

**Dr. Roberto Padilla**

Mr. Ed Forgit  
Mr. Michael McLymore  
Mr. Gregory Kerr  
Ms. Sara Feliz

**Superintendent of Schools**

Deputy Superintendent  
Asst. Superintendent, Human Resources  
Asst. Superintendent, Finance  
Asst. Superintendent, Curriculum & Instruction

Dear Employee,

Welcome to INROLL, the Newburgh Enlarged City School District Employee Benefits Portal – your online employee benefits website!

Beginning on 9/1/16, this 24/7 website has been created to provide you with an efficient way to enroll and make changes to your Wage Works Flex Plan:

- Unreimbursed Medical Expenses
- Dependent Care

You will be able to enroll or decline coverage during the District's open enrollment periods; however, you will also be able to make changes to your insurance (i.e. dependents and mailing address) at any time.

In the portal, you can also obtain information and answers to your questions regarding your 403B Retirement Benefit and other benefit plans.

Our goal is to empower you through this tool to meet your specific needs, as well as enhance your understanding of our benefit programs. Specifically, you will have access to the various benefit summaries, forms, and links to important sites.

Your benefits are an important part of your total compensation, so we invite you to familiarize yourself with details of these plans and encourage you to seek clarification when necessary.

Should you have any questions regarding INROLL, please contact the portal's provider: U.S. Employee Benefits, Kristen Coolbaugh 1-855-562-7821 x102 or if you have benefit questions, please contact Keisha Martinez, Health Benefits Specialist Newburgh Enlarged City School District (845) 563-3467.

Thank you,

Michael McLymore  
Assistant Superintendent of Human Resources



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September 1<sup>st</sup>, 2016

Open enrollment for the District's Flexible Spending Account (FSA) through Wage Works will run from Thursday 9/1/16- Friday 9/23/16. You will have the option to enroll in Flex for Unreimbursed Medical Expenses, Dependent Care or both. This year, there will be a new on line enrollment procedure which will eliminate the paper enrollment form (SRA). The District will be utilizing a new benefit portal through INROLL and U.S. Employee Benefits. In order to enroll in the Flex Plan this year, you will need to go to their link <https://www.inrollplus.com> log in and create an account.

Anyone who was hired prior to 9/1/16 should use 9/1/1980 as their default birth date when logging in for the first time. Once you are logged into the system, you will be asked to create a User Name and Password. When you arrive at the Welcome Screen, you should then go into Manage Profile to update your date of birth. You can then make your selections for the Flex Plan. The annual maximum contribution for an employee for Unreimbursed Medical Expenses is \$2550.00 and the annual maximum contribution for the Dependent Care is \$5000.00. The plan year runs from 10/1/16-9/30/17. Your annual election amount will be divided over 19 pay periods and will commence on 10/14/16.

The INROLL portal will be open for Flex Plan enrollment during the open enrollment period 9/1/16-9/23/16 and it will then be closed. It will reopen again for our District's Open Enrollment period, October and November, so you can make changes to your health insurance plan or enroll in a new insurance plan if not already enrolled in District insurance. The portal will then remain open for any Changes of Family Status requests that may occur throughout the year such as a marriage, births, address updates, etc. and for new hires to enroll in an insurance plan.

If you have any questions regarding Flex Plan benefits, please contact Keisha Martinez at (845) 563-3467. If you have any questions regarding INROLL, please contact Kristin Coolbaugh, U.S. Employee Benefits 1-855-562-7821 x102.

Thank you,

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Asst. Superintendent, Curriculum & Instruction

August 30<sup>th</sup>, 2016

**Flex Plan Information:**

As part of its benefits package, the District offers a Flexible Spending Account through Wage Works. Under the Flex plan, there are two options available Unreimbursed Medical and Dependent Care. You can elect to enroll in one or both options.

**Unreimbursed medical expenses-** There is a limit of \$2550.00 per plan year. If your spouse also has an FSA he/she can contribute up to the annual maximum per plan year. You may not submit the same claims to both accounts. You will elect the annual amount you want deducted from your paycheck on a pre-taxed basis and the amount will be divided by 19 pay periods. If you do not utilize all of your funds in the given plan year, you will be able to carry over up to \$500.00 from the previous plan year into the new plan year. A listing is attached of unreimbursed medical expenses that qualify and any additional documentation that may be required. You may also be required to provide a receipt to Wage Works before a transaction is deemed paid by the FSA card. You can utilize the FSA Debit card and access funds immediately for eligible expenses. The debit card will be preloaded with the full amount of your annual contribution, so you have full access to funds even if you have not contributed the full amount for the year. You can also elect to submit claims manually by completing a paper claim form.

**Dependent Care Expenses-** There is a maximum limit of \$5000.00 per family for dependent care expenses. With the Dependent Care Expense Account, you cannot submit for a reimbursement of more than what you have available in your account. If you are submitting a bill for daycare expenses for \$300.00, you must have \$300.00 in contributions on deposit before you will get reimbursed. This is different than the Unreimbursed Medical Expense account which allows full access to funds upfront. You can also submit paper claims directly to Wage Works for reimbursement.

Included in this packet are paper claim forms for both Unreimbursed Medical and Dependent Care Expenses. Please be advised that open enrollment for the Flex Plan begins on September 1<sup>st</sup>, 2016 and ends on September 23, 2016. If you are interested in enrolling in the Flex plan, you must enroll through the new INROLL system. The plan year runs from October 1<sup>st</sup> 2016- September 30<sup>th</sup>, 2017. The first payroll deduction will be on October 14<sup>th</sup>, 2016.

# Healthcare FSA with Carryover

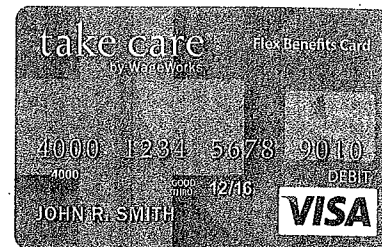
## HOW IT WORKS

Simply decide how much to contribute, and funds are withdrawn from your paycheck for deposit into your account before taxes are deducted. Your total annual election amount is available on day one of your plan year.

