

# Logging in to EflexOnline

To access your eFlexOnline (also referred to as the Employer Site) account navigate to: https://eflexonline.com

Your username, and randomized single-use password, will be provided to you when your company is created within the system via secure email when your group was created. If you did not receive this email, please contact **BMS LLC.** 

Your password is case sensitive. If you cannot remember your password, you may request a password reset by clicking "Forgot Password?" in the lower right-hand corner of the site window. The system will then ask you to confirm your username. Upon confirmation, an email will be sent to the address on file for that account with a time sensitive temporary password.

# NOTE: After three unsuccessful attempts the account will be locked for five minutes before you can try again. Please be sure you are using one of our supported browsers.

For the best **EFO** viewing experience, we recommend one of the following Internet browsers:

- Microsoft Internet Explorer 11 or greater
- Mozilla Firefox 8 or greater
- Google Chrome 16 or greater
- Apple Safari 4 or greater



\*Please note, this site has an inactivity timeout for security purposes. After 20 minutes of no action the site will log you out.

### **Two-Factor Authentication**

To validate that the account holder is the one accessing the account, you may be asked for a PIN (unless you have previously registered the device). If you have not registered the device, or this is your first time logging in, a special PIN will be sent to the email address on file. Please note, this is case sensitive and will expire within **15** minutes. You may choose to register the device to bypass this step in the future. We recommend to *never* register publicly accessed devices. Once logged in, you can choose to clear any remembered devices.

| PIN Confirmat                        | ion   |
|--------------------------------------|---|
| Please enter the PIN sent via the em | ail address associated with your account.   |
|                                      |   |
|                                      | PIN   |
|                                      | Enter your PIN  |
|                                      | PIN required  |
|                                      | Save time by registering your computer  |
|                                      | Would you like this system to remember this computer or device? If you select yes, you will<br>not need to reauthorize this computer or device in the future. |
|                                      | There is no limit to the number of computers and devices that can be remembered for your<br>account.  |
|                                      | Haven't received your PIN email or the PIN is not working? Send me a new PIN.   |
|                                      | No, this is a public computer Yes, register my private computer   |
|                                      |   |

If you no longer have access to the email address that is on file with your account, please contact **BMS LLC** or another administrative user that has access with your new preferred email.

#### Managing your account

Once you are logged in, you can manage your account, clear your remembered devices and change your password.

#### **Resetting your password**

To change your password, select the drop-down arrow next to your name and company. Select "**Change Password**". You will be required to enter your current password and confirm your new password. **Requirements:** Your password is case sensitive and must be an alphanumeric string (any combination of Uppercase, lowercase, numeric or symbols (! @#\$%^&\*() \_-.) with or without spaces). One Uppercase letter and one numeric character are required. The length of the password is minimum of 6 characters. There is no restriction for maximum number of characters.

#### Access

Admin users will have the ability to make changes within the site. Non-admin users will have **read-only** access and may be restricted from certain areas of the site.

# Dashboard

The **Dashboard** landing page provides users with a quick glimpse into the statistics of each benefit plan offered. It also provides insights into election amounts and **participant accounts**. You may also access the **Dashboard** from your toolbar.



You will note that the plan(s) spend-by (**Use it**) dates are listed. This will be the date employees have to *incur* medical expenses. The *claim it* by date is the deadline for employees to submit these claims for payment, this is also known as a *run-out*. Run-out claims *must* be submitted manually, regardless of plan type. Employees must also provide proper documentation to verify the charge was legitimate and occurred on or before the *use it by* date. Once this date has passed, no further claims will be reimbursed from this plan year.

# **Dashboard reports**

If you select "**View Plan Details**" the site generates a pre-filtered year-to-date report in .PDF format for download. The enrolled participants graph on the **dashboard** reflects participants with an election *greater than \$0*.

## **Employee Search**

On the left-hand corner of the page you will be able to quickly search through the employees enrolled into the plan. Type an underscore ("\_") to view a list of up to 75 records. Employees with a **GRAY** icon are **ACTIVE** and employees with a **RED** icon are **TERMINATED**.



Employees are searchable by their **SSN** (social security number), **EIN** (employee identification number, or by **a portion of their name**). The "**More Detail**" link expands to show additional employee identification numbers, employee addresses, pay cycles and any special department codes. Clicking on the employee's name will bring you to their **page**.

| Careful Health Au                          | itomated Test           | (913) 111-1 <sup>-</sup> | 111      |            | Dashboard   | Debit Card <del>-</del> | Actions +      | Repor    | ts |
|--|-------------------------|--------------------------|----------|------------|-------------|-------------------------|----------------|----------|----|
| Employee Search                            |                         |                          |          |            |             |                         |                |          |    |
| Mel  | SSN or EIN              | Q                        |          |            |             |                         |                |          |    |
| 2 records match your<br>A Hide Search Rest | search criteria<br>JIts |                          |          |            |             |                         |                | Less Det |    |
| Employee Name                              |                         | Employee<br>Number       | SSN      | Department | Pay Cycle   | Address                 |                |          | ^  |
| 👤 Yahtest, Meltest B                       |                         | BCD445566                | ****5566 | EXECUTIV   | SEMIMONTHLY | 4200 W 115th St,        | Ste 300 Leawoo | od KS 0  |    |
| 1 Yodtest, Meltest                         |                         | Ш-21-0111                | ****0111 |            | SEMIMONTHLY | 4200 W 115th St,        | Ste 300 Leawoo | d KS 0   |    |

# Actions

From the **Actions** menu you can navigate to portions of the site that allow you to manage your employees, benefits, and claims. For those who have **read-only** access, you will not be able to utilize these features. If you feel you should have greater access, please contact **BMS LLC**.

#### Add an employee

Administrative users can submit employee updates online in real-time without requiring the review and approval of such changes by *BMS LLC*. If you do not have the ability to manage employees, but feel that you should, please contact *BMS LLC*.

