

IOWA

HealthEquity®

2024
FLEXIBLE SPENDING
ACCOUNT
PROGRAM GUIDE



CONTENTS

3

PROGRAM OVERVIEW

ELIGIBILITY;
ANNUAL CONTRIBUTION LIMITS

4 - 5

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

ELIGIBLE DEPENDENTS;
ELIGIBLE AND INELIGIBLE EXPENSES

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

ELIGIBLE DEPENDENTS;
REQUESTING REIMBURSEMENTS;
ELIGIBLE AND INELIGIBLE DEPENDENTS

6 - 9

ENROLLMENT

EFFECTIVE DATES

MAKING CHANGES

QUALIFYING EVENTS TO MAKE CHANGES

WHAT HAPPENS TO YOUR FSA UNDER SPECIFIC SITUATIONS

WHILE ON A LEAVE OF ABSENCE;
FOLLOWING TERMINATION OF EMPLOYMENT;
REHIRED WITHIN THE SAME YEAR;
COBRA

10 - 13

HEALTH EQUITY

WHAT HealthEquity OFFERS OUR PLAN PARTICIPANTS;
ONLINE PARTICIPANT PORTAL;

USING YOUR FSA DOLLARS

USING YOUR HEALTH CARE VISA CARD;
EZ RECEIPTS MOBILE APP;
ONLINE PARTICIPANT PORTAL;
PAPER CLAIMS BY FAX OR MAIL

14-16

HEALTH EQUITY STANDARD DOCUMENTATION (THE MAGIC 5)

DOCUMENTATION REQUIREMENTS
HOW TO FIND EOBs FOR UI HEALTH AND DENTAL PLANS

PROCESSING TIMELINES

IMPORTANT DEADLINES

RECEIVING PAYMENT

HOW TO SET UP DIRECT DEPOSIT

APPEALS

NOTICE OF CLAIM DENIAL
APPEALING A DENIED CLAIM
APPEAL REVIEW PROCESS

The university reserves the right at any time to modify or amend, in whole or in part, or terminate the benefits provided in this booklet with respect to any individual receiving benefits. Although the university has elected to provide these benefits, no individual has a vested right to any of the benefits provided. Nothing in this booklet gives any individual the right to continued benefits beyond the time the university modifies, amends, or terminates the benefit. Anyone seeking or accepting any of the benefits provided will be deemed to have accepted the terms of the benefits programs and the university's right to modify, amend or terminate them.

Every effort has been made to ensure the accuracy of this book; however, if statements in this book differ from applicable contracts, certificates, and riders, then the terms of those documents will prevail. All benefits are subject to change.

PROGRAM OVERVIEW

A Flexible Spending Account (FSA) allows you to set aside pre-tax dollars into an account to reimburse eligible expenses. By participating in an FSA, you lower your taxable income as contributions are made on a tax-free basis.

The Health Care FSA is used to pay for eligible out-of-pocket medical, vision, and dental care expenses for you and your eligible dependents.

The Dependent Care FSA is used to pay for eligible dependent care expenses such as daycare for a dependent child under the age of 13 or elder care for a dependent adult while you and your spouse, if married, work (or if your spouse is a full-time student or disabled).

You may choose to contribute to one or both of these accounts. You can contribute unused benefit credits and/or pre-tax dollars to your FSA(s) through payroll deductions.

Unused benefit credits automatically default into a Health Care FSA or can be designated to a Dependent Care FSA through enrollment in Employee Self Service.

As you incur qualified expenses, you can claim amounts up to your total annual healthcare contribution from your Health Care FSA at any time during the year. However, you may only receive reimbursement up to the amount available in your Dependent Care FSA when you request reimbursement.

2024 FSA CONTRIBUTION LIMITS

Health Care

\$3,050

Dependent Care

\$5,000

per household


ELIGIBILITY

WHO?

- Benefit-eligible faculty and staff paid on a monthly basis, whose salary is subject to state and federal taxes.
- Benefits-eligible employed graduate students or postdoctoral scholars if paid on a monthly basis with income subject to state and federal tax withholding.

