

Diversified Administration, Inc.

6600 Taft Street, Suite 304 Hollywood, FL 33024 www.**Div125**.com



How to Make the Most Out of My Health Reimbursement Arrangement (HRA)

Plan Year

From ______ To ______

Contact Us at

Email: Claims@Div125.com Phone: (954) 983-9970 Option 3 Fax: (954) 983-9695

SECTION 105 HRA PLAN INFORMATION

What is our plan year?

Our plan year will start on ______ and ends on ______

With the HRA, you can benefit from reimbursements for various medical expenses without them being subjected to federal income tax! This concise Q&A guide offers an overview of the HRA benefits. For a deeper understanding and further details, please consult the Summary Plan Description provided by your employer.

What are the expenses that are eligible under my HRA plan?

Who is eligible to participate?

How much money is available for reimbursement?

What else should I know about how this plan operates?

HRA reimbursements are based on the date of service, not the date of payment. Additionally, your reimbursements from the HRA can't exceed the total amount your employer has allocated for you within the plan year. With the HRA, any unused funds at the end of the plan year may be subject to the plan's specific carryover or forfeiture rules.

What are the dates eligible expenses can be incurred, or services be received?

_and For this plan year, expenses must be for services performed or benefits received on or after _____ ______. If you terminate from the company before the end of the plan year, the expense must be incurred by _____ while you are employed.

What is the last day I have to submit my receipts?

There is a _____ day grace period at the end of the plan year or your termination date, whichever comes first. This grace period gives you some extra time to organize and submit your receipts after the end of the plan year or termination date. Based on this plan's grace period, the final day to submit receipts (for expenses incurred during the plan year) is _____

Does my plan have a Debit Card?

Does my plan have Direct Deposit?

SECTION 105 HRA PLAN INFORMATION

PLAN YEAR FROM

To_

We will be processing **weekly** this year.

If your claim is in our office by 4:00 pm on Tuesday, we will be able to process it on Wednesday.

You will receive the money shortly after the processing date.

**Any claim received after the cut-off date will be processed on the following date.

Participants can now submit claims directly on our www.Div125.com website, or on our Mobile Phone app without the need for a separate claim form.

ALL USERS MUST LOG IN TO THE WEX ACCOUNT THE FIRST TIME USING THE FOLLOWING INSTRUCTIONS:

- o Go to www.Div125.com
- o Click on the blue WEX Login button in the upper right-hand corner
- o Click in the **Existing Users** box, entering the Username and Password following the instructions on the next lines.
- o Your first time username is your first initial, your last name, and the last 4 of your SSN jsample9999
- o If you have another login from a different group's benefits, one of those logins will have a 1 after it jsample99991
- o Click the next button, and a password field will appear below where you entered your username
- o Your first time password is your 5-digit zip, your first initial (lowercase), and the last 4 of your SSN 33333j9999
- o After setting up 3 security questions, you can customize your username and password. Answers are CASE sensitive.

Administrative Services provided by Diversified Administration 6600 Taft Street, Suite 304 Hollywood, Fl. 33024 Phone (954) 983-9970 Option 3 Fax (954) 983-9695 www.Div125.com E-mail claims to Claims@Div125.com

Scan for the **iPhone**





Scan for the **Android** Diversified App



WHICH EXPENSES ARE ABLE TO BE REIMBURSED WITH YOUR HRA PLAN?

THE FOLLOWING EXPENSES ARE ELIGIBLE FOR REIMBURSEMENT WITH AN FSA PLAN

- Acupuncture Services
- Alcoholism & Drug Abuse Treatment
- Birth Control Pills & Devices
- Blood Pressure Cuffs
- Blood Sugar Test Kits for Diabetics
- Braces & Orthodontia
- Chiropractic Adjustments
- Compression Products (30-40 mmHg or above)
- Contact Lenses & Glasses
- Crutches & Medical Equipment
- Deductibles, Coinsurance, and Copays
- Dental Procedures and Dentures
- Doctor Office Visits
- Eyeglasses, including Exam Fee
- Flu Shots & Vaccines
- Handicapped Persons' Special Schools
- Hearing Devices and Batteries
- Incontinence Products