From the Actions dropdown menu select "Add an Employee".

| Careful Health (913) 000-0000   |                          | Dashboa  | rd Actions -       | Debit Ca  | rd - Reports     | Forms     | About - | Log Out |
|---|--------------------------|----------|--------------------|-----------|------------------|-----------|---------|---------|
| Employee Search           First or Last Name         SSN or EIN         Q | Demograph                | ic Inf   | ormati             | on        |                  |           |         |         |
|   | Add New Emp              | loyee    |                    |           |                  |           |         |         |
| New Employee  | First name               |          | Middle initial (op | tional)   | Last name        |           |         |         |
| Social Security Number:<br>Employee Number:                               | First name is required.  |          |                    |           |                  |           |         |         |
| Demographics  | Date of birth            | Employee | number             | Social se | curity number    | Рау сус   | le      |         |
|   |                          |          |                    | ###-##    | t-####           |           |         | ~       |
|   | Hire date                |          | Department (opt    | ional)    |                  |           |         |         |
|   | 08/20/2018               |          |                    |           | ~                |           |         |         |
|   | Email address (optional) |          |                    | Phone n   | umber (optional) | Fax (opti | onal)   |         |
|   |                          |          |                    | ()        | ·                | _ () _    |         | _       |
|   | Address                  |          |                    |           |                  |           |         |         |
|   | Address 2 (optional)     |          |                    |           |                  |           |         |         |
|   |                          |          |                    |           |                  |           |         |         |
|   | City                     |          |                    | State     |                  | ~         | Zip     |         |
|   | Add New Employee Ca      | incel    |                    |           |                  |           |         |         |

You will be prompted to add the account holder's demographic information. Unless noted otherwise, all fields are required. Click "Add New Employee" to ensure that the new employee is added. Once saved the menu on the left will update with new options for the employee's account. You can return to this page in the future to edit the employee's information to keep them up-to-date.

When a participant's termination date is removed from the portal, the **employer site** verifies if there are any participant or dependent benefit elections that have a matching termination date. If there are, then the **employer site** will remove the matching benefit election termination dates for all participant and dependent benefits. Benefit elections with termination dates that do not match the employee termination date being removed, will persist and remain terminated.

# **Debit Card**

From the menu on the left-hand side debit cards may be maintained for the selected individual. A reason must be provided to suspend or enable a card. New cards are mailed and generally received within 7-10 business days.

| Careful Health Automated Test edit na<br>Employee Search                           | ime (154) 252-5632 Dashboard Actions - Debit Card - Reports Forms About - Log Dut   |
|--|---|
| bru SSN or EIN Q.<br>4 records match your search criteria<br>V Show Search Results | Debit Card Details Debit Card Details   |
| Brutest, Davtest L<br>4200 W 115th St, Ster 300<br>Leewood, KS                     | Card status: Active Product Update  |
| Social Security Number: ****0001<br>Employee Number: FFF440001                     | Card number: 4896001<br>Card request date: 02/02/2<br>Card request date: 02/02/2<br>Card status: No card or request<br>Card status: No card or request<br>Card number:<br>Card number:  |
| Demographics<br>Debit Card   | Card activation date: 02/20/2 and enrollment periods. Card request date:<br>Card expiration date: 02/20/2 Card issue date:<br>Date of last status change: 00/08/20/0<br>Reason for last status change: Reactivate Card activation date: |
| Dependents<br>Direct Deposit   | Employee does not have any elections that extend beyond their current card expiration date. Date of last status change: Parcen for last status change:  |
| Leave of Absence<br>Insurance Plans  | Suspend Debit Cards Request a Debit Card  |
| Current Benefit Elections  | Suspend Cards   |
| A reason must be<br>provided to<br>suspend or                                      | You are about to suspend the debit cards for Daviest L Brutest. Click 'OK' to suspend<br>cards or 'Cancel' to exit without suspending cards.<br>Before a card(s) can be suspended a reason must be included<br>Suspend Card             |
| eactivate a card.  | OK Cancel   |

You will also be prompted to request or decline the issue of new debit card if you are enrolling a participant for the first time. You may **also request debit cards in mass** for participants.

| A records match your search oxteria<br>Show Show Search Results<br>brutest , davtest I<br>4200 W 11'sch 9t, 5m 300<br>Leawood, IS<br>Social Search Ruman <sup>®</sup> ****1234 | Request Debit Card Decline Debit Card   |
|--|---|
| brutest , davtest I<br>4200 W 115ch 5t, 5m 300<br>Learnood, IS<br>Social Security Rumber ****1234  |   |
| Employee Harder H1451234   | ected Bene       Request Card(s)         PSA Medical At       You are requesting a debit card for davtest I brutest.         railable Ber       You are requesting a debit card for davtest I brutest.         Advanced 107       To request a second card in addition to the primary card, please check the box and enter the secondary card holder's name below.         PSA - Adoption       I would like to request an additional card.         PSA - Adoption       Secondary card holder name         Eirst name       MI |

## **Enrolling dependents**

To add a dependent, select the **Dependent** option from the menu on the left. On the **current benefit elections** page, you will individually add the dependents to their respective benefit account that they are participating in.

| Careful Health Automated Test edit na   | me (154) 252-5632        | Dashboard | Actions -            | Debit Card | - Repo    | rts Forms      | About -  | Log Out |
|---|--------------------------|-----------|----------------------|------------|-----------|----------------|----------|---------|
| bru SSN or EIN Q  | Dependents               | Ad        | d Depend             | ents.      |           |                |          |         |
| Show Search Results  Brutest , Davtest L  | Davtest L Brute          | st        |                      |            |           |                |          |         |
| 4200 W 115th St, Ste 300<br>Leawood, KS<br>Social Security Number: ****0001<br>Employee Number: FFF440001 | Add a new o              | depende   | ent                  |            |           |                |          |         |
| Demographics  | Koetest W E              | Brutest   |                      |            |           |                |          |         |
| Debit Card  | First name               | Mic       | Idle initial (option | (land      | Last name | 2              |          |         |
| Dependents  | Koetest                  | W         | 1                    |            | Brutest   |                |          |         |
| Direct Descent  | Social security number   | Dej       | endent ID            |            |           | Date of birth  |          |         |
| Direct Deposit  | ***-**-3327              | 5         | 5544000101           |            |           | **/*1/***0     | 1        | <b></b> |
| Leave of Absence  | Relationship             | Ger       | ader                 |            | _         |                |          |         |
| Insurance Plans   | Spouse or Common law par | tne 💌 🚺   | Male                 |            | Date      | of birth       | -        |         |
| Current Benefit Elections   | Address 1                |           |                      |            | 01/0      | )1/1970        |          |         |
| Future Benefit Elections  | 1901 W Tomichi           |           |                      |            |           |                |          |         |
|   | Address 2 (optional)     |           |                      |            |           |                |          |         |
| Menu location.  |                          |           |                      |            |           |                |          | _       |
|   | City                     |           |                      | State      |           |                | Zip code |         |
|   | Gunnison                 |           |                      | Colorad    | D         | •              | 81230    |         |
|   | Marital status           | Stu       | dent status          |            |           | Employment sta | atus     |         |
|   | Not Specified            | •         | Not Specified        |            | *         | Not Specified  |          | •       |
|   | Save Koetest W Brutest   | ancel     |                      |            |           |                |          |         |
|   |                          |           |                      |            |           |                |          |         |
|   |                          |           |                      |            |           |                |          |         |
|   |                          |           |                      |            |           |                |          |         |