WHEN?

Benefit-eligible employees may enroll within 30 days of hire or an employee may enroll within 30 days of becoming newly eligible for benefits. The employee may also enroll during the annual benefits open enrollment period, with elections effective the first of the following year.

Employees may be eligible to enroll or change their elections during the year if they experience a [qualifying event](#). 

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Qualified medical expenses can be reimbursed tax-free through your Health Care Flexible Spending Account. These expenses are defined by the Internal Revenue Code Section 213d.

You can request reimbursement for eligible expenses, up to your annual pledge, at any time the account is active during the year. Any funds pledged to an FSA for eligible expenses not incurred by Dec. 31 will be forfeited. Balances remaining at the end of the plan year, for which eligible expenses have not been incurred and submitted, cannot be carried over into the next year.

ELIGIBLE DEPENDENTS



Under the Internal Revenue Code, you can use your account to receive reimbursement for qualified expenses for yourself, your spouse, and qualifying tax dependent(s). This program cannot reimburse expenses for a domestic partner who is not a qualified tax dependent.



The **key** to making the most of your Health Care FSA is understanding the expenses that qualify for reimbursement.

Review HealthEquity's [Qualified Expense List](#)

ELIGIBLE EXPENSES

When submitting a claim for reimbursement, you are responsible for ensuring the expenses are allowable per the IRS and plan guidelines and appropriate supporting documentation is provided. If you want more information, you can refer to the eligible expense list on your [HealthEquity member portal](#), IRS Publication 502, or consult your tax advisor.

Any expense covered by an insurance plan must be processed by the insurance company first before consideration can be given for reimbursement from a healthcare FSA.

Some expenses require a Letter of Medical Necessity (LMN) to be submitted with your claim. If approved, the letter is valid 12 months from the issue date. The letter must be valid on the date the expense is incurred to be eligible for reimbursement.

To download a Letter of Medical Necessity, log in to your HealthEquity portal through Employee Self Service, and select "General Forms" under Manage Account heading.

INELIGIBLE EXPENSES

Items or services purchased for personal hygiene, cosmetic, or general health purposes can be ineligible expenses. Please note that submitting a Letter of Medical Necessity for ineligible items does not make the item eligible for reimbursement.

Review the HealthEquity [Qualified Expense List](#) and the [Non-Qualifying Medical Expense list](#).

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

The Dependent Care Flexible Spending Account allows for tax-free reimbursement of eligible expenses that can pay for services such as preschool, summer day camp, before and after school programs, and child or elder daycare.

This type of account is a simple way to save money while taking care of your loved ones so that you can continue to work. You decide how much you will contribute to your dependent care account, and funds are withdrawn automatically from each paycheck pre-tax and put into your dependent care FSA.

The IRS sets the annual contribution limits for Dependent Care Flexible Spending Accounts. You can contribute up to the maximum of \$5,000 if you are married and file a joint tax return or \$2,500 if married and file a separate tax return.

ELIGIBLE DEPENDENTS



- Your dependent child(ren) under the age of 13 who are claimed as dependent(s) on your federal income tax return or dependent children under the age of 13 who are in your custodial care for 50% of the time or greater.
- A spouse, parents, or other tax-dependent adults who reside with you and are physically or mentally incapable of self-care.

REQUESTING REIMBURSEMENTS

To comply with IRS regulations, dependent care expenses cannot be reimbursed until after the service has been provided.

Reimbursements can only be processed up to the amount you have already contributed for the plan year.

If your request exceeds the balance available in your Dependent Care FSA, you will continue to be reimbursed as funds become available in your account. You will not have to resubmit these expenses.

ELIGIBLE & INELIGIBLE EXPENSES



Eligible dependent care expenses



Ineligible dependent care expenses



ENROLLMENT

When hired into a benefit-eligible position, eligible employees can enroll in the FSA program. Enrollment must be completed within 30 days of hire in a position eligible for FSA participation. You cannot enroll, change, or cancel your contribution amount during the year unless you experience a qualifying event. The change must be consistent with the qualifying event.


