

Funding Sheet for: Shriver Nursing Services, Inc. d/b/a Family Lives

Employer ID: CHOSHRIVER

HRA Plan Year 08/01/2016 – 07/31/2017

FSA/DCA Plan Year 01/01/2017 – 12/31/2017

Employer Provided Accounts

Health Reimbursement Arrangement – HRA-SINGLE

Single- \$750

- An additional \$500 will be available after \$250 of the shared responsibility has been satisfied

Health Reimbursement Arrangement – HRA-FAMILY

Two-Person- \$1500

Family- \$1500

- An additional \$1,000 will be available after \$500 of the shared responsibility has been satisfied

After your responsibility has been met, submit all of the following:

1. A Shared Responsibility Form, available on our website, www.choice-strategies.com.
2. An Explanation of Benefits (EOB) demonstrating that your share of the responsibility has been met.

Optional Employee Funded Accounts*

Flexible Spending Account (FSA) - you may contribute up to \$2,600 per year

Dependent Care Account (DCA) - you may contribute up to \$5,000 per year

*There is a 2 ½ month extension of your FSA/DCA in which you may continue to incur expenses and use FSA/DCA funds from the previous plan year to pay for these.

Eligible Expenses

Health Reimbursement Arrangement (HRA)

- In Network Medical Deductible expenses
- Excluding Co-Pays

Flexible Spending Account (FSA)

- All IRS eligible expenses

Dependent Care Account (DCA)

- All IRS daycare expenses (Custodial Care Only)

Which Account Will Pull First

- HRA funds will be used prior to FSA funds

Incentive Program

50% of unused employer funds will rollover. The account will not be funded in excess of \$1,000 for single participants and \$2,000 for family participants in any given plan year.

Useful Information:

- The eligible expenses listed on this funding sheet are the ONLY eligible expenses.
- **If pharmacy expenses are eligible on your plan, please check our website www.choice-strategies.com for a list of participating pharmacies.**
- The dates of service must have occurred during the plan year.
- You have a 3-month run-out period to file claims manually for dates of service incurred during the previous plan year.
- Receipt notifications will be mailed to you monthly. Your response to receipt notifications is necessary under the provisions of the plan. No response may result in the ineligibility of the purchase and as a result your card may be temporarily deactivated.

PLEASE KEEP ALL RECEIPTS AS THEY MAY BE REQUIRED TO SUBSTANTIATE PURCHASES MADE WITH THE CHOICE STRATEGIES CARD.™ THIS REQUIREMENT IS MANDATED BY FEDERAL REGULATIONS