This new Healthcare FSA lets you carry over up to \$500 in account balances from one plan year to the next. With far less risk of "use it or lose it," there's no reason not to take advantage of the tax savings this year—and every year.

## HOW YOU USE IT

With a variety of payment and reimbursement options, your **take care**® by WageWorks Healthcare FSA is easy to use. The convenient **take care** Flex Benefits Card associated with your account can be used to pay for hundreds of eligible healthcare products and services for you, your spouse, and your dependents.



## HOW YOU MANAGE IT

Manage your account via a secure website on any computer or mobile device that's connected to the Internet or via the **take care** MyFlex<sub>sm</sub>Mobile app.

## HOW MUCH YOU CAN CONTRIBUTE

You can contribute up to a maximum of \$2,550 to your **take care** by WageWorks Healthcare FSA. A different limit may apply to you, according to your employer's plan.

## HOW YOU GET IT

Ready to save? Sign up for a **take care** by WageWorks Healthcare FSA during your Open Enrollment period. Contact the person or organization managing your benefits enrollment today!

Savings Example			
Without FSA with Carryover		With FSA with Carryover	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	- \$18,000	Maximum annual Healthcare FSA contribution	- \$2,550
Net annual pay	= \$42,000	Adjusted gross pay	= \$57,450
Estimated annual healthcare expenses	- \$2,550	Estimated tax rate (30%)	- \$17,235
Final take-home pay	= \$39,450	Final take-home pay	= \$40,215
All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, healthcare expenses and tax savings may be different.		Take home this much more	
		\$765	

Learn more at

[wageworks.com/takecare-mynewfsa](http://wageworks.com/takecare-mynewfsa)



**take care**®  
by WageWorks

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# **take care** by WageWorks Dependent Care FSA

## HOW IT WORKS

Simply decide how much to contribute to your account each year, and funds are withdrawn from each paycheck for deposit into your account before taxes are deducted. As soon as your account is funded, you can use your balance to pay for many eligible dependent care expenses.

Be sure to estimate your annual dependent care expenses and make your contributions carefully. Any money left unspent in your Dependent Care FSA at plan year end is forfeited.

## HOW YOU USE IT

With a variety of payment and reimbursement options, your **take care** by WageWorks Dependent Care FSA is easy to use. Be reimbursed for payments you make via check or direct deposit or use your **take care** Flex Benefits Card directly at the provider.

## HOW YOU MANAGE IT

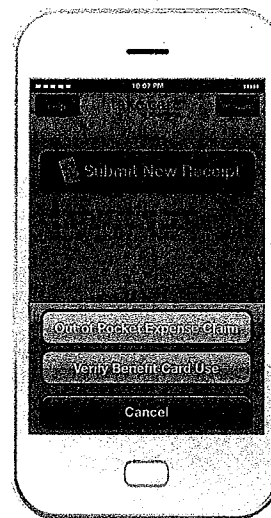
Manage your account via a secure website on any computer or mobile device that's connected to the Internet or via the **take care** MyFlex<sup>sm</sup> Mobile app.

## HOW MUCH YOU CAN CONTRIBUTE

You can contribute up to a maximum of \$5,000 to your **take care** by WageWorks Dependent Care FSA.

## HOW YOU GET IT

Ready to save? Sign up for a **take care** by WageWorks Dependent Care FSA during your Open Enrollment period. Contact the person or organization managing your benefits enrollment today!



### Savings Example

Without Dependent Care FSA		With Dependent Care FSA	
Gross annual pay (estimate)	\$60,000	Gross annual pay (estimate)	\$60,000
Estimated tax rate (30%)	- \$18,000	Maximum annual Dependent Care FSA contribution	- \$5,000
Net annual pay	= \$42,000	Adjusted gross pay	= \$55,000
Estimated annual dependent care expenses	- \$5,000	Estimated tax rate (30%)	- \$16,500
Final take-home pay	= \$37,000	Final take-home pay	= \$38,500
All figures in this table are estimates and based on an annual salary of \$60,000 and maximum contribution limits to the benefit account. Your salary, tax rate, healthcare expenses and tax savings may be different.		Take home this much more	
		\$1,500	



Learn more at

[wageworks.com/takecare-mydcfsa](http://wageworks.com/takecare-mydcfsa)



**take care**<sup>®</sup>  
by WageWorks<sup>®</sup>

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3406X (07/2015)



# Eligible Expenses for Your take care by WageWorks Healthcare Flexible Spending Account

You can use your take care® by WageWorks Healthcare Flexible Spending Account (FSA) to pay for a wide variety of medical, dental, and vision care products and services for you, your spouse, and your dependents.

The IRS determines which expenses are eligible for reimbursement. This list identifies the eligibility of some of the most common expenses.