#### **Direct Deposit**

From this screen administrators will have the ability to toggle the banking settings for an individual. The banking information is also accessible on the participant level within their account. We recommend having the participant update their information if possible. The changes made on this page are immediate. Please be very careful with your entry to avoid any return of reimbursements for the participant.

| Careful Health Automated Test edit nam   | ne (154) 252-5632               | Dashboard                  | Actions -                     | Debit Card - | Reports     | Forms          | About-                 | Log Out     |
|--|---------------------------------|----------------------------|-------------------------------|--------------|-------------|----------------|------------------------|-------------|
| Employee Search bru SSN or EIN Q 4 records match your search criteria Show Shareh Bresulte                 | Direct Depo                     | osit ACH                   | Setti                         | ngs          |             |                |                        |             |
| Brutest , Davtest L  | Davtest L Brut                  | test                       |                               |              |             |                |                        |             |
| 4200 W 115th St, Ste 300<br>Learnood, KS<br>Social Security Number: ****0001<br>Employee Number: FFF440001 | ACH is enabled<br>Transit numbe | r: *****3317               |                               |              | -           |                |                        |             |
| Demographics   | Transaction description         | n: Savings Deposit         |                               |              |             | Ability<br>tun | to turn o              | n or        |
| Debit Card   | Turn ACH Off Update             | Transit and Account        | Information                   |              |             | Payme<br>time  | ents with<br>e updates | real-<br>S. |
| Dependents   |                                 |                            |                               |              | / [         |                |                        |             |
| Direct Deposit   |                                 |                            |                               |              |             |                |                        |             |
| Leave of Absence   | ACH                             | is not currently           | enabled                       |              |             |                |                        |             |
| Insurance Plans  |                                 | Transit num<br>Account num | ber: *****331<br>ber: ***4567 | 7            |             |                |                        |             |
| Current Benefit Elections  | Tr                              | ansaction descript         | tion: Savings D               | Deposit      |             |                |                        |             |
| Future Benefit Elections   | Tur                             | n ACH On Using Cu          | rrent Account                 | Information  | Turn ACH On | and Enter A    | ccount infor           | nation      |
| Mer  | nu location.                    |                            |                               |              |             |                |                        |             |
|  |                                 |                            |                               |              |             |                |                        |             |
|  |                                 |                            |                               |              |             |                |                        |             |

## Leave of Absence

If an employee takes a leave of absence, or experiences a gap in coverage, you may note it on the employee's profile. The system could maintain multiple leaves of absence. No claims will be processed between the dates listed.

| Careful Health Automated Test edit na  | ame (154) 252-5632            | Dashboard         | Actions + | Debit Card+ | Reports | Forms    | About+ | Log Out |
|--|-------------------------------|-------------------|-----------|-------------|---------|----------|--------|---------|
| Employee Search<br>bru SSN or EIN Q<br>4 records match your search criteria<br>Show Search Results | Leave of Abs                  | sence             |           |             |         |          |        |         |
| Brutest , Davtest L<br>4200 W 115th 5t, Ste 300<br>Leawood, KS<br>Sotial Scurity Number: ****0001  | Davtest L Brute               | st<br>of Absen    | ce Peri   | od          |         |          |        |         |
| Employee Number: FFF440001   |                               |                   |           |             |         |          |        |         |
| Demographics   |                               |                   |           |             |         |          |        |         |
| Dependents   | Add Le                        | eave of Ab        | osence    | Period      |         |          |        |         |
| Direct Deposit   | Start date 08/08              | 9/2018 <b>B</b> E | nd date   | *           |         | Save Car | icel   |         |
| Leave of Absence   | Ability to ma<br>multiple Lea | anage<br>ave of   |           |             |         |          |        |         |
| Current Benefit Elections  | Absence pe                    | eriods.           |           |             |         |          |        |         |
|  |                               |                   |           |             |         |          |        |         |
|  | Menu locatio                  | on.               |           |             |         |          |        |         |
|  |                               |                   |           |             |         |          |        |         |
|  |                               |                   |           |             |         |          |        |         |
|  |                               |                   |           |             |         |          |        |         |

#### **Insurance Plans**

To utilize the debit card to its full potential, the participant should be enrolled in their applicable company **insurance plans**. Select the appropriate plan(s) from the drop down and then save changes. If you notice a plan is missing, or not listed correctly, contact **BMS LLC**. By assigning an **insurance** plan to the employee it will assist in the auto-approval of **Copays** as defined by your **Copay** list.

| Careful Health Automated Test edit nam   | e (154) 252-5632   | Dashboard                        | Actions •             | Debit Card • | Reports | Forms                          | About-                        | Log Out |
|--|--|----------------------------------|-----------------------|--------------|---------|--------------------------------|-------------------------------|---------|
| Employee Search<br>bru SSN or EIN Q<br>4 records match your search criteria<br>y Show Search Pacults                           | Insurance P  | lans                             |                       |              |         |                                |                               |         |
| Brutest , Davtest L<br>4200 W119th St, Ste 300<br>Lenvood, KS<br>30del Security Number: +***0001<br>Employee Number: FFF440001 | Davtest L Brute<br>Medical Insurance Plans<br>Select a plan below or choose "None<br>plan for this plan type.<br>None selected | est<br>selected" if you do not v | wish to specify an in | nsurance     |         |                                |                               |         |
| Demographics<br>Debit Card   | Dental Insurance Plans<br>Select a plan below or choose "None<br>plan for this plan type.                                      | selected" if you do not v        | wish to specify an ii | nourance     | Set     | elect from<br>insurar<br>setur | m one of<br>nce plans<br>o in |         |
| Dependents<br>Direct Deposit   | Vision Insurance Plans<br>Select a plan below or choose "None<br>plan for this plan type.                                      | selected" if you do not v        | wish to specify an ii | nsurance     | D2      | WinFlex                        | xOne.                         |         |
| Leave of Absence<br>Insurance Plans  | None selected Save Changes Cancel  |                                  |                       | ·            |         |                                |                               |         |
| Future Benefit Elections   | Menu location.   |                                  |                       |              |         |                                |                               |         |