➔ PRIOR TO ENROLLING

Determine the annual contribution you want to make to health care and/or dependent care FSA. These accounts are subject to the IRS "Use it or Lose it" rule. Contribute only the amount you are reasonably sure you will spend on qualified expenses annually.

Your expenses must be incurred by December 31 of the plan year. Any unclaimed funds in your FSA as of April 30 of the following year are forfeited. Further, you cannot transfer funds between the two types of accounts.

➔ COMPLETE YOUR ENROLLMENT

Once you have determined your annual contribution amount, you must complete your benefits enrollment through Employee Self Service. Enrollment in the FSA program may also occur during each year's annual open enrollment event.

Employed grad students and postdoc scholars should use the [Salary Reduction Agreement for Spending Accounts form](#)  to complete their enrollment.

➔ YOUR CONTRIBUTIONS

Your annual contribution is split into equal amounts over 12 paychecks. If you enroll mid-year, deductions will be equally split among the remaining paychecks of the year.

The online enrollment system only allows you to enter the maximum monthly amount based on 12 months.

If you are enrolling midyear and want to contribute more than the system allows, please contact University Benefits by email at benefits@uiowa.edu.

EFFECTIVE DATE

The eligibility period begins the first of the month following your enrollment or change in benefits. Reimbursements can only be processed for expenses incurred on or after your effective date through the end of the applicable plan year.

IMPORTANT

You can only change your FSA outside of open enrollment if you have a qualifying event. Unless specified otherwise, a change request must be made within 30 days of the life event or 60 days of birth/adoption. Changes permitted are limited to those consistent with the reason for the change.

FSAs are an IRS-regulated benefit, and your FSA enrollment does not carry over from year to year. If you participate in the FSA program through pre-tax salary contributions, you must re-enroll each year during open enrollment to continue participating for the following tax year.

Unused credits will automatically default to a Health Care FSA. If you would like to contribute your funds through salary reduction or designate unused credits to a Dependent Care FSA, you must actively make an election and complete your open enrollment event in Employee Self Service. Verify your enrollment by logging in to your HealthEquity member portal through Employee Self Service under the FSA section.

MAKING CHANGES TO YOUR FSA



QUALIFYING EVENTS TO MAKE CHANGES

Certain qualifying events allow you to increase or decrease your election if you are already participating. Some events allow you to make a new election.

HEALTH CARE FSA

- Marriage
- Divorce / legal separation
- Birth or adoption (changes must be made within 60 days)
- Death of a spouse or eligible dependent
- Change in employment status that affects the eligibility of an employee, spouse, or dependent
- Loss or gain of health or dental coverage if the change impacts your out-of-pocket health care costs
- Entitlement to, or loss of eligibility for, Medicare/Medicaid/SCHIP for employees or dependent

You can change your FSA contribution(s) during the annual open enrollment period, which is typically held in Nov. with changes effective Jan 1.

DEPENDENT CARE FSA

- Marriage
- Divorce / legal separation
- Birth or adoption (changes must be made within 60 days)
- Death of a spouse or eligible dependent
- Dependent no longer eligible (a child reaches age 13)
- Change in employment status that affects the eligibility of an employee, spouse, or dependent
- Change in childcare provider / significant change in cost


Examples that would allow you to make a change to your:

HEALTH CARE FSA

1. If you cease to be married, you may decrease your election due to your former spouse losing eligibility. You may enroll or increase your election only if you have lost coverage under your former spouse's Health Care FSA plan.
2. If you gain a dependent, you may enroll in or increase your election due to the addition of a dependent. If you lose a dependent, you may decrease your election.

DEPENDENT CARE FSA

1. You may enroll or increase your election amount to take into account the daycare expenses of new dependents.
2. You may enroll or increase your election if coverage is lost under your spouse's Dependent Care FSA.
3. You may decrease your election or cancel future contributions if dependent eligibility is lost.
4. You may increase or decrease your election consistent with a change in qualified Dependent Care expenses.