EXPENSE	ELIGIBLE	EXPENSE	ELIGIBLE
Acne treatments (over-the-counter)	✓ (Rx)	Cancer (fixed indemnity) insurance premiums	NO
Acupuncture	✓	Canker and cold sore treatments (over-the-counter)	✓ (Rx)
Adoption (medical expenses related to)	✓	Car modifications (as required for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Adoption fees	NO	Chest rubs (over-the-counter)	✓ (Rx)
Alcoholism treatment	✓	Child or newborn care instruction	NO
Allergy and sinus medicine and products (over-the-counter)	✓ (Rx)	Childbirth classes (charges for mother only)	✓
Allergy medication	✓ (Rx)	Chiropractic care	✓
Allergy treatments and products	✓ (Letter)	Chiropractic office visit or treatment	✓
Alternative dietary supplements (for treatment of a medical condition)	✓ (Letter)	Cholesterol test kits and supplies	✓
Alternative drugs, medicines and treatment products (for treatment of a medical condition)	✓ (Letter)	Christian Science practitioners	✓
Alternative healers (for treatment of a medical condition)	✓ (Letter)	COBRA premiums (dental; paid with after-tax dollars only)	NO
Ambulance and emergency health services	✓	COBRA premiums (medical; paid with after-tax dollars only)	NO
Anesthesia (for noncosmetic purposes)	✓ (Rx)	COBRA premiums (other; paid with after-tax dollars only)	NO
Antacid (over-the-counter)	✓ (Rx)	COBRA premiums (prescription; paid with after-tax dollars only)	NO
Antibiotic ointment (over-the-counter)	✓ (Rx)	COBRA premiums (vision; paid with after-tax dollars only)	NO
Aspirin or other pain reliever (over-the-counter)	✓ (Rx)	Coinurance (dental)	✓
Asthma medicines or treatments (over-the-counter)	✓ (Rx)	Coinurance (medical)	✓
Athletic treatments/braces	✓	Coinurance (prescription)	✓
Bandages and related items (over-the-counter)	✓	Coinurance (vision)	✓
Birth control (over-the-counter)	✓ (Rx)	Cold and flu medicine (over-the-counter)	✓ (Rx)
Birth control (prescription or other)	✓	Cold and flu prevention (over-the-counter)	✓ (Rx)
Blood pressure monitor	✓	Cold cream (over-the-counter)	NO
Body scans	✓	Compression or anti-embolism socks, stockings or hose	✓ (Letter)
Braille books and magazines (difference in cost only)	✓	Concierge medical fees (billed for actual services received)	✓
Breast pump (for a lactating woman)	✓	Concierge medical fees (billed for future availability of services, with no services actually received)	NO
Breast reconstruction surgery (following mastectomy)	✓ (Letter)	Contact lenses and solutions	✓
Breast-feeding classes	✓	Contraceptives (over-the-counter)	✓
		Contraceptives (prescription)	✓
		Copayment (dental)	✓
		Copayment (medical)	✓
		Copayment (prescription)	✓

(Letter)	In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition.
(Rx)	The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition.

EXPENSE	ELIGIBLE	EXPENSE	ELIGIBLE
Copayment (vision)	✓	Ear drops and wax removal (over-the-counter)	✓ (Rx)
Cord blood storage (for future treatment of a birth defect or known medical condition)	✓ (Letter)	Electrolysis	NO
Cord blood storage (for unidentified future use)	NO	Emergency kits (over-the-counter)	NO
Corn and callus remover (over-the-counter)	✓ (Rx)	Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Corneal keratotomy	✓	Eye drops and treatments (over-the-counter)	✓ (Rx)
Cosmetic procedures or surgery	NO	Eye examinations	✓
Cosmetic procedures or surgery for birth defects, accidents, and/or disease	✓ (Letter)	Eye related equipment/materials	✓
Cough drops and sore throat lozenges (over-the-counter)	✓ (Rx)	Eye surgery or treatment to correct vision	✓
Cough syrup (over-the-counter)	✓ (Rx)	Eyeglasses (prescription)	✓
Counseling (for treatment of a medical condition)	✓	Face lifts	NO
Counseling (marriage)	NO	Feminine hygiene products	NO
CPR classes (adult or child)	NO	Fertility monitor (over-the-counter)	✓
Crutches, canes, walkers or like equipment (purchase or rental)	✓	Fertility treatment (for employee, spouse or dependent)	✓
Dancing lessons (for treatment of a medical condition)	✓ (Letter)	Fertility treatment (for non-dependent surrogate)	NO
Deductible for dental plan	✓	First aid kits (over-the-counter)	✓
Deductible for prescription plan	✓	Fitness programs (as treatment for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Deductible for vision plan	✓	Flu shots	✓
Dental care (for non-cosmetic purposes, including sealants)	✓	Funeral expenses	NO
Dental coinsurance	✓	Gastrointestinal medication (over-the-counter)	✓ (Rx)
Dental insurance/plan premiums (paid with after-tax dollars only)	NO	Guide dog (dog, training, care)	✓
Dental products for general health	NO	Hair regrowth products	NO
Dental reconstruction (including implants)	✓	Hair removal	NO
Dental veneers	✓ (Letter)	Hair transplant	NO
Dental, oral, and teething pain products (over-the-counter)	✓ (Rx)	Hair treatments	NO
Dentures, bridges, etc.	✓	Hand lotion (over-the-counter)	NO
Dermatology treatments and products	✓ (Letter)	Health club dues (as treatment for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Diabetic monitors, test kits, strips and supplies	✓	Health insurance/plan premiums (paid with after-tax dollars only)	NO
Diagnostic services (dental or vision)	✓	Health Savings Account (HSA) contributions	NO
Diagnostic services (other than dental or vision)	✓	Hearing aids and batteries	✓
Diaper rash ointments and creams (over-the-counter)	✓ (Rx)	Herbal or homeopathic medicines (over-the-counter)	✓ (Letter)
Diapers and diaper services	NO	Home improvements (as required for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Dietary supplements (for treatment of a medical condition)	✓ (Letter)	Hospital (fixed indemnity, \$x per day) insurance premiums	NO
Doula or birthing coach	✓ (Letter)	Hospital services and fees	✓
Drug addiction treatment	✓	Household help	NO
Drugs (imported)	NO	Humidifier, air filter and supplies	✓ (Letter)
Drugs and medicines (over-the-counter)	✓ (Rx)	Illegal surgeries or substances	NO
Dyslexia treatment	✓ (Letter)	Immunizations	✓
		Incontinence supplies	✓
		Individual dental insurance/plan premiums (paid with after-tax dollars only)	NO
		Individual medical insurance/plan premiums (paid with after-tax dollars only)	NO

(Letter)	In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition.
(Rx)	The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition.



