

MCAP KEY POINTS

IMPORTANT INFORMATION ABOUT THE MEDICAL CARE ASSISTANCE PLAN (MCAP) FY2011 plan year (effective July 1, 2010)

All claims for plan year 2011 must be submitted to FBMC by the end of the run-out period, September 30, 2011. In accordance with IRS regulations, any unclaimed amount remaining in your account at the end of the filing deadline will be forfeited. It is extremely important that you file any medical, dental and/or vision claims with the appropriate insurance carrier as soon as possible in order to ensure timely receipt of the necessary documentation required for an MCAP claim submission (e.g. Explanation of Benefits, etc.). All account discrepancies must be resolved by the September 30th deadline.

Special Note Regarding Reimbursement of Dental Expenses

Due to the payment delays of the State's dental plan, the mailing of an Explanation of Benefits (EOB) for dental services is delayed several months. In order to gain the documentation required for reimbursement of your dental expenses, you may wish to access the CompBenefits website to print the required documentation. Typically, the claim information is available on the CompBenefits website within 7 - 10 days of your dentist office filing the claim. Once you log into the CompBenefits website at www.mycompbenefits.com, simply print the claim information necessary for you to support/substantiate your dental expenses and send to FBMC with the FSA Claim Form. Make sure that you print using landscape orientation when printing your claim information.

Enrollment Effective Date

- When enrolling during the annual Benefit Choice Period (May 1 — May 31), the healthcare-related expenses that are eligible for reimbursement are those that were incurred July 1, 2010, through June 30, 2011.
- When enrolling during the plan year due to experiencing a qualifying change in status or due to becoming a new state employee, the effective date to submit claims for reimbursement is the first day of the pay period following either the signature date on the MCAP Enrollment Form or the date of the qualifying event, whichever is later. Expenses incurred prior to the effective date will not be eligible for reimbursement.

Reimbursement Process and Direct Deposit

When submitting an MCAP claim for reimbursement you will need to complete an FSA Claim Form. Supporting claim documentation must be attached to the form and sent to FBMC. MCAP reimbursements are processed daily. For reimbursement purposes, eligible services/expenses are those that were incurred during the eligibility period.

Note: Services are considered incurred when they were provided, not when they were billed or paid. You may complete a direct deposit application and have your claim reimbursement

payments electronically sent to your checking or savings account. All FSA forms, including the FSA Claim Form and Direct Deposit Authorization Form, are available on the Benefits website at www.benefitschoice.il.gov.

myFBMC Visa® Card Transactions

Expenses paid with the myFBMC Visa® payment card will be paid at the point of service; however, some expenses may need to be substantiated, which means you must provide the follow-up documentation to FBMC for these expenses. Transactions that need documentation will be indicated in blue on your monthly FBMC statement. In order to substantiate an expense, documentation must be sent to FBMC along with the FSA Claim Form. Some examples of documentation would be an itemized bill, an Explanation of Benefits (EOB) statement, and a letter of medical necessity or an orthodontia contract. To obtain an FSA Claim Form, go to the Benefits website at www.benefitschoice.il.gov. The address and fax number to send the documentation and claim form is indicated in the 'Claims Submission Procedures' section.

Over-the-Counter Items

Over-the-Counter (OTC) items, including medicines and drugs, will be eligible for reimbursement through December 31, 2010. However, effective January 1, 2011, OTC medicines and drugs such as allergy, pain relief and cold medication will not be eligible for reimbursement unless the reimbursement request is accompanied by a physician's prescription.

Address Changes

To change your address, send written notification of your new address to your agency Group Insurance Representative (GIR). Reimbursement checks will be mailed to the address on file with your GIR, unless you have direct deposit (see 'Reimbursement Process & Direct Deposit' on page 1).

Grace Period

The IRS permits a two-month and 15 day 'grace period' immediately following the end of the plan year. This period allows participants to incur FY2011 expenses through September 15, 2011, and claim those expenses against any unspent funds remaining in their FY2011 MCAP account. Expenses incurred during this 2 % month grace period will be reimbursed from any monies remaining in the FY2011 account first, then from the 2012 plan year account (if enrolled for FY2012).

Example: On June 30, 2011, you have \$200 remaining in your FY2011 MCAP account. On August 22, 2011, you go to the dentist and are charged \$500. Once you submit a claim for reimbursement (or use the myFBMC Visa Card), the expense will be paid as follows: \$200 will be reimbursed out of the 2011 plan year account, depleting the balance; the remaining \$300 will be reimbursed out of the 2012 plan year account.

Note: Please do not confuse this new "grace period" with the annual "run-out period." The run-out period is explained at the top of this page and has not changed.

Claim Submission Procedures

Before submitting a claim for reimbursement, the services must have been provided, Claims that cross plan years and/or claims submitted without adequate documentation or a signature may be returned unpaid. Claims and required documentation may be submitted via online submission or faxed to FBMC at 1-866-440-7152 (toll free) or 1-850-514-5817. To submit online, login to FBMC's website, select the 'Claims' tab, then select the 'Online FSA Claim Submission' drop down option; be sure to make a note of your confirmation number. Alternatively, claim forms and documentation may be mailed to the following address: FBMC, P.O. Box 1810, Tallahassee, FL 32302-1810.

Please do not send claim forms and documentation to the Flexible Spending Accounts Unit at Central Management Services (CMS). Questions regarding claim submission, documentation or eligibility requirements, should be directed to FBMC at 1-800-342-8017.

Going off Payroll

If you go off payroll due to terminating employment, going on a leave of absence or retiring, you must notify your agency GIR immediately. Your eligibility for MCAP ends once you leave payroll unless you elect to continue MCAP deductions through the MCAP COBRA option. If you elect MCAP COBRA, expenses incurred while you are off payroll will be eligible for reimbursement. Your agency GIR can provide you with the continuation options and necessary forms.

A leave of absence in which you are still on payroll is NOT considered an eligible change in status to terminate from MCAP. Deductions must continue during the leave. Expenses incurred during this period are eligible for reimbursement as long as deductions do not cease.

If you do not elect to continue your deductions through MCAP COBRA, your participation in MCAP will be terminated effective the last day of the pay period in which a deduction was received. Any expenses incurred on or after the effective date of the MCAP termination will not be eligible for reimbursement.

Re-enrollment in MCAP after returning to payroll is not automatic. If you return to work from a leave of absence in which you were off payroll and wish to re-enroll in MCAP, you may do so if you re-enroll within 60 days from the date you returned to work. You must complete a new MCAP Enrollment Form. The effective date of the new eligibility period will be the first day of the pay period following either the signature date on the MCAP Enrollment Form or the return to work date, whichever is later. Forms are available on the Benefits website at www.benefitschoice.il.gov.

More Information

For more information about MCAP, please contact FBMC at 1-800-342-8017. You may also contact the FSA Unit at Central Management Services toll-free at 1-800-442-1300 (select 'Group Insurance,' then "Participant," then 'Flexible Spending Unit'), or call them directly at 1-217-558-4509.