BMS LLC-01/19

### **Current Benefit Elections**

From this page you will enter the annual election during enrollment or make changes if the employee experiences a qualifying life event. If applicable, please also be sure to enroll the participant into an **insurance plan**. An election will need to be added before the employee may have any claims processed. Be careful to enter enrollment based on the employee's effective date and the number of pay periods left in the Plan Year. Incorrect entry could cause issues with funding and participant's accounts.

| Careful Health Automated Test edit nam | ne (154) 252-5632 D                                 | ashboard | Actions +                   | Debit Card+            | Reports   | Forms     | About • | Log Out   |
|--|---|----------|-----------------------------|------------------------|-----------|-----------|---------|-----------|
| bru S5N or EIN Q.                      | Current Year E                                      | Benef    | it Eleo                     | ctions                 |           |           |         | Î         |
| Show Search Results                    | Davtest L Brutest                                   |          |                             | C                      | urrent be | enefit el | ection. |           |
| 4200 W 115th St, Ste 300               | Elected Benefits                                    | FSA      | Medica                      | I Account              | Election  | i         |         |           |
| Available current year benefits.       | Advanced HRA - Unreimb                              | Eler     | tion Attr                   | ributes                |           |           |         |           |
| Demographics                           | A FSA Dependent Care                                | Eligibi  | lity date                   |                        |           | 01/01/20  | 16      |           |
| Debit Card                             | TYT Electing \$2,500,00 annually                    | Electi   | on terminati                | on date                |           |           | ×       |           |
| Dependents                             | F5A Medical Account<br>Electing \$2,000,00 annually | Maxir    | num amount                  | allowed                |           | \$2500.00 |         |           |
| Direct Deposit                         | HRA - Comprehensive                                 | Curre    | nt an <mark>nual ele</mark> | ection amount <b>6</b> | •         | \$2000.00 |         |           |
| Leave of Absence                       | Firsting \$2,500 00 annually                        | Election | on change re                | ason                   |           | None      | 1       | •         |
| Current Benefit Elections              | Available Benefits                                  | New      | innual electi               | on amount              |           | \$0.00    |         |           |
| Future Bena t Elections                | FSA - Adoption Assistance.                          | Pay p    | eriod amoun                 | t                      |           | \$200.00  | R       | equired.  |
| Manu Insetion                          | FSA Limited   | Emplo    | yer portion                 |                        |           | \$0.00    |         |           |
| menu location.                         |   | Chang    | e effective d               | ate                    |           | 08/08/20  | 18      | _         |
|  |   |          |                             |                        |           |           | Abili   | ty to add |

If the participant also has dependents and the plan requires them to be listed, you will need to assign them to the associated plan. Select the plan you wish to enroll the dependent. On the right-hand side of the page you will see a list of dependents that you can add or remove to the benefit as needed. If you do not see the dependents you wish to enroll you can **add the dependent** to update real-time. Make sure dependent information is entered for all HRA Plan entries for proper tracking of covered enrollments.

For changes made outside of the plan's open enrollment period you will be **required** to enter an election change reason. These reasons must be accepted qualifying life events in the eyes of the IRS. If the change is being requested for the future, it is considered **pending**. You can review the pending changes by viewing the details.

| Change effective date 😡  | 08/13/201                                     |   |
|--|---|---|
| This election has a pending ch<br>08/15/2018. Click here to view   | nange that will become effectiv<br>v details. | eon   |
| U date Election Cancel   |   |   |
|  |   |   |
| Pending Comparison fo  | r FSA Medical Account                         | Election  |
| Pending Comparison fo  | r FSA Medical Account                         | Election Pending Values   |
| Pending Comparison fo  | r FSA Medical Account                         | Election Pending Values   |
| Pending Comparison fo<br>Election Attributes<br>Iigibility date  | r FSA Medical Account                         | Election<br>Pending Values  |
| Pending Comparison fo<br>Election Attributes<br>Iigibility date<br>lection termination date  | Current Values                                | Election Pending Values 01/01/2018  |
| Pending Comparison fo<br>Election Attributes<br>ligibility date<br>lection termination date<br>urrent annual election amount                     | Current Values                                | Election  Pending Values  01/01/2018  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ |
| Pending Comparison fo<br>Election Attributes<br>ligibility date<br>lection termination date<br>urrent annual election amount<br>ay period amount | r FSA Medical Account Current Values          | Election  Pending Values  01/01/2018  \$1600.00  \$65.00                                    |

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Current benefit elections continued...



| Coverage Amounts                                   |   | Election Attributes   |                      |
|--|---|---|----------------------|
| Benefit Level 1                                    |   | Eligibility date  | 08/15/2018           |
| Combined coverage amount (Max: \$3.000)            |   | Election termination date                                     | _/_/ × ■             |
| \$1250.00  | For AHRA                                  | Annual coverage amount  | \$1250.00            |
| Combined deductible amount (Max: \$1,500)          | plans this<br>denotes the<br>coverage and | Election change reason<br>Election change reason is required. | None                 |
| Per-person deductible amount (Max: \$500)          | deductible tiers.                         | Per period amount Employer portion Required.                  | \$250.00<br>\$250.00 |
| An individual's claim may be paid once their per-p | erson deductible is                       | Change effective date $\Theta$                                | 08/21/2018 🗮         |
|  |   | Update Election Cancel  |                      |

Save your changes!