EXPENSE	ELIGIBLE	EXPENSE	ELIGIBLE
Individual prescription insurance/plan premiums (paid with after-tax dollars only)	NO	Mileage (for travel to/from eligible healthcare)*	✓
Individual vision insurance/plan premiums (paid with after-tax dollars only)	NO	Modified equipment (difference in cost only)	✓ (Letter)
Infertility treatment (for employee, spouse or dependent)	✓	Monitors and test kits (over-the-counter)	✓
Insulin, testing materials and supplies	✓	Motion sickness medication (over-the-counter)	✓ (Rx)
Insurance/plan premiums (paid with pre-tax dollars)	NO	Nasal sprays	✓ (Rx)
Lab (medical)	✓	Nasal strips (over-the-counter)	✓ (Rx)
Laboratory fees	✓	No show fees charged by healthcare provider	NO
Lactose intolerance medication (over-the-counter)	✓ (Rx)	Nonprescription drugs and medicines (for non-cosmetic purposes)	✓ (Rx)
Lamaze classes (charges for mother only)	✓	Norplant insertion or removal	✓
Laser eye surgery	✓	Nursing services (wages and taxes)	✓
LASIK	✓	Nutritional supplements (for treatment of a medical condition)	✓ (Letter)
Late payment fees charged by healthcare provider	NO	OB/GYN fees	✓
Laxatives (over-the-counter)	✓ (Rx)	Occlusal guards to prevent teeth grinding	✓
Learning disability treatments	✓	Occupational therapy (related to a medical condition or disability)	✓
Lice treatment (over-the-counter)	✓ (Rx)	Office visits (chiro)	✓
Listening therapy	✓	Office visits (dental)	✓
Lodging (limited to \$50 per night for patient to receive medical care and \$50 per night for one caregiver)	✓ (Letter)	Office visits (medical)	✓
Long-term care premiums (up to IRS tax-free limit, see IRS Publication 502)	NO	Office visits (psych/therapy)	✓
Long-term care services	NO	Office visits (vision)	✓
Long-term disability insurance premiums	NO	Operations (for non-cosmetic purposes)	✓
Magnetic therapy (over-the-counter)	✓ (Letter)	Operations (for vision and dental only)	✓
Massage therapy (for treatment of a medical condition)	✓ (Letter)	Optometrist/ophthalmologist fees	✓
Mastectomy-related special bras	✓	Organ transplants (recipient and donor)	✓
Maternity clothes	NO	Ortho keratotomy	✓
Medical abortion	✓	Orthodontia (braces and retainers)	✓
Medical coinsurance	✓	Orthopedic and surgical supports	✓
Medical equipment (for treatment of medical condition) and repairs	✓	Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe)	✓ (Letter)
Medical insurance/plan premiums (paid with after-tax dollars only)	NO	Orthotics	✓
Medical literature, books, pamphlets or audio	NO	Ovulation monitor (over-the-counter)	✓
Medical monitoring and testing devices	✓	Oxygen	✓
Medical records charges	✓	Parental fees (billed for actual services received; for disabled children)	✓
Medical savings account (MSA) contributions	NO	Parental fees (billed for future availability of services, with no services actually received; for disabled children)	NO
Medical supplies (for treatment of a medical condition)	✓	Physical exams	✓
Medicare alternative insurance/plan premiums (paid with after-tax dollars only)	NO	Physical therapy	✓
Medicare alternative insurance/plan premiums (vs. Part A & Part B, paid with after-tax dollars only)	NO	Physician retainer fee (for on-call or concierge services)	NO
Medicare Part B insurance	NO	Pregnancy tests (over-the-counter)	✓
Medicare supplement policy premiums	NO	Prescription coinsurance	✓
Midwife	✓	Prescription drugs (for non-cosmetic purposes)	✓
Mileage (for travel to/from anything other than eligible care)	NO	Prescription drugs for cosmetic purposes	NO
		Psych/therapy	✓
		Radial keratotomy (RK)	✓

(Letter)	In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition.
(Rx)	The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition.



EXPENSE	ELIGIBLE
Reading glasses (over-the-counter)	✓
Sales tax, shipping and handling fees (for any eligible expense)	✓
Sleep aids and sedatives (over-the-counter)	NO
Smoking cessation (programs/counseling)	✓
Smoking cessation drugs (prescription)	✓
Smoking cessation gum or patches (over-the-counter)	✓ (Rx)
Special equipment	✓ (Letter)
Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only)	✓ (Letter)
Special school (for mental and physical disabilities)	✓ (Letter)
Speech therapy	✓
Spermicidal	✓ (Rx)
Sterilization	✓ (Rx)
Student health fees for dental services (billed for actual services received)	✓
Student health fees for dental services (no services actually received; billed for future availability of services)	NO
Student health fees for medical services (billed for actual services received)	✓
Student health fees for medical services (no services actually received; billed for future availability of services)	NO
Student health fees for prescription services (no services actually received; billed for future availability of services)	NO
Student health fees for prescriptions (billed for actual services received)	✓
Student health fees for vision services (billed for actual services received)	✓
Student health fees for vision services (no services actually received; billed for future availability of services)	NO
Sunglasses (over-the-counter)	NO
Sunglasses (prescription)	✓
Sunscreen with SPF <15 or suntan lotion (over-the-counter)	NO
Sunscreen with SPF 15+ and "broad spectrum", sunburn creams and ointments (over-the-counter)	✓
Supplies (for treatment of a medical condition)	✓
Surgery (for non-cosmetic purposes)	✓
Swimming lessons (for treatment of a medical condition)	✓ (Letter)
Teeth bleaching or whitening	NO