If you experience a qualifying event mid-year that would allow you to increase or decrease only your FSA amounts only, please submit a [Salary Reduction Agreement form](#)  to University Benefits. Changes become effective the first of the month following the event.

The University of Iowa reserves the right to require documentation to verify a qualifying event at any time.

YOUR FSA...

WHILE ON A LEAVE OF ABSENCE

A participant may continue their Health or Dependent Care FSA while on unpaid FMLA or military leave as long as the participant remains eligible. A participant loses coverage under the Dependent Care FSA if the person is on leave, not actively seeking other employment, and is capable of self-care.

If a participant wishes to continue coverage while on unpaid FMLA leave, the participant may pay contributions while on leave. Contributions will no longer be pre-tax dollars. Participants may only receive reimbursement for services incurred when active contributions to the account were made.

FOLLOWING TERMINATION OF EMPLOYMENT

HEALTH CARE FSA

Eligible expenses must be incurred by the end of the month your employment ends. You may submit claims for these expenses until April 30 of the following year. Expenses incurred after the end of the month in which your employment ends will not be reimbursable unless you continue contributions on an after-tax basis through COBRA. All funds remaining after April 30 of the following year are forfeited.

University Benefits sends a weekly enrollment and termination file to HealthEquity. If an employee is listed terminated, HealthEquity will deactivate the health care Visa card effective on the last day of employment. A participant can still be reimbursed for expenses incurred through the end of the month of termination by submitting claims online in the member portal or submitting paper claims directly to HealthEquity.

DEPENDENT CARE FSA

All services must be incurred by Dec. 31 of the year in which your employment ends. Any funds not claimed by April 30 of the following year will be forfeited. Per IRS regulations, you can only be reimbursed up to the amount in the account at termination.

YOUR FSA...

WHEN REHIRED WITHIN THE SAME YEAR

If an individual participating in the FSA program terminates employment and is rehired in a new calendar month of the same calendar year, year-to-date FSA contributions and reimbursements will be factored into FSA elections for the remainder of the year following the rehire date.

Scenario 1 - Contribute more than the previous election

- The employee must elect a monthly contribution amount higher than the previous monthly contribution amount. The total annual contribution will be based on previous contributions plus new monthly contribution amount times remaining paychecks in calendar year.

Scenario 2 - Contribute less than previous election

- Contributions cannot be less than the amount already reimbursed for the calendar year. The total annual contribution will be based on previous contributions plus the new monthly contribution amount times the remaining paychecks in the calendar year.

Scenario 3 - Contribute the same as previous election

- The employee must elect a monthly contribution amount equal to the previous monthly contribution amount. The total contribution will be based on previous contributions plus the new monthly contribution amount times the remaining paychecks in the calendar year.

Please note, FSA election amounts may be adjusted by University Benefits if necessary to cover previously reimbursed funds exceeding year-to-date contribution amounts.

COBRA

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows you to continue your Health Care FSA with after-tax contributions after losing your eligibility to participate (for example, due to termination of your employment). To submit claims for expenses incurred after you become eligible for COBRA, you must continue your FSA through COBRA. COBRA information is mailed to your home after the loss of eligibility/coverage.

HealthEquity®

HealthEquity is a nationwide leader providing administrative services for Flexible Spending Accounts (FSA). HealthEquity combines intuitive technology and remarkable service, allowing the University to simplify the FSA experience and empower our employees to achieve more.

In 2019, HealthEquity acquired WageWorks. There are some areas of the website and documents where WageWorks is mentioned.