#### **Add Current Year HSA Election**

From **EFO** you may request a new **HSA** (*Health Savings Account*) account if the employer offers the benefit through <u>HSA</u> <u>Bank.</u> (Other Custodian Banks must be submitted manually to BMS LLC for processing.) You will begin by selecting benefit from the **Available Benefits** list. Follow the prompts to add this benefit. *IMPORTANT: Please note, a true social security number must be provided in the employee profile when enrolled in accordance with the Patriot Act. You must provide an email for all account requests. Also, the ID can be a Drivers Licenses or Passport # for requesting account.* 



| Brutest , Davtest   |  |                              |
|---|--|------------------------------|
| 4200 W 115th St, Ste 300<br>Leawood, KS<br>Social Security Number: ****0041 | Address: 4200 W 115th St, Ste 300<br>Leawood, KS 00011 |                              |
| Employee Number: FFF440041  | Home phone: (913) 000-0000                             |                              |
| Demographics  | Social security number: ****0041                       |                              |
| Debit Card  | Date of birth: 01/01/1970                              |                              |
| Dependents  | E-mail address: Email@wageworks.com                    |                              |
| Direct Deposit  | Form of ID   | 6                            |
| Leave of Absence  | Driver's License                                       | *                            |
| Incurance Dans  | ID number  | After adding a USA election  |
| Current Benefit Elections   | Citizenship status                                     | the site retains the request |
| Future Benefit Elections  | US Citizen   | account details.             |
| Request HSA Account   | Job title  |                              |
|   | Sr Business Analyst                                    |                              |
|   | Save Changes Cancel                                    |                              |

BMS LLC-01/19

## **Manage Insurance Plans and Copays**

From this page insurance plans and copay grids may be created and maintained. To access these features, select the "Actions" tab in the dashboard menu and select "Manage Insurance Plans and Copays". From this screen you will have the ability to edit the plans that are associated with a group. You can define and name the medical, vision, and dental plans. For each you may assign a Copay list.

| Fle           | xOnline  |                                  |                  | 4            | Immediate      | o1 🚦 MHM Sa | mple Comp | any (MHMR/ | SP)  | •     |
|---------------|--|----------------------------------|------------------|--------------|----------------|-------------|-----------|------------|------|-------|
| ns            | Health Automated Test (913) 111<br>Urance Plans  | -1111                            | Dashboard        | Actions •    | Debit Card •   | Reports     | Forms     | About -    | Log  | Out   |
|               | Plan Name  | Plan Type                        |                  |              | -              |             |           |            |      |       |
| +             | Add Insurance Plan                               |                                  | Add              | Insurance    | e Plan.        |             |           |            |      |       |
| ×             | aA1@   | Medical Insurance<br>Plans       |                  |              | 1              |             |           |            |      |       |
| ×             | DaveBales Sketchy Insurance<br>Company           | Other Special<br>Insurance Plans |                  |              |                |             |           |            |      |       |
| ×             | Hey Now Insurance Time                           | Medical Insurance<br>Plans       |                  |              |                | From th     | is scre   | en you r   | nay  |       |
| <b>X ()</b>   | Networh Health                                   | Medical Insurance<br>Plans       |                  |              |                | insura      | ance an   | id give it | a    |       |
| <b>K</b> 👁    | test   | Medical Insurance<br>Plans       |                  |              | usionn         | lame.       |           |            |      |       |
| <b>K ()</b>   | testing  | Medical Insurance<br>Plans       |                  |              |                |             |           |            |      |       |
| <b>K ()</b>   | testingeihteithjeai;theiltnhege                  | Premium Only Plans               |                  |              |                |             |           |            |      |       |
| <b>K</b> 👁    | United Healthcare                                | Medical Insurance<br>Plans       |                  | $\checkmark$ |                |             |           |            |      |       |
|               |  | Add                              | d Insurar        | nce Pla      | an             |             |           |            |      |       |
| Bu            | ttons for deleting insur                         |                                  |                  |              |                |             |           |            |      |       |
| Du            | plans and viewing cop<br>information.            | ay Insur                         | ance plan nai    | me           |                |             |           |            |      |       |
| loye          | ees will still need to b<br>their respective ins | be<br>surance You<br>m the       | u will need to a | idd emplo    | oyees to the r | new insur   | ance pl   | an after s | avin | g it. |
| d to<br>s. Ti | mo may be done no                                |                                  |                  |              |                |             |           |            |      |       |

By assigning a Copay list to an insurance plan you can reduce the number of substantiation requests that are sent to employees. Each Copay created may be named and the dollar amount customized. We recommend only adding Copay amounts that are specified in the **Insurance Plans' Schedule of Benefits and Coverage**. If a \$20.00 Copay is entered under a medical plan an employee on that plan who swipes their card for \$20 at a medical facility will have that claim automatically approved without additional documentation. We do recommend that employees keep documentation handy for their own personal records.

#### Manage insurance plans and Copays continued...

| Сор   | ay Amounts f  | or United Health | care            |        |         |
|-------|---|------------------|-----------------|--------|---------|
| Add a | Copay /   | dd CoPay amount. |                 |        |         |
|       | Insurance Plan  |                  | Claim Type      | Amount |         |
| Ê     | United Healthcare   |                  | MEDDEDUC        | 5      | 20.00   |
| Ô     | United Healthcare   |                  | MEDDEDUC        | 5      | \$50.00 |
| Ô     | United Healthcare   |                  | MEDFEE          | \$     | 10.00   |
| Ô     | United Healthcare   |                  | MEDFEE          | \$     | 15.00   |
| Ê     | United Healthcare   |                  | MEDFEE          | \$     | 25.00   |
| Ô     | United Healthcare   |                  | MEDFEE          | \$     | 50.00   |
| Ê     | United Healthcare   |                  | MEDFEE          | \$     | 65.0    |
| â     | United Healthcare   | $\overline{}$    | RX              | 4      | 15.00   |
|       | Add Cop<br>claim type<br>Claim type is r<br>Copay amoun<br>\$0.00 | ay for United    | Add CoPay name. | Cancel |         |
|       |   |                  | UK              | cancer |         |

# Manage MyFlexOnline Messages

The new **eFlexOnline** portal now has a tool for creating and managing alert and blast messages that can be seen from **MyFlexOnline**. To navigate here select **"Manage MyFlexOnline Messages"** from the **Actions** tab.

|                 |                                  |  |                                       | 5             | 1 mhmras        | p1 🚦 MHM S     | ample Comp | any (MHMRA | SP) -      |   |         |
|-----------------|----------------------------------|--|---------------------------------------|---------------|-----------------|----------------|------------|------------|------------|---|---------|
|                 | Careful Health Automated Test (9 | 13) 111-1111   | Dashboard                             | Actions -     | Debit Card+     | Reports        | Forms      | About+     | Log Out    |   |         |
| New<br>messages | Manage MyFle                     | exOnline Mess  | ages                                  |               |                 |                |            |            |            |   |         |
| may be          | Add New Message                  |  |                                       |               | 1181            |                |            |            |            |   |         |
| added.          | Subject                          | Message Text   |                                       |               | Display<br>Name | URL<br>Address | Start Date | End Date   | Priority   |   |         |
|                 | C Enrollment is underway         | 2018 Open Enrollment is open fro<br>31st. Contact your supervisor with | m October 15th thro<br>any questions. | ugh October   |                 | -              | 08/01/2018 | 10/31/2018 | 1          | h |         |
|                 | × The deadline for 2018          | March 31, 2019 is the last day for                                     | submitting your 2018                  | daims. To     |                 | -              | 01/01/2019 | 03/31/2019 | 1          |   | Summa   |
|                 | claims is approaching            | submit a claim through MyFlexOn<br>Claim" button.                      | line.com, simply click                | the "Submit a |                 |                |            |            |            |   | message |
|                 | C Test message                   | Test message   |                                       |               | -               | -              | -          | -          | 2          |   |         |
|                 | ×                                | Existing messa<br>edited or o  | iges may t<br>leleted.                | be            |                 |                |            |            |            |   |         |
|                 |                                  |  |                                       |               |                 |                | Terms of   | Use Priv   | acy Policy |   |         |