EXPENSE	ELIGIBLE
Toothpaste, medicated (difference in cost only of medicated toothpaste over the standard toothpaste)	✓ (Rx)
Toothpaste, toothbrush, floss, etc.	NO
Transgender treatments/surgery	✓ (Letter)
Transportation, parking and related travel expenses (essential to receive eligible care)	✓
Transportation, parking and related travel expenses, for non-eligible expenses	NO
Tubal ligation	✓
Tuition or educational classes (for a specific medical condition)	✓ (Letter)
Urological products	✓
UV protection clothing	NO
Vaccinations	✓
Varicose vein removal surgery (for medical care)	✓
Vasectomy	✓
Viagra and similar prescription medications	✓
Vision care	✓
Vision coinsurance	✓
Vision insurance/plan premiums (paid with after-tax dollars only)	NO
Vision products (over-the-counter)	✓
Vitamins (prescription)	✓
Vitamins for general health purposes (over-the-counter)	NO
Walking aids (canes, walkers, crutches and related supplies)	✓
Warranties or other charges for future anticipated services (with none actually received)	NO
Wart removal treatments (over-the-counter)	✓ (Rx)
Weight loss counseling	✓ (Letter)
Weight loss drugs (for treatment of a medical condition)	✓ (Rx)
Weight loss foods	NO
Weight loss program (for treatment of a medical condition)	✓ (Letter)
Weight loss program (to improve or maintain general health)	NO
Wheelchair and repairs	✓
Wound care (over-the-counter)	✓
X-ray fees (dental)	✓
X-ray fees (medical)	✓

(Letter)	In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition.
(Rx)	The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition.

\* The mileage reimbursement rate is determined by the IRS and is subject to change yearly.

takecarewageworks.com

take care®  
by WageWorks®

# Health Care Account

## Pay Me Back Claim Form

- ▶ **File claim online** - Join the growing majority of participants who submit their claim online for faster service. Log in to your account at [www.wageworks.com](http://www.wageworks.com) to file your claim electronically and upload your documentation.
- ▶ **File claim via fax or mail** - Claim forms may also be filed either via fax or US Mail and sent to the following locations:  
Fax: 877-353-9236, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512
- ▶ **Claim processing time** - Claims will be processed within 2 business days after WageWorks receives the form. You may check the status of your claim by logging into your account at [www.wageworks.com](http://www.wageworks.com).

**ACCOUNT HOLDER:**

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First Name

[illegible]

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Zip Code

\* ID Code is the last 4 digits of your Social Security Number, your Employee ID number or other reference number assigned by your employer. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.

PROVIDER NAME	SERVICE DATES (Start and End Dates) (MM/DD/YY)	PATIENT NAME, RELATIONSHIP TO ACCOUNT HOLDER AND TYPE OF SERVICE	OUT-OF-POCKET COST
Signature of Provider: (Replaces the need for other proof of service.)  		Patient Name: _____ Relationship to Account Holder: <input type="radio"/> Self      Type of Service: <input type="radio"/> Spouse <input type="radio"/> Rx <input type="radio"/> Lab <input type="radio"/> Qualifying Child <input type="radio"/> Dental <input type="radio"/> Vision <input type="radio"/> Qualifying Relative <input type="radio"/> Psych/Therapy <input type="radio"/> Hospital <input type="radio"/> Other: _____ <input type="radio"/> Ortho <input type="radio"/> X-Ray <input type="radio"/> Chiro <input type="radio"/> OTC <input type="radio"/> Co-payment <input type="radio"/> Office Visit <input type="radio"/> Other: _____	\$
Signature of Provider: (Replaces the need for other proof of service.)  		Patient Name: _____ Relationship to Account Holder: <input type="radio"/> Self      Type of Service: <input type="radio"/> Spouse <input type="radio"/> Rx <input type="radio"/> Lab <input type="radio"/> Qualifying Child <input type="radio"/> Dental <input type="radio"/> Vision <input type="radio"/> Qualifying Relative <input type="radio"/> Psych/Therapy <input type="radio"/> Hospital <input type="radio"/> Other: _____ <input type="radio"/> Ortho <input type="radio"/> X-Ray <input type="radio"/> Chiro <input type="radio"/> OTC <input type="radio"/> Co-payment <input type="radio"/> Office Visit <input type="radio"/> Other: _____	\$
Signature of Provider: (Replaces the need for other proof of service.)  		Patient Name: _____ Relationship to Account Holder: <input type="radio"/> Self      Type of Service: <input type="radio"/> Spouse <input type="radio"/> Rx <input type="radio"/> Lab <input type="radio"/> Qualifying Child <input type="radio"/> Dental <input type="radio"/> Vision <input type="radio"/> Qualifying Relative <input type="radio"/> Psych/Therapy <input type="radio"/> Hospital <input type="radio"/> Other: _____ <input type="radio"/> Ortho <input type="radio"/> X-Ray <input type="radio"/> Chiro <input type="radio"/> OTC <input type="radio"/> Co-payment <input type="radio"/> Office Visit <input type="radio"/> Other: _____	\$
Signature of Provider: (Replaces the need for other proof of service.)  		Patient Name: _____ Relationship to Account Holder: <input type="radio"/> Self      Type of Service: <input type="radio"/> Spouse <input type="radio"/> Rx <input type="radio"/> Lab <input type="radio"/> Qualifying Child <input type="radio"/> Dental <input type="radio"/> Vision <input type="radio"/> Qualifying Relative <input type="radio"/> Psych/Therapy <input type="radio"/> Hospital <input type="radio"/> Other: _____ <input type="radio"/> Ortho <input type="radio"/> X-Ray <input type="radio"/> Chiro <input type="radio"/> OTC <input type="radio"/> Co-payment <input type="radio"/> Office Visit <input type="radio"/> Other: _____	\$

More expenses? Please complete another form.

**CLAIM FORM TOTAL:** \$

**CERTIFICATION AND AUTHORIZATION:** I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible deductible expenses incurred by myself or an eligible dependent while I was a participant in the plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the WageWorks website. Use of this service indicates my acceptance of

## DEPENDENT CARE Pay Me Back Claim Form

- **File claim online:** Join the growing majority of participants who submit their claim online for faster service. Log into your account at [takecareWageWorks.com](http://takecareWageWorks.com) to file your claim electronically and upload your documentation.
- **File claim via fax, mail, or email:** Claim forms may also be filed either via fax or US Mail and sent to the following locations:  
Fax: 877-782-8889, US Mail: CLAIMS ADMINISTRATOR, PO Box 14054, Lexington, KY, 40512,  
Email: [claims@takecareclaims.com](mailto:claims@takecareclaims.com)
- **Claim processing time:** Claims will be processed within 2 business days after WageWorks receives the form. You may check the status of your claim by logging into your account at [takecareWageWorks.com](http://takecareWageWorks.com).