- Insulin & Other Diabetic Supplies
 Laboratory & Diagnostic Fees
- Lasik Eye Surgery
- Hospitalization and Clinical Care
- Menstruation Products
- Obstetrics & Gynecology
- Orthopedic Shoes
- Over the Counter Medications
- Oxygen and Oxygen Equipment
- Physical & Speech Therapy
- Prescription Medication
- Psychiatrists & Psychologists
- Smoking Cessation Programs
- Surgical Procedures
- Thermometers
- Vasectomy Operations
- Walkers, Wheelchairs & Canes
- X-Rays & Medical Imaging

THE FOLLOWING EXPENSES WILL NEED A LETTER OF MEDICAL NECESSITY / RX

- Alopecia Treatment
- Certain "Dual Use" Rx (Botox)
- Cervical Pillows
- Dermatologist (not matching a copay)
- Learning Disability Treatment

- Massage Therapy Sessions
- Orthopedic Shoes
- Probiotics & Most Supplements
- Service Animals
- Weight Loss Programs and Rx

THE FOLLOWING EXPENSES ARE NOT REIMBURSABLE UNDER AN FSA PLAN

- Baby Wipes & Diapers
- Body Lotions & Creams
- Cosmetic Surgery / Prescriptions
- Deodorants & Moisturizers
- Electrolysis Procedures

- Hair Transplants & Rogaine
- Marijuana (Medical or Otherwise)
- Teeth Bleaching & Toothpaste
- Soap, Face Wash & Body Wash
- Q-tips, Dental Floss, & Toiletries



ENJOY BENEFIT-LINKED DEBIT CARDS

FSA Benefits Debit Card

If your employer offers an Debit Card linked to your FSA Benefit, you also get real time access to view all of your debit card activity. This includes the ability to view every swipe you've made using the card. You can see the date you swiped the card, the provider you went to, the amount of the swipe, and the when it was approved. You also get information about any card declines. As an identity theft protection measure, you will also get an e-mail notifying you every time the card is used.



Your smart card can be easily used at qualifying locations to pay for out of pocket medical expenses. While some swipes will always require a claim form and receipt (such as dental offices, which provide both medical and cosmetic services), this benefit linked debit card is smart enough to auto-approve certain expenses without the need to submit additional documentation. When the card is used at a doctor's office, and the amount charges is a standard copay amount (\$25, 30, 35, 50, 75, etc), no documentation is needed to approve your claim. Prescription medication purchased at major pharmacies using your smart card will also be auto-approved without having to submit additional documentation. We can also set up "recurring claims" for when you have situations where you see the same service provider, and pay the same amount each time. Once this recurring claims is set up, you will not need to submit documentation for subsequent services provided by this merchant.



Smarts Cards are a Great Idea!

When your benefit linked debit card is used for expenses other than standard copays, Rx medication or recurring charges, you will need to submit substantiating documentation along with a completed claim form. This means you will need to submit a bill, statement, receipt, or explanation of benefits which include the following: Date of service, Type of service, Recipient of Service, and Cost of Service. The claim form and documentation can be sent via app, e-mail, fax, or mail. Claims are typically processed within 1-2 business days, if not sooner.

Benefits that Come with your Smart Card

- Prescriptions & Pharmacies
- Doctor's Office Visits
- Hospitalizations (In & Out Patient)
- Insurance Deductibles
- Dental & Orthodontic Care



- Eye Exams, Glasses & LASIK
- Medical Testing & Diagnostics
- Recurring Claims
- Auto-Substantiation
- Email Notification & Much More!



How to Order a Spouse or Dependent Debit Card

Home	Accounts	Tools & Support	Message Center 10
ACCOUNTS	PROFILE		I WANT TO
Account Summary	Profile Summary		Submit Claims
Account Activity	Banking/Cards		
Expenses	Login Information		
Claims			
Payments			
Statements			

After entering your spouse/dependents, click **Accounts**, and then **Banking/Cards** To order your spouse/dependents a Debit Card, click **Issue Card**. Only dependents 18 or older are eligible to reveice a Debit Card.

Home	Accounts	Tools & Support Message Center 10
Banking / Cards		
Bank Accounts		Debit Cards
Bank Name Bank Number Account Type View Remove		Cardholder Name Card Number Expires: 11/30/2026 Effective: 11/29/2023 Purse Status 2023 - 2024 Flexible Spending Account: Active Report Lost/Stolen Order Replacement
		ISSUE CARDS
		Spouse Name Issue Card



How to Repay a Debit Card Swipe in the Wex Online Portal

After logging in, you will see a Task for each Debit Card Swipe which needs to be repaid. Click the link.