#### Manage MyFlexOnline Messages continued...

In the top left corner of this window you will see a button; **Add New Message**. A new window will pop-up where you can enter the details of your message. This feature may be used for any type of message you desire – Reminders to submit your claims, utilize funds by the plan end/run-out date, or convey other important messages. You will have the ability to set a duration and priority for the message. Priority determines display order. From this page you can also manage or edit existing alerts.

|   |            |         |                      |           |                 |  | mrasp   | 1 E MH | M Sample Corr | pany (MHMRA  | 50) -      |
|---|------------|---------|----------------------|-----------|-----------------|--|---------|--------|---------------|--------------|------------|
| Participant<br>site                                 | <b>c</b> . | reful H | lealth Autom         | ated Test | (913)           | Add Message  |         |        | ts Forms      | About-       | Log Out    |
| messages<br>are added<br>much in the<br>same way as | ſ          | /lar    | nage<br>w Message    | МуF       | le:             | Subject The deadline for 2018 claims is appreaching Message text March 31, 2019 is the last day for submitting your 2018 claims. To submit a | a clain |        | Start Dat     | e End Date   | Priority   |
| employer site<br>messages.                          |            | 8<br>X  | Enrolmen<br>underway | itis      | 2018 k<br>Conta | URL address  |         |        | 08/01/201     | 8 10/31/2018 | 1          |
|   |            | 6<br>×  | Test mess            | age       | Test n          | URL display name   |         |        | -             | -            | Z          |
|   |            |         |                      |           | I               | 01/01/2019   | ×       | =      |               |              |            |
|   |            |         |                      |           |                 | End date   |         |        |               |              |            |
|   |            |         |                      |           |                 | 03/31/2019   | ×       |        |               |              |            |
|   |            |         |                      |           | ı               | Priority   |         |        |               |              |            |
|   |            |         |                      |           |                 | 1  |         | •      |               |              |            |
|   |            |         |                      |           | l               | CK.  | Can     | cel    | Terms         | d Use Priv   | acy Policy |

From the **participant portal** the messages are viewable from their **Alerts and Reminders** module.



BMS LLC-01/19

# **Manage Users**

Administrators can add, edit, and remove users from the portal. When adding a new user, you will need to create their username and provide their email address. *It is important to stay up-to-date with access credentials and remove those who should no longer have access. We recommend having at least two active contacts at a time should a situation arise where one is unable to maintain or access the account.* 

| count.                        |  | Add individual en<br>the creation of th | nployer site<br>e First Tim | e user. Addir<br>ie User Regi | ng a new<br>stration e | user pro<br>mail. | ompts   |         |
|-------------------------------|--|---|-----------------------------|-------------------------------|------------------------|-------------------|---------|---------|
| Careful Health (913) 000-0000 |  | Dashboard                               | Actions +                   | Debit Card 🗸                  | Reports                | Forms             | About-  | Log Out |
| Manage Users                  |  |   |                             |                               |                        |                   |         |         |
|                               | User Name                                      | E-mail                                  |                             |                               |                        | Admini            | strator |         |
| <b>e e i</b>                  | MHMRerUser                                     | decidinaring mono                       | greeks pr                   |                               |                        |                   |         |         |
|                               | mhmsample                                      | Indianati Programa                      | in.com                      |                               |                        |                   |         |         |
| dele                          | Buttons for passwor<br>eting, edit user, and ( | rd reset,<br>delete user.               |                             |                               |                        |                   |         |         |

# **Upload files**

The **File Exchanger** is identical in functionality to previous versions; however, the layout has been updated. The **File Exchanger** is used to transmit data securely between **eFlexOnline** users. To navigate to this section please select the **Actions** option from the **Dashboard** and click **Upload Files**. You may upload **claims**, **contribution**, **enrollment**, **eligibility**, and **other** files by selecting the appropriate category on the dropdown.

| Careful Health (913) 000   | -0000                   | Dashboard            | Actions + | Debit | Card 🗸                               | Reports  | Forms                                | About+                        | Log Out     |
|----------------------------|-------------------------|----------------------|-----------|-------|--------------------------------------|--|--------------------------------------|-------------------------------|-------------|
| File Excha<br>Upload a Fil | nger<br>e               |                      |           |       | Тег                                  | rms of   | Use                                  |                               |             |
| Category<br>Description    | Other                   | Select the proper ca | tegory.   |       | Size<br>File up<br>Files a<br>are do | e Limit:<br>ploads are lim<br>Remova<br>re removed f | nited to 10 I<br>al:<br>irom the sto | MB per file.<br>prage area or | nce they    |
| File<br>Upload File        | Select a File to Upload | _                    | _         |       | File<br>Files ti<br>autorr           | Expirat<br>hat are not di<br>natically purg          | ion:<br>ownloaded<br>ed from the     | within 5 day:<br>storage area | s are<br>a. |

#### **View Uploaded Files List**

To view previously uploaded files please select the **Actions** option from the **Dashboard** and click **View uploaded files list**. Please note, once a file is downloaded It is removed from the storage area. Files that are not downloaded within 5 days are automatically removed from the storage area.

