be used in place of the employer ID in the registration ID field.**

Before clicking register, be sure to view and accept the terms of use.

Step 3. After successfully completing the registration form, click register. The process may take several seconds. Do not click your browser's back button or refresh the page.

Online Account Access Continued

Secure authentication

The next part of the registration process involves setting up your secure authentication. This important step helps ensure your account is secure and private. After the registration form is successfully completed, you will be prompted to complete the secure authentication setup process. After reading the secure authentication setup instructions, simply click the begin step now button.

Step 1.. Enter a personal phrase. This phrase can be anything easily identifiable to you, up to 40 characters long. Your personal phrase will always appear alongside your picture when you log in. You must also select a picture that gets linked to your personal phrase. During subsequent logins, viewing the combination of your personal phrase along with your picture are visual cues you are securely viewing the portal and can safely access your account.

You may select a different picture by clicking on the picture you wish to use.



You can browse through additional pictures by category. Simply select the category and click Browse.

Category:

Step 2. Select security questions. You must select four security questions and provide your secret answers. These questions are asked at random while you attempt to login to the portal. The questions help provide an additional layer of security and help ensure only you are able access your account

Step 3. Verify your email address. In the next page, you will be prompted to verify your email address. Enter your email address, and click continue setup. On the next page, you will be asked to verify all of the information you've entered during the secure authentication process. After you've reviewed and confirmed the accuracy of the information, please click submit setup information.

A confirmation page will display showing the registration process has been completed. At this point, you can either 1) sign off, or 2) proceed to your account.

Your first login

After registering, for all subsequent logins you can click the login link in the upper right corner of the home page. You will be prompted to enter your username, two of your four security questions, and finally your password.

Claims Reimbursement Direct Deposit Enrollment

The below form allows you to receive reimbursement of your claims directly deposited into the bank account of your choice. Once enrolled, you will remain enrolled from year-to-year. *You do not need to complete if you are already enrolled.* If you need to change your bank account information, you can do so at <http://www.mywealthcareonline.com/Kushner>. Please complete and return this form to your employer or Kushner & Company.

Recordkeeper: Kushner & Company

Participant's Employer: _____

I hereby authorize Kushner & Company, hereinafter called *Recordkeeper*, to initiate credit (deposits) transactions to my Checking Account indicated below at the depository financial institution named below, hereafter called *Depository*, and to credit the same to such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. In addition, I agree to return any potential overpayment credit to my account to my employer in the form of a check. ***If you have previously enrolled in Direct Deposit you do not need to sign up each plan year.***

Please provide with this agreement a sample voided check for your account.

Depository/Bank Name: _____ Branch: _____

City/State/Zip Code: _____

Routing Number: _____ Account Number: _____

This authorization is to remain in full force and effect until the *Recordkeeper* has received written notification from me of its termination in such time and in such manner as to afford the *Recordkeeper* and *Depository* a reasonable opportunity to act.

Name: _____ Social Security Number: _____

Address: _____

Phone: _____

Date: _____ Signature: _____

Return To:

Kushner & Company
2427 West Centre Avenue
Portage, MI 49024
fsa@kushnerco.com

A sample voided check from AnyBank USA. The check is dated 12/12/34 and is payable to J. Person at 123 Main Street, Anytown, USA 12312-1231. The amount is \$1234. The bank name is AnyBank USA. The check number is 1234. The routing number is 123456789 and the account number is 987654321.

Your 9-digit bank
ABA Routing
number

Your Bank
Account
number

Check number
DO NOT ENTER
*May appear before Account number