You are then taken to the screen below, where you can click the blue **Repay** button.

A	Accounts / Repayments							
	Repayments are necessary when claims have been paid to you but later denied. This page displays any pending repayments as well as past repayments.						age displays any pending	
	Pending	Repayme	ents					
	View the ap repayment after the co	opropriate (s). The Da prrespondi	Denial Lette ate/Time of t ng repaymer	er with Repay he Denial Le nt Denial Date	ment Notific tter with Rep e below.	ation for instruc bayment Notific	tions on how t ation in the Me	to satisfy your outstanding essage Center should be the day
	DENIAL DATE	DATE OF SERVICE	ACCOUNT	MERCHANT / PROVIDER	REPAYMENT METHOD	ORIGINAL	OUT STANDING REPAYMENT DUE	
	4/13/2022	3/1/2022	Medical F	Good Med	Check	\$50.00	\$50.00	Upload Receipt(s) View Receipt(s) View Denial View Claim
	8/4/2022	5/1/2022	Medical F	Sample Pr	Check	\$123.66	\$123.66	Upload Receipt(s) View Receipt(s) View Denial View Claim
	8/28/2023	1/2/2023	LSA		Check	\$70.00	\$70.00	Upload Receipt(s) View Denial View Claim
	8/28/2023	1/2/2023	LSA	-	Check	\$80.00	\$80.00	Upload Receipt(s) View Denial View Claim

Total Outstanding Amount: \$323.66



How to Repay a Debit Card Swipe in the Wex Online Portal

After clicking repay, you will be brought to the Repayments / Repay screen. Confirm the details are correct, and check the box indicating you have read the disclaimer. Click Submit to repay the debit card swipe via the listed bank account.

Repayments / Repay

Repayment Details

Denial Date	8/28/2023
Account	LSA (1/1/2023 - 12/31/2023)
Original Repayment	\$80.00
Repaid Amount	(\$0.00)
Outstanding Repayment Due	\$80.00

Repayment From Bank Account

Repayment From	FakeBank (Checking) Routing Number 021000021 Account Number xxxx2345 Update Bank Account		
Repayment On	11/30/2023		
Repayment Amount	\$80.00		

Repayment Disclaimer

I certify that I am the accountholder or an individual authorized to execute this transaction of a mistaken reimbursement. I have read and understand the instructions and any rules or conditions relating to and have met the requirements for making this transaction. I authorize the administrator to debit my bank account for the amount I have indicated in the transaction. I assume full responsibility for this transaction and will not hold the administrator, including its agents and employees, liable for any adverse consequences that may result. I have not received tax or legal advice from the administrator and, if necessary, will seek the advice of a tax or legal professional to ensure my compliance with related laws. All information provided by me is true and correct and may be relied upon by the administrator. I understand that this transaction may be revoked or cancelled by contacting the administrator on the date of the transaction.

I have read, understand, and agree to the information and terms above.

Cancel



WEX Employee Micro-Deposit Instructions

When reimbursements are issued for approved claims, your employer issues payment via Direct Deposit.

To verify the accuracy of the banking information when it is first entered, a "micro-deposit" will be deposited into your account, between the amounts of \$0.01 and \$0.99. The following steps show how to enter your banking information, and verify the micro-deposit to activate the account.

Home	Accounts	Tools & Support	Message Center	<u>Step 1:</u> Log In To The Consumer Portal at: https://diversified.lh1ondemand.com/
		ioois a ouppoir	Message contor	https://diversified.infondemand.com/
ACCOUNTS Account Summary Expenses Statements	PROFILE Profile Sur Banking Login Infor	nmary		In the Account section at the top, go to the Profile section, and click the Banking Link.
				Stor 2. On the Depling page disk the
				"Add Bank Account" link
Home	Accounts	Tools & Support	Message Center	Add Dalik Account Illik.
Banking				Step 3: Enter your:
Pank Assounts	Add Bank Assount	2		Routing Number
Bank Accounts	Add Bank Account	J		Account Number
No bank accounts exist				Confirm Account Number
				Account Type
Popking / Add Bor	k Account			Account Nickhame (Optional)
Banking / Aug Bar	IK ACCOUNT			Please also provide vour
Bank Account Informatio	n		*Required	Bank Name and Address
				Dunk Function Functions.
Routing Number * 🙂				Then click the Blue Submit button
Account Number *				at the bottom of the page.
Confirm Account Number *				1 0
Account Type *	Checking ~			
Account Nickname * 📀				Step 4: A deposit will be made to the
				account in the next 1-3 business days.
Bank Institution Information	on			· · · · · ·
Bank Name *				You can confirm the deposited amount
Bank Address *	Address Line 1			using the steps on the following page.
	City			
	Select a state Y	ip Code		Once you confirm the deposited amount,
Cancel			Submit	for you to use.