What HealthEquity offers our plan participants:

- Online participant portal for easy account management
- Faster reimbursement
- 24/7-member service support
- HealthEquity FSA Visa card to use for eligible health care expenses
- Flexible claims submission and reimbursement tools: electronic and paper options
- A mobile app to use while on the go
- Resources (e.g., webinars, videos, FSA calculator) at your fingertips

ONLINE PARTICIPANT PORTAL

Log in to your online participant portal by visiting <https://hris.uiowa.edu/fsa-account>, enter your HawkID and password, and be directed to your HealthEquity member homepage.

On your HealthEquity member portal, you can:

- verify the contribution amounts you elected for the current plan year and the amount you have already contributed
- submit health care and/or dependent care claims
- find forms and eligible expense lists
- review your recent activity
- if you are enrolled in health care FSA, manage your health care Visa card by adding authorized users, ordering new cards
- access messages that have been sent to you from HealthEquity
- add your email address to receive communications regarding claims
- request help by using the chat or the Show Me How to function

USING YOUR FSA DOLLARS

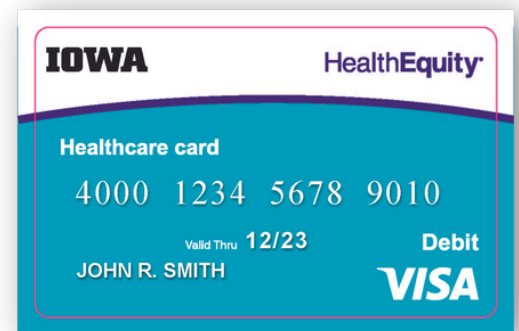
Your FSA is governed by IRS regulations that detail who is eligible to use the account and where and how the money in it is to be used. Your FSA was designed to be simple. To keep it that way, it's important to comply with the IRS regulations that govern the program. The following guidelines will help you avoid any inconvenience.

- Ensure account funds are only spent on expenses for eligible people.
- Know what expenses are eligible. Log in to your HealthEquity account at <https://hris.uiowa.edu/fsa-account> to review the eligible expense lists.
- Keep your receipts. Save receipts that describe precisely what you paid for. Ensure the amount and service date - not the payment date - are included.
- Keep track of your FSA balance. Plan to spend the full contribution.

HealthEquity accepts claims via multiple methods, including the healthcare Visa card, EZ Receipts mobile app, online participant portal, toll-free fax, or mail. Further, direct payments to healthcare and dependent care providers can be scheduled.

USING YOUR HealthEquity® VISA CARD

Healthcare FSA plan participants will receive a HealthEquity Visa card in the mail to the address the university has on file for the employee. The employee is not required to use this Visa card, and they may securely destroy the card or choose not to activate the card.



Use your HealthEquity Healthcare Visa Card (Card) instead of cash or credit at healthcare providers and pharmacies for eligible services, goods, and prescriptions. You can also use the healthcare Card at general merchants and drug stores with an industry-standard (IIAS) checkout system that can automatically verify if the item is eligible for purchase with your account.

➔ FIND WHERE & HOW TO USE YOUR CARD

- Go to <https://sig-is.org/cardholders> to review a list of eligible merchants, like drug stores, supermarkets, and warehouse stores, that accept the healthcare Card. When you swipe your healthcare Card at the checkout, choose "credit" (even though it isn't a credit card).
- Consider paying for items or services on the day you receive them. If your health plan covers a portion of the cost, make sure you know what amount you need to pay before using the healthcare Card, by presenting your health plan member ID card first, so the merchant can identify your copay or coinsurance amount and ensure the service is claimed to your healthcare, dental, or vision insurance plan.
- Save your receipts or digital copies. you will need them for tax purposes. Plus, even when your healthcare Card is approved, a detailed receipt may still be requested. If you've lost or can't produce a receipt for an expense, your options may range from submitting a substitute receipt to paying back the plan for the amount of the transaction.
- If you use your healthcare Card at an eye doctor or dentist's office, HealthEquity will most likely ask you to submit an Explanation of Benefits (EOB) or other documentation for verification. Failure to do so may result in your healthcare Card being suspended.