### ACCOUNT HOLDER:

Last Name																First Name															
Employer Name																															
Last 4 of SSN								Zip Code																							

PROVIDER NAME	SERVICE DATES (Start and End Dates) (MM/DD/YY)	DEPENDENT NAME, RELATIONSHIP TO ACCOUNT HOLDER, AND TYPE OF SERVICE	OUT-OF-POCKET COST
Signature of Provider: (Replaces the need for other proof of service.)		Dependent Name: _____ Relationship to Account Holder: <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other: _____ Type of Service: <input type="radio"/> Child Care <input type="radio"/> Preschool <input type="radio"/> Before/After School <input type="radio"/> Senior Day Care <input type="radio"/> Au pair <input type="radio"/> Summer Day Camp	\$
Signature of Provider: (Replaces the need for other proof of service.)		Dependent Name: _____ Relationship to Account Holder: <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other: _____ Type of Service: <input type="radio"/> Child Care <input type="radio"/> Preschool <input type="radio"/> Before/After School <input type="radio"/> Senior Day Care <input type="radio"/> Au pair <input type="radio"/> Summer Day Camp	\$
Signature of Provider: (Replaces the need for other proof of service.)		Dependent Name: _____ Relationship to Account Holder: <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other: _____ Type of Service: <input type="radio"/> Child Care <input type="radio"/> Preschool <input type="radio"/> Before/After School <input type="radio"/> Senior Day Care <input type="radio"/> Au pair <input type="radio"/> Summer Day Camp	\$
Signature of Provider: (Replaces the need for other proof of service.)		Dependent Name: _____ Relationship to Account Holder: <input type="radio"/> Spouse <input type="radio"/> Qualifying Child <input type="radio"/> Qualifying Relative <input type="radio"/> Other: _____ Type of Service: <input type="radio"/> Child Care <input type="radio"/> Preschool <input type="radio"/> Before/After School <input type="radio"/> Senior Day Care <input type="radio"/> Au pair <input type="radio"/> Summer Day Camp	\$
More expenses? Please complete another form.			CLAIM FORM TOTAL: \$

**CERTIFICATION AND AUTHORIZATION:** I certify that the information on this page is accurate and complete. I am requesting reimbursement for work-related dependent care expenses incurred by an eligible dependent (for a child under the age of 13 or other dependents that are physically and mentally incapable of taking care of themselves) while I was a participant in the plan. These services have already been provided and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. Use of this service indicates my acceptance of the WageWorks User Agreement at [takecareWageWorks.com](http://takecareWageWorks.com) (available upon registration; enter User Name and password or click on First Time User? link).



## Employee Guide for Newburgh ECSD



*August 2016*

## Employee

This chapter deals exclusively with the employee and the tasks performed by the employee to enroll in the system. See the corresponding chapter in this guide for another role.

There are three phases associated with the enrollment process. They are Registration, Enrollment and Confirmation. Each phase must complete successfully before moving to the next phase. There are video tutorials for each phase of enrollment for you to view in either English or Spanish to assist you.

### 5.1 Registration


New users must register first to gain access to the enrollment system. Your information will be entered on the right side of the screen for **New User?**

#### 5.1.1 New User

Figure 13 Employee New User Page

1. Type <https://InRollPlus.com/> in your browser.
2. Enter your Last Name.
3. Enter the Last Four Digits of SSN (Social Security Number).

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Click the  to enter an Alternate ID such as an employee number.

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4. Enter Date of Birth in MM/DD/YYYY format.
5. Click the *Register* button.

### 5.1.2 Create Your Account

Your user name is displayed in the **User Name** field.

1. Create a password then confirm the password.

**PASSWORD MUST MEET THESE CONDITIONS:**

- ✓ Should be between 8 to 128 characters
- ✓ Use at least 1 number and 1 special symbol (e.g. \*, #, !, @)
- ✓ Use 1 upper and 1 lower case letter

2. Select Security Question 1 from the drop-down and enter an answer.
3. Select Security Question 2 from the drop-down and enter an answer.
4. Click *Register* to finish.

## 5.2 Enrollment

You will see a **Welcome, <Your\_Name>** landing page after clicking the *Register* button.

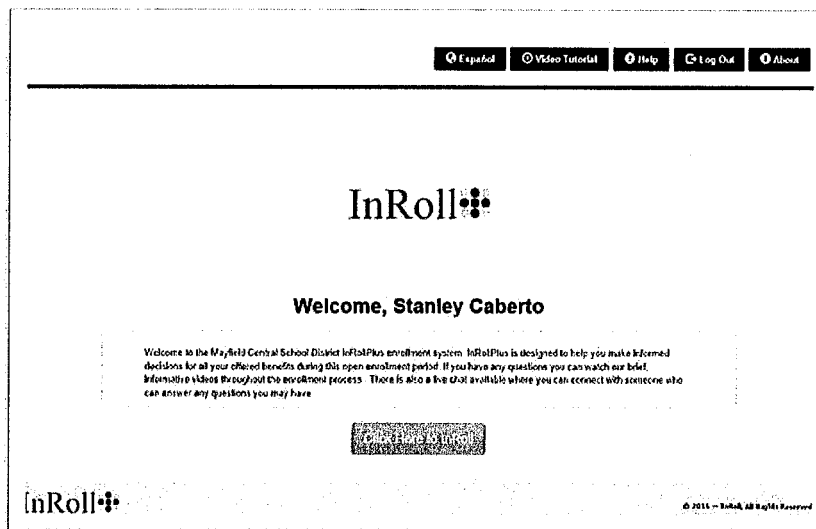


Figure 14 Employee Welcome Page

1. Click the *Click Here to InRoll+* button to proceed.
  - ✓ The My Benefits page appears next.
2. Click the *Continue to InRoll+ Benefits Track* button.
3. Under **Manage Profile**, check and update information for *Demographics, Occupation, Emergency Contacts, and Dependents* tabs.
4. Click *Save and Continue* when finished with the **Manage Profile** section.
5. Make your elections for **Medical** then click *Save and Continue*.