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Home	Accounts	Tools & Support	Message Center 33			
Welcome! We're Making it E <u>View More</u>	Welcome! We're Making it Easy to Manage Your Healthcare Expenses Wew More					
Tasks 1	Tasks 🛙		Savings Goal			
! One or more bank acco	ounts require activation					

<u>Step 5:</u> Log In To The Consumer Portal at: https://diversified.lh1ondemand.com/

On the Home Page, you will notice a red box with the number 1 inside it, indicating you have a task.

<u>Step 6</u>: Click the link that says "One of more bank accounts require activation."

Banking / Activ	rate Bank Account	Ster and
Activation Details	"Required	ban
To activate this bank activate the two attempts before the	count you must verify the amount that was deposited to the account below. You are allowed only account will be locked.	The
Bank Name	WESTconsin Credit Union	bott
Routing Number	xxxx0589	·
Account Number	xxxx6789	VOU
Amount *	\$ 0.58	you
	Enter the amount deposited into your account.	You
Cancel	Sribmit	amo
Guicor		Dire

7: Enter the amount, between \$0.01 \$0.99 which was deposited into your k account.

n click the blue Submit button at the om of the page.

system will check to see if the amount entered matches the amount deposited.

get two attempts to enter the right ount. Entering the correct amount allows ect Deposits to be made to that account.

This completes the Employee Micro-Deposit Banking Verification Process.

If you have any questions, please email us at claims@div125.com or call us at (954) 983 - 9970 Option 3.



How to Submit a Claim Online Using the Wex Portal

Home	Accounts	Tools & Support	Message Center 1
I Want To:			
Submit Claims			

Login in, and click the blue **Submit Claims** button. Make your selections and then click **Next**.

Online claim filing is a fast and easy way to file claims.					
Pay From *	Medical	~			
Pay To * ?	Ме	~			
Based on your selection, you will be requesting a Claim Reimbursement.					
Cancel			Next		

You will then need to click Upload Valid Documentation to continue.

Receipt / Documentation				
Receipt(s) * ?	Upload Valid Documentation			
Summary				
Pay From	Medical			
Рау То	Me			
Cancel	Previous	Next		



How to Submit a Claim Online Using the Wex Portal

Medical Expense Valid Receipts

You must have one of the following valid receipts to substantiate your claim:

- · Store/Pharmacy receipt, including name of product and date of service
- · Co-pay receipt from medical provider, including date of service
- Itemized bill from medical provider, including date of service
- Insurance company's "Explanation of Benefits", including date(s) of service
- Canceled checks and credit card statements are not valid receipts

Effective 1/1/2011, over-the-counter drugs and medicines require a prescription in addition to a valid receipt, to be reimbursed. Over-the-counter supplies and equipment remain eligible for reimbursement with a valid receipt. Your receipts must contain the name of the product to be reimbursed.

Documentation from a physician must accompany receipts if they are for medical expenses that seem as if they would not be accepted for reimbursement. For example, cosmetic treatments or massage therapy are not typically reimbursable, but could be if prescribed by a physician.



You are provided with examples of valid receipts required for claims reimbursements.

Click the **Browse for a File** link, and then select up to 4 receipts, and click the blue **Submit** button.

Now enter the claim details requested in the form below.

Claim Details			* Required
Start Date of Service *	mm/dd/yyyy		
End Date of Service	mm/dd/yyyy		
Amount *	\$		
Provider *			
Category * 7	Select a category	~	
Type *	Select a type	~	
Description			
		11.	
	If the category is 'Other' or 'Over Drugs', you must provide a desc	-the-Counter ription.	