| Sender         Name         Category         Description         ▼ Expiration Date         Modification Date         Creation Date         Size           □         MHMRASP         New form.pdf         Other         test         08/08/2018         08/03/2018         08/03/2018         11:51AM         1   | Fil | e E | xchar   | nger - Up                | loade    | ed Files    | 5                        |                        |                       |        |            |
|--|-----|-----|---------|--------------------------|----------|-------------|--------------------------|------------------------|-----------------------|--------|------------|
| Image: Constraint of the state in |     |     | Sender  | Name                     | Category | Description | <b>T</b> Expiration Date | Modification Date      | Creation Date         | Size   | Originator |
| Image: Design of the system         MHMRASP         NegContExport.txt         Other         tet         O8/08/2018         O8/03/2018         O3/03/2018         O3/03/2018 <t< td=""><td>Ū</td><td>۲</td><td>MHMRASP</td><td>New form.pdf</td><td>Other</td><td>test</td><td>08/08/2018<br/>11:51AM</td><td>08/03/2018<br/>11:51.AM</td><td>08/03/2018<br/>11:51AM</td><td>31,391</td><td>MHMRASP</td></t<>  | Ū   | ۲   | MHMRASP | New form.pdf             | Other    | test        | 08/08/2018<br>11:51AM    | 08/03/2018<br>11:51.AM | 08/03/2018<br>11:51AM | 31,391 | MHMRASP    |
| Image: Design of the state         Other         test         O8/08/2018         O8/03/2018         O8/03/2018         D8/03/2018         D11           Image: Design of the state         Other         test         O8/08/2018         D8/03/2018         D11/01         D11/0  | Û   | ۲   | MHMRASP | NegContExport.txt        | Other    | tet         | 08/08/2018<br>11:51AM    | 08/03/2018<br>11:51.AM | 08/03/2018<br>11:51AM | 87     | MHMRASP    |
| Image: Desite Card Listing xls         Other         test         08/08/2018         08/03/2018         08/03/2018         08/03/2018         839           Image: Desite Card Listing xls         Other         test         08/08/2018         08/03/2018         08/03/2018         08/03/2018         34/  | Ū   | ۲   | MHMRASP | HRA.pdf                  | Other    | test        | 08/08/2018<br>11:51AM    | 08/03/2018<br>11:51.AM | 08/03/2018<br>11:51AM | 11,401 | MHMRASP    |
| 1 ⊕ MHMRASP Debit Card Listing.xls Other test 08/08/2018 08/03/2018 08/03/2018 34,   | Û   | ۵   | MHMRASP | Headcount<br>Billing.csv | Other    | test        | 08/08/2018<br>11:51AM    | 08/03/2018<br>11:51.AM | 08/03/2018<br>11:51AM | 839    | MHMRASP    |
| 11:52AM 11:52AM 11:52AM  | Ï   | ۲   | MHMRASP | Debit Card Listing.xls   | Other    | test        | 08/08/2018<br>11:52AM    | 08/03/2018<br>11:52.AM | 08/03/2018<br>11:52AM | 34,816 | MHMRASP    |
|  |     | 1   |         |                          |          |             |                          |                        |                       |        |            |

#### View claim benefit linkages

The **Claim Linkage** page has an updated, however the content remains the same. It is primarily used to list the claim types linked to each benefit. To navigate to this section please select the **Actions** option from the **Dashboard** and click **View Claim Type Benefit Linkages**. This page is available to all users regardless of access level.

| eFlex <b>Online</b>                                     |   | 2                      | 1 mhmrasp                        | 1 🚦 MHM Sa                         | mple Compa                      | iny (MHMR/       | (SP) 👻     |
|---|---|------------------------|----------------------------------|------------------------------------|---------------------------------|------------------|------------|
| Careful Health Automated Test (9                        | 13) 111-1111 Dashb  | oard Actions+          | Debit Card <del>-</del>          | Reports                            | Forms                           | About+           | Log Out    |
| Claim Type Be<br>Your flexible benefit plan design into | enefit Linkages<br>dicates that the following claim types will be paid  | by the benefits listed | for each type and                | in the order                       | shown.                          |                  | ~          |
| Claim Type  | Linked Benefits   |                        |                                  |                                    |                                 |                  |            |
| ADOPT   |   |                        |                                  |                                    |                                 |                  |            |
| DCARDFEE  |   |                        |                                  |                                    |                                 |                  |            |
| DENCOINS  | 1. HRA - Comprehensive  |                        |                                  |                                    |                                 |                  |            |
| DENCOPAY  |   |                        |                                  |                                    |                                 |                  |            |
| DENDEDUC  | 1. HRA Dental<br>2. HRA Dental<br>3. HRA - Comprehensive  |                        | Page is o<br>claim ty<br>benefit | rganized<br>pes, sho<br>s in pay s | by stan<br>wing link<br>sequenc | dard<br>æd<br>e. |            |
| DENEQUIP  | 1. HRA - Comprehensive  | L                      |                                  |                                    |                                 |                  |            |
| DENFEE  | 1. HRA - Comprehensive<br>2. HRA Dental   |                        |                                  |                                    |                                 |                  |            |
| DEPCARE   | 1. FSA Dependent Care   |                        |                                  |                                    |                                 |                  |            |
| GRPINS  |   |                        |                                  |                                    |                                 |                  |            |
| HSA   |   |                        |                                  |                                    |                                 |                  |            |
| INDINS  |   |                        |                                  |                                    |                                 |                  |            |
| MEDCOINS  | 1. HRA - Comprehensive  |                        |                                  |                                    |                                 |                  |            |
| MEDCOPAY  |   |                        |                                  |                                    |                                 |                  |            |
| MEDDEDUC  | 1. HRA - Comprehensive     2. Advanced HRA - EE Pay 1st     3. Advanced HRA - EE Pay 1st     4. Template A - Unreimbursed Medical     4. Template 1     5. Template 2     6. Template 9     7. Template 4 |                        |                                  |                                    |                                 |                  |            |
|   |   |                        |                                  |                                    | Terms of                        | Jse Priv         | acy Policy |

# Order debit cards for all Eligible Employees

From the **Dashboard Menu** you select **Debit Card** then **Order Debit Cards for all Eligible Employees**. From there you may order debit cards for all eligible employees in a plan. Cards are generally expected within 7-10 business days and will arrive in separate plain white envelopes. You cannot order a replacement card for a current participant – please direct them to <u>www.myflexonline.com</u> to order their own card or contact **BMS LLC** for assistance.

|  |                                   | 2                                | 1 mhmsampl        | e 🚦 MHM Sa | mple Comp | any (MHMRA | (SP) 🔻  |
|--|-----------------------------------|----------------------------------|-------------------|------------|-----------|------------|---------|
| Careful Health Automated Test (913) 111-1111 | Dashboard                         | Actions -                        | Debit Card •      | Reports    | Forms     | About -    | Log Out |
| Order Debit Cards for all Eli                | Order Debit Car<br>View Card Requ | ds for all Eligib<br>est Results | ole Employees (   | 1          |           |            |         |
| MHM Sample Company                           | Ma                                | ss Debit                         |                   |            |           |            |         |
| Include employees with suspended accounts    | Card                              | Request.                         |                   |            |           |            |         |
| Require election amount greater than zero    | Card<br>opti                      | selectior                        | n filter<br>able. |            |           |            |         |
| Request Debit Cards                          | opti                              | ons avail                        | able.             |            |           |            |         |

eFlexOnline will confirm you want to request cards and confirm the order was submitted along with the order number:

| Card Request Submitted  |  |
|---|--|
| Your card request has been submitted and will be processed shortly. The request number for this batch is 1029109. |  |
| ОК  |  |
|   |  |
| Confirm Card Request  |  |

You have selected to request cards for 10 employees. Do you wish to continue with your request?