Click *Waive Coverage*, for any benefit you wish to waive coverage.

6. Proceed through each remaining benefit and elect or waive as appropriate to your situation.

Notice there are also two buttons on this page for your convenience. One labeled *Continue to InRoll+ Benefits Track* and the other labeled *Request Change in Family Status*.

### 5.3 Confirmation

When the benefits selections are completed, you will see a Confirmation Statement.

#### ANNUAL ENROLLMENT

##### Confirmation Statement

06/23/2016

Stanley Caberto

4550 State Hwy 360, Grapevine, TN 76051

The following are coverage elections for Stanley Caberto (XXX-XX-7202)

Flex Spending: Medical Reimbursement: 2016

**Plan Effective Dates:** 07/01/2016 - 06/30/2017

**Total Pre-Tax Cost (Monthly):** \$200.00

Medical: Health Insurance 2016 - Employee

**Plan Effective Dates:** 07/01/2016 - 06/30/2017

**Total Pre-Tax Premium (Monthly):** \$100.00

**Monthly Employer Contribution:** \$297.00

**File generated by:** Stanley Caberto

**Date:** 06/23/2016

**Total Cost (Monthly):** \$300.00

**Total Pre Tax Cost (Monthly):** \$300.00

**Total Post Tax Cost (Monthly):** \$0.00

**Total Monthly Employer Contribution:** \$297.00



Figure 15 Employee Confirmation Statement



1. Click *Complete Enrollment*.
2. At the **Enrollment Complete** screen, you should click *Print Confirmation* as a confirmation of your benefits. You may also wish to click *Download Confirmation* to save a PDF copy to your drive.
3. Click *Back to my Benefits* to view the **My Benefits** page.

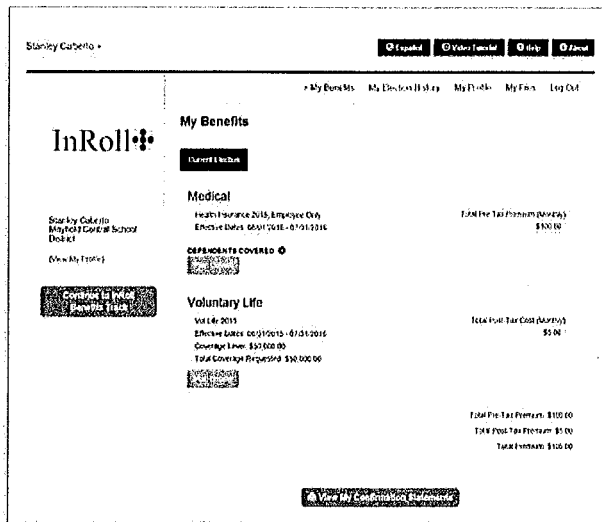


Figure 16 Employee My Benefits Page

4. You may also click *My Election History* to view previous elections made.
5. The *My Profile* tab shows what was previously entered under **Manage Profile**.

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Make address changes, add dependents and add emergency contacts by clicking My Profile in the upper right corner of the web page.

---

6. *My Files* contains items like the Confirmation Statement that you previously printed.
7. *Log Out* closes your session.

Once you have reviewed all the information for accuracy and completeness, you are finished with enrollment. You may return and view your elections while open enrollment is active.


#### 5.4 Help Available During Enrollment

If you need help, use one of these buttons on the enrollment page in the upper right corner.

Espanol – Translates the entire website into Spanish (videos, audio, and text)

Video Tutorial – A video that gives an overview of the enrollment process

Help – When you click *Help*, you will have several options available to you for support.

- Email a Question – when your question doesn't require immediate assistance
- Chat Now – click the  icon for immediate help; works the same as *Chat Now*
- FAQs –
  - Log In – information for logging in or getting registered
  - Enrolling – what is stored in My Files
  - My Benefits – contains details on your benefits
- Submit Feedback – to rate your experience with our website and provide comments

## 5.5 Security

Security is built into every aspect of our process. From software design to the way critical information is handled, each stage of our process has rigorous security controls and measures in place.

You don't want your personal information (date of birth, social security number, health information) to be compromised. We secure your personal information and take multiple measures to ensure your information remains secure.

Some of the measures that we take to ensure the safety of your information include:

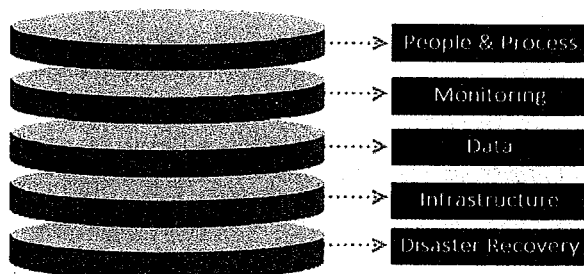


Figure 17 System Security

- System access is captured when a computer logs in to the system.
- There is a daily system scan and all services are monitored constantly.
- Systems are managed 24 hours a day, 365 days a year by a global security team.
- Quarterly testing and software application review is performed for all services.
- All personal information is encrypted for your safety to prevent unauthorized access.
- Extra measures are taken to ensure only you can access your information.
- Data centers exceed requirements for all industry and government guidelines.
- Systems are protected against data loss and are backed up across multiple data centers.

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*SPECIAL NOTE: We also have a comprehensive handbook entitled "InRoll+ Information Privacy and Protection Policy Handbook" that InRoll+ employees and contractors receive so they are aware of all policies and procedures regarding the safety of your information.*

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## Where to Get Help

Please click *Help* or *Chat Now* in the upper right corner of the InRoll+ page if the information you need is not in this guide.