→ LOST, STOLEN, OR NEVER RECEIVED YOUR CARD

If you lose your healthcare Card or it was stolen:

- Please call HealthEquity immediately at 866-346-5800, report it lost or stolen, and request for a new card to be sent out.
- You will be responsible for any charges until you report it lost/stolen.
- If you see transactions on your card account that you did not make, you can dispute them by contacting member services. The transaction must be disputed within 90 days. Only the account holder can dispute charges.

If you never received your healthcare Card, verify that the correct address is listed for you in your HealthEquity member portal.

- If the portal shows an incorrect address, return to Employee Self Service and update your address ASAP. The Benefits Office sends a weekly file to HealthEquity. The entire process can take up to 10-15 business days.
- If your address is correct in the member portal, please call HealthEquity Member Services at 866-346-5800.

→ ORDER ADDITIONAL CARDS FOR FAMILY MEMBERS

Once you have completed your account set-up within the HealthEquity member portal, you may request an additional card to be sent to your home for a spouse/partner or dependent children. All cards are mailed to the primary account holder's address.

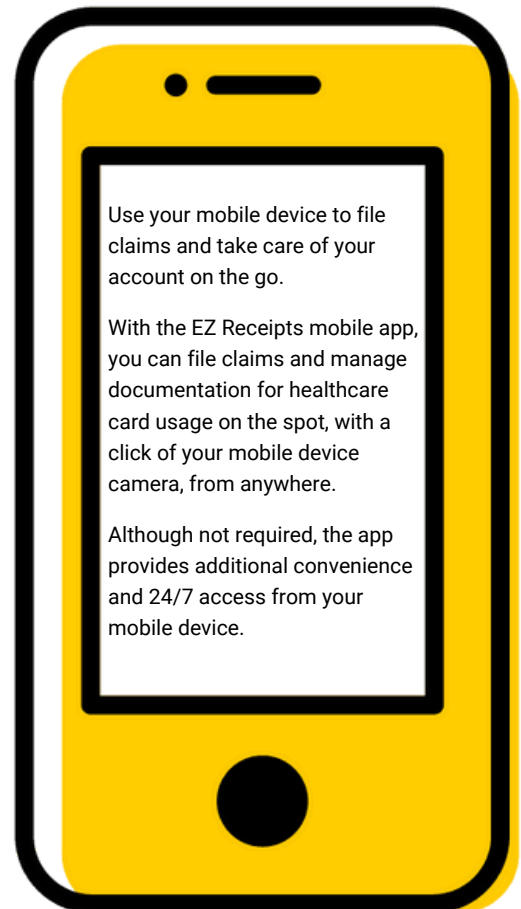
→ TERMED EMPLOYMENT

When an employee terminates from the University, HealthEquity will deactivate the healthcare Visa card on the termination date. You may still submit claims within the online member portal.

EZ RECEIPTS MOBILE APP

EZ Receipts require a separate username and password, which can be set up on your profile once your account is live. To use EZ Receipts:

- Log in to your member portal at <https://hris.uiowa.edu/fsa-account>. Select your initials in the upper right corner of the screen. Next, you will select Modify your FSA profile. Select the Username & Password on the left, provide the needed information, and choose the save button.
- Download and log in to the EZ Receipts app using your new credentials.
- Choose the type of receipt from the simple menu.
- Enter some basic information about the claim or healthcare Card transaction.
- Use your mobile device camera to capture the documentation.
- Submit the image and details to HealthEquity.



ONLINE PARTICIPANT PORTAL

You can pay many of your eligible healthcare and dependent care expenses directly from your FSA without using paper forms.* It's quick, easy, secure, and available online at any time.

Pay My Provider

- Go to <https://hris.uiowa.edu/fsa-account>, and log in with your HawkID and password.
- Once you have logged in to your HealthEquity member portal, select "Submit Receipt or Claim."
- Select "Pay My Provider" from the menu and follow the instructions.
- Make sure to provide an invoice or appropriate documentation. When you're done, HealthEquity will schedule reimbursement to be sent per the payment guidelines. If you pay for eligible, recurring expenses, follow the online instructions to set up automatic payments.