Diversified Administration, Inc 6600 Taft Street, Suite 304 **Diversified** Hollywood, FL 33024 Administration, Inc. www.Div125.com Tax Savings For Employers & Employees Phone 954-983-9970 Fax 954-983-9695 How to Submit a Claim Online Using the Wex Portal Accounts / Transaction Summary Available Balance ** Balance reflects claims not yet submitted 2023 - 2024 Flexible... 📀 \$2,895.35 ** Transaction Summary (1) APPROVED AMOUNT FROM EXPENSE AMOUNT 2023 - 2024 Flexible Me Hospital Services \$100.00 \$100.00 Remove Update Spending Account **Total Amount** \$100.00 \$100.00 Save for Later Add Another Cancel Submit

You will then be taken to the Transaction Summary Page. Click the blue **Submit** button to finalize your submission.

This will take you to the confirmation page, where you can see your claim has been successfully submitted.

onfirmation				Print Confirmation
uccessfully Submitted				
FROM	то	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
- 2023 - 2024 Flexible Spending Account	Ме	\$100.00	\$100.00	Uploaded(1) Upload another Receipt
TOTAL APPROVED AMOUNT			\$100.00	

Diversified Administration, Inc. Tax Savings For Employers & Employees Diversified Administration, Inc 6600 Taft Street, Suite 304 Hollywood, FL 33024 www.Div125.com Phone 954-983-9970 Fax 954-983-9695

Smartphone Claims Submission



Administration Inc. My Accounts exible unt d Administration	\$3,296.70	>
My Accounts exible unt d Administration	\$3,296.70	>
exible unt d Administration	\$3,296.70	>
I Want To		
se Myself		>
m for Eligibility		>
Tasks		
le		
count Overview	1	
Summary - Diversified Admir	nistration	>
	Q. Profile	
	n for Eligibility Tasks e count Overview Summary - Diversified Admir	n for Eligibility Tasks e count Overview Summary Diversified Administration

Open your smartphone app and log in to your account.

Once you've logged into the smartphone app, tap the blue **Reimburse Myself** link, near the top of the screen. Use the QR code on the LEFT to download the iPhone App

Use the QR code on the RIGHT to download the Android App

rse Myself
Details
12/2/23 >
12/2/23 >
Facility
1
Jade Fernandez >
t to file a claim
ceipts
ot 区
Q

Enter the Dates of Service, Amount, Provider, Category & Type of Expense, and Description.

Once that has been entered you will need to upload a receipt before being able to click submit.



9:31	. II 🕈 🚯		
Claim Submitted			
\bigcirc)		
Your claim has been su	ccessfully filed.		
2023 - 2024 Flexible Sp	ending Account		
Amount	\$200.00		
Approved Amount	\$200.00		
Claim Sumn	nary		
Total Approved Amount	\$200.00		
ок	9		
	0		
A	24		

You will then be taken to a confirmation screen, which will show you the details of the claim just submitted.

Tap OK to go back to your home page.



Smartphone Claims Submission

[External]Claim Sub	omission Confirmation			
donotreply@di To OName Ho Retention Policy DAI User-Del	versified.lh1ondemand.com ere ete Older Than 3 years (3 years)	Expires 12/4/2026	≪ Reply All	→ Forward Tue 12/5/2023 9:32 AM
	This is a confirmation of your recently by visiting the following link <u>https://D</u> If receipts are still required, you may a along with your receipts. If you have any questions, please conf	filed claims. You may view the c iversified.lh1ondemand.com. also access the claim confirmatic	laim details	
	Contact CDH Support at (954) 983-9	<u>970</u> ext. 3 or email us at <u>Claims@di</u>	iv125.com	

After submitting your claim, you will receive a confirmation email like the one above.



The funds will already taken from the available balance, and will show as unpaid until its been reimbursed.

DATE	EXPENSE	RECIPIENT/PATIENT	MERCHANT/PROVIDER	SUBMITTED STATUS
12/2/2023	Medical	Name Here	Doctor, Store, Hospital, Facility	\$200.00 🔇 Unpaid
12/1/2023	Medical	Name Here	Doctor, Store, Hospital, Facility	\$103.30 ጰ Unpaid
				View full table of recent transactions



Thank you for the opportunity to provide you with unparalleled benefits administration services.

Contact Us at

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