No

Yes

#### **View Card Request Results**

To view your pending and past requests select **Debit Card** from the **Dashboard Menu**, then **Order Debit Cards for all Eligible Employees**.

|         |              |                          |                          |                         | 2                | 1 mhms      | ample 🚦 MHM S  | ample Comp   | bany (MHMR/  | ASP) 👻  |
|---------|--------------|--------------------------|--------------------------|-------------------------|------------------|-------------|----------------|--------------|--------------|---------|
| Careful | Health Autom | ated Test (913) 111-1111 |                          | Dashboard               | Actions +        | Debit Car   | d - Reports    | Forms        | About+       | Log Out |
| Re      | cent D       | ebit Card (              | Orders                   | Order Debit Card        | s for all Eligib | le Employee | :s             |              |              |         |
|         | Completed    | ▲ Order Number           | Order Date               | View Card Reque         | st Results       |             | rotal Number o | of Participa | nt Cards Ord | dered   |
| ۲       | Yes          | 1028964                  | 06/25/18                 | EFO:mhmsample           |                  |             | 99             |              |              | *       |
| ۲       | Yes          | 1028965                  | 06/26/18                 | EFO:mhmsample           |                  |             | 99             |              |              |         |
| ۲       | Yes          | 1028966                  | 06/26/18                 | EFO:mhmsample           |                  |             |                |              |              |         |
| ۲       | Yes          | 1028967                  | 06/26/18                 | EFO:mhmsample           |                  |             | View Bate      | ch Deta      | ilis, Sort   |         |
| ۲       | Yes          | 1028968                  | 06/26/18                 | EFO:mhmsample           |                  |             | D              |              | -            |         |
| _       |              |                          | Order numb<br>expand bat | er link to<br>ch detail |                  |             |                |              |              |         |

#### **Batch Details**

Click on the specific Order Number line from the Recent Debit Card Orders page to view the card details and **download** any special messages into a .CSV (Excel) file. This page will indicate the status of the card and any relevant messages that may have prevented a card from being ordered.

| ▲ Employee Number | Employee Name | Sort By | Additional Cardholder<br>Name | Request Status | Message   |
|-------------------|---------------|---------|-------------------------------|----------------|---|
|                   |               |         |                               |                | •   |
| Clear Filter      |               |         |                               |                |   |
| ****0811          |               |         |                               | Failed         | Employee's current debi<br>card is not renewable at<br>this time. |
| ****1234          |               |         |                               | Success        |   |
| ****1486          |               |         |                               | Failed         | The employee has not<br>made any spending<br>benefit elections.   |
| ****2176          |               |         |                               | Failed         | The employee has not<br>made any spending<br>benefit elections.   |
| ****2333          |               |         |                               | Success        |   |
| ****3333          |               |         |                               | Failed         | The employee has not<br>made any spending<br>benefit elections.   |
| ****3612          |               |         |                               | Failed         | The employee has not<br>made any spending<br>benefit elections.   |
| ****4887          |               |         |                               | Failed         | The employee has not<br>made any spending<br>benefit elections.   |
| ****5170          |               |         |                               | Failed         | The employee has not<br>made any spending<br>benefit elections.   |
| ****6035          |               |         |                               | Failed         | The employee has not<br>made any spending<br>benefit elections.   |
| ****7478          |               |         |                               | Failed         | The employee has not  |

### Reports

The reports section is organized by report categories. You will notice that the report options have been updated and consolidated from prior versions. You may run and download reports right from the site. From the reports page you will find a **Directory of Reports**. This directory will give you a description and use for each report. Depending on the report you are running you may have different format options: .PDF (**Adobe Acrobat**), .docx (Microsoft Word), xlxs (Microsoft Excel) Flat File, or .CSV (openable in Notepad and Excel).



#### Forms

From the **employer portal** you will see the available forms on the left-hand side. Once a form is selected your browser should automatically begin the download and will either open or save the document depending on your browser's settings. Please ensure that you have a .PDF viewer, such as **Adobe Acrobat** installed on your device.



#### Legal and compliance requirements

This section contains important information regarding the regulations surrounding the offered benefits and compliance requirements. *Please be certain that this information is reviewed by Administrators.* 



# **Glossary**

**Benefits Administrator** – Refers to the BMS LLC who manages the plan and creates and controls the site and plan content within **eFlexOnline**.

EFO - eFlex/eFlexOnline - Refers to the employer site: https://www.eFlexOnline.com

Participant Site - MyFlexOnline - Refers to the participant site: https://www.MyFlexOnline.com

**Co Code** – *Company code* – Often referred to as the employer ID. This is the group's unique identifier. Please contact BMS LLC for this information.

**HRA** – *Health Reimbursement Arrangement* - An employer funded account that can be utilized for various qualified medical expenses as determined by the employer.

**FSA** – *Flexible Spending Account* – An employee funded benefit account that is funded via the employee's payroll. These funds are available up front at the start of the plan year and may be used for IRS approved section 125 items and medical, vision, dental and prescription expenses.

**DCA/DCFSA** – *Dependent Care (Flexible Spending) Account* – An employee funded benefit account that is funded via the employee's payroll. These funds are available up front at the start of the plan year and may be used for IRS approved section 125 services to provide care to qualified dependents for the purposes of the employee going to work.

**HSA** – *Health Savings Account* – This account is funded by either the employee or the employer and may be used for qualified section 125 IRS expenses. These funds are owned by the employee and are held with a custodial bank.

If you have any questions regarding the above details, please contact BMS LLC directly at (502)244-1161 or (800)919-2674. You can also reach us by email at <u>BMS\_Marketing@bmsllc.net</u>. Thank you!