*You must, however, provide documentation. For more information about the documentation requirements and payment guidelines, visit the [Help Center](#) or the [HealthEquity Learn site](#).

Pay Me Back

- Go to <https://hris.uiowa.edu/fsa-account>, and log in with your HawkID and password.
- Once you have logged in to your HealthEquity member portal, select "Submit Receipt or Claim."
- Select "Pay Me Back" from the menu and follow the instructions.
- Fill in all the information requested on the form and submit.
- Scan or take a photo of your receipts, EOBs, and other supporting documentation.
- Attach supporting documentation to your claim by using the upload utility.
- Make sure your documentation includes the five following pieces of information required by the IRS:
 - Date of service or purchase
 - Detailed description
 - The provider or merchant name
 - Patient/dependent name
 - patient portion or amount owed

TYPES OF
DOCUMENTATION
ACCEPTED:

.JPG
.PDF
.TIFF
.GIF
.PNG

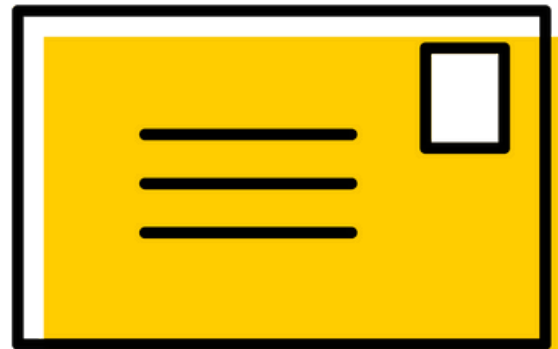
NO LARGER
THAN 5MB

PAPER CLAIMS BY FAX OR MAIL

If you prefer to submit a paper claim by fax or mail, download a Pay Me Back claim form at <https://hris.uiowa.edu/fsa-account> and follow the instructions for submission.

Fax: 877-353-9236

US Mail: CLAIMS ADMINISTRATOR,
P.O. Box 14053, Lexington, KY, 40512



HealthEquity® STANDARD DOCUMENTATION

The Magic 5

HealthEquity's documentation requirements:



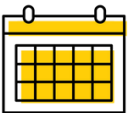
Name of patient/dependent

The name of the person who received the service, care, or for whom the item was purchased. For retail store purchases, this information may be excluded.



Name of provider

The provider that delivered the service, or where the care was provided, or where the item was provided.



Date of service/care

The date on which services were provided, the date of care or the date the item was purchased.



Type of Service

A detailed description of the service provided or item purchased. A bag tag is sufficient for prescriptions. A detailed description of the service for the dependent(s) needing care.



Cost

The amount paid for the service, care for an eligible dependent, or product and/or the portion not reimbursed through your insurance carrier.

NOTE:

Medical expenses that can be reimbursed through any other source, such as group health insurance, are not reimbursable.

Per IRS and plan guidelines, any expense covered by an insurance plan must be processed through the insurance plan before consideration can be given for reimbursement from a Health Care FSA.

If you use a private caregiver, visit the HealthEquity Dependent Care Reimbursement Form for more instructions.

Although it is not required, it is highly recommended that you attach your explanation of benefits (EOB) with your claim for reimbursement. An EOB typically has all the information you need to submit.



How to find EOBs for UI health/dental plans:

- Log in to your [MyWellmark member portal](#) for health insurance EOBs.
- Log in to your [Delta Dental of Iowa Member Connection portal](#) for dental insurance EOBs.

PROCESSING TIMELINES

Most claims are processed within one to two business days after submission, and payments are sent shortly after that. If additional information is required, reimbursement will be delayed. Information for denied claims can be found on your HealthEquity portal under Claims & Activity.

Claims are processed for payment daily; because of claim volume, we cannot guarantee that claims received on a specific day will be processed on that day's payment cycle.