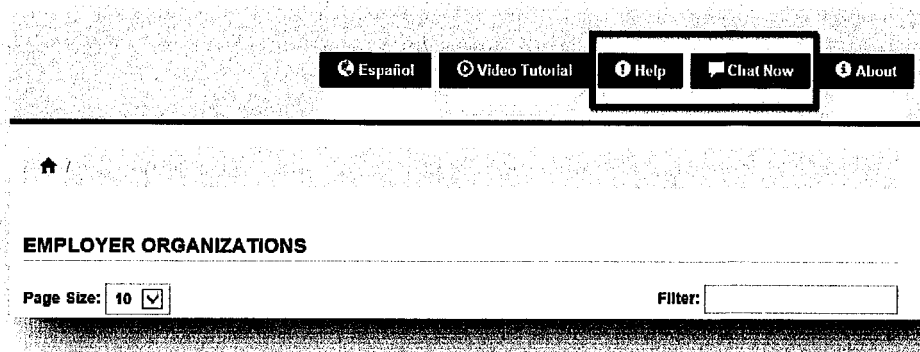



Figure 18 Where to Get Help

### 6.1 Help

When you click *Help*, you will have several options available to you for support.

- Email a Question – when your question doesn't require immediate assistance
- Chat Now – click the  icon for immediate help; works the same as *Chat Now*
- FAQs –
  - Log In – information for logging in or getting registered
  - Enrolling – what is stored in My Files
  - My Benefits – contains details on your benefits
- Submit Feedback – to rate your experience with our website and provide comments

### 6.2 Chat Now

When you click *Chat Now*, you are connected with a live agent using chat support.

### 6.3 Case Implementation Manager

If you are still unable to get an answer to your question, contact your case implementation manager (CIM) for help.

## **Frequently Asked Questions (FAQs)**

### **Do you provide online enrollment for open enrollment and ongoing enrollment?**

Yes. The employees have a specific period of time to enroll during the Open Enrollment period. Thereafter, employees can enroll if they are a new hire, or if they are put into a forced Open Enrollment by HR due to a change in family status. New Hire Enrollments are derived from the hire date that is entered for each employee. The system opens an Open Enrollment window for a new hire based on the Hire Date. The Open Enrollment Window is handled by dates given to our staff by the Employer. The dates can be changed anytime at the client's request.

### **How do you differentiate between new hire enrollments and current employee changes?**

Hire dates are recorded in the system and based on the hire date and benefit rules, the system directs the employee to the appropriate enrollment area, new hire, annual enrollment, or COFS.

### **How does your system regulate the appropriateness of family status change?**

Email alerts are sent for approval to the Employer. HR may approve or decline the request based on documentation.

### **Do you have the capability to incorporate specific graphics, logos or an introduction?**

Yes.

### **Will your system generate a confirmation statement?**

Yes and statements may be printed or emailed.

### **Other than employee benefits enrollment, what other HR functions can your system perform?**

The system allows the HR Administrator or HR User to post any type of HR-related documents for employees. HR Administrators/Users can also access a number of companywide HR reports such as an equal employment opportunity (EEO) Report. HR may also access HR reports on individual employees such as salary history. The system also allows the employer to export all payroll data to their payroll services vendor on any timeline they require. It performs all basic employee management functions, including census generation, list bill reconciliation functions, eligibility reporting Holiday Schedules, School Directory, Business Forms, Retirement Forms, and so on.

### **Can you incorporate Section 125 Plan administration, including the administration of a flex and dependent care reimbursement plan, into your Internet-based Enrollment system?**

Yes, the same way enrollment is incorporated for employee benefits enrollment. Deductions for each account are managed separately. The Flexible Spending Account information would be transmitted electronically to the Administrator. Going forward, the Administrator would administer the accounts with online access of the accounts for all participating employees.

### **Will you provide the District with communication material for employees of how to enroll online?**

Yes, at no additional cost.

### **Describe the reporting capabilities your organization provides.**

We have several categories of reports: Employee Reports, Reports, Enrollment Data Reports, Tracking Reports, Employee Troubleshooting Reports, Administrative Reports, Payroll Reports, Deduction reports, and Forms Reports. Under each of these categories there are numerous

reports containing various data for each. These reports are generated as often as needed at no additional cost.

**Is an employee's full social security number (SSN) visible in the employee system screen?**

No, we protect employee privacy by showing only the last four digits of their SSN for confirmation purposes on their enrollment screen.

**What languages are supported in the online enrollment system?**

English and Spanish are the two languages supported and the system is configured to convert between the two languages at the click of a button. Text, audio, and video are all converted.

**Why do I sometimes see an invalid address notification from the system when I type in an employee address?**

The enrollment system is configured to perform real time address validation with the U.S. Postal Service which helps to prevent address information being entered incorrectly in the system.

**Can multiple employees' information be uploaded at one time or does each employee have to be entered on an individual basis?**

We provide a template that you complete for bulk upload of all the employee information at one time rather than entering information on an individual basis.

**Can an employee change their social security number (SSN) in the enrollment system?**

No but the employee can change things like their address and phone number.

**Is there a default password for a new user to access the system?**

For security, there is not a default password. The new user must use a combination of information that only they would know consisting of their last name, date of birth, and the last four digits of their social security number.

**Can a person be locked out of their account?**

Yes such as the case for the termination of an employee or for maximum number of login attempts reached.

**How long is a report that has been run active in the system?**

50 hours.

**Is the enrollment system ACA or COBRA compliant?**

No but the system can supply the information required for an ACA or COBRA system.

**We have more than one medical plan to offer so can the system accommodate multiple plans?**

Yes, it will allow you to load multiple plans.

**Does a new-born infant require a social security number to be loaded in the system?**

No, but once the social security number has been obtained, it must be loaded in the system as soon as possible.

**How many years of medical election history are stored in the system?**

Up to the last five years.