IMPORTANT DEADLINES

- Expenses must be incurred by December 31 of the year in which funds are contributed to the spending account.
- You may file for reimbursement at any time during the year, but no later than April 30 of the following year, for services received during the applicable plan year.
- If you terminate employment during the year, health care spending account expenses must be incurred by the last day of the month your employment ends. You have until the end of the year to incur expenses for dependent care.

RECEIVING PAYMENT



To authorize HealthEquity to deposit your FSA payments directly into a bank account, you must set up direct deposit on your HealthEquity portal.

Direct deposit should be set up before submitting your first claim to receive reimbursement as quickly as possible. If direct deposit is not set up before your first claim, payment will be made by paper check and sent to the home address the University of Iowa has on file for you, and it may take up to three weeks to receive payment.

You do not have to set up direct deposit, if you prefer to receive your reimbursements by check. A paper check is the default option, but you can change it at any time on your HealthEquity member portal.

HOW TO SET UP DIRECT DEPOSIT

1. Log into your HealthEquity member portal through Employee Self Service: <https://hris.uiowa.edu/fsa-account>
2. Select your profile in the upper right-hand corner of your screen.
3. On the left-side menu, select "Reimbursement Method."
4. Select "Direct Deposit" and fill out the required banking information.
5. A pre-note process will confirm your account and routing number.

Direct Deposit will be set up in approximately 7-10 business days. If you have any issues or questions, please contact HealthEquity customer service at 877-924-3967.

APPEALS

NOTICE OF CLAIM DENIAL


If a dependent or health care FSA claim is denied in whole or part, you will receive a written email notice from HealthEquity/WageWorks as long as you have an email address updated on your member portal. The notice will be provided within 30 days after receipt of the claim and will include the following:


- **The reason for denial;**
- **A reference to the pertinent FSA Program provisions on which the denial is based;**
- **A description of any additional material or information necessary; and**
- **An explanation of the claim review procedures and time limits applicable to those procedures**

APPEALING A DENIED CLAIM

If your claim remains denied and you believe you have provided accurate information and documentation, you can take the next step by filing an appeal. You'll need to submit your appeal in writing by mail or fax. It cannot be done online through your HealthEquity member portal.

The HealthEquity Appeals Team must receive this appeal within 180 days of the date of the original denial. It will take 30 days to notify a member of the appeal decision or outcome, and your decision will be sent via postal mail.

 **HEALTHEQUITY
CLAIMS APPEAL BOARD
PO BOX 14034
LEXINGTON, KY 40512**

 **OR YOUR APPEAL
CAN BE FAXED TO:
FAX NUMBER:
1-877-220-3248**

You are welcome to submit additional information related to your claim along with your appeal, such as written comments, documents, records, a letter from your health practitioner indicating the medical necessity of the denied product or service, and any other information you feel will support your claim.

You can request copies of all documents and information related to your denied claim. These will be provided at no charge.

APPEAL REVIEW PROCESS

Your appeal will be reviewed by a person who was not involved with the initial claim denial and who is not a subordinate of any person who was. The review will be a fresh look at your claim and appeal without deference to the initial denial and will take into account all information submitted with your claim and/or appeal.

You will be notified of the decision regarding your appeal in writing by HealthEquity within 30 days of receipt of your written appeal.

All determinations by the University's FSA administrator (HealthEquity) are final and binding. You must exhaust the claims and appeal procedures of the FSA before you may file a suit in court. If you exhaust those procedures and decide to file a suit in court, that suit must be brought within one year following the date that the decision to deny your appeal was made.

Questions?

HealthEquity makes it easy for you to get the help you need now. Please call 877.924.3967 or visit the Support Center at www.healthequity.com/wageworks to find answers to frequently asked questions, necessary forms, videos, and other valuable resources. HealthEquity also has 24/7 Live Chat to assist you.

Download the EZ Receipts® mobile app to manage your FSA with ease! Use your mobile device to file claims and handle your account paperwork from anywhere. Visit <https://healthequity.com/mobile-app> to learn more.

IOWA™