Multnomah County

Effective 1/1/27

BenefitHelp SOLUTIONS

Agenda

Pre-Tax Accounts

- Medical Flexible Spending Account (FSA)
- Dependent Care Assistance Program
- Transportation Reimbursement Plan

Resources

- Welcome Email
- Logging into member portal
- Mobile App
- Contact Info & Forms/Resources

How to Request Reimbursement

- Debit Card Best Practices
- Forms
- Substantiation Requirements

What is a Flexible Spending Account?

Set money aside, before taxes, for healthcare expenses.

(Save up to 30% on eligible healthcare expenses!*)

All funds available day 1

Plan ahead through next year

Example of Peter's annual savings	With an FSA	Without an FSA
Peter's taxable income	$30,000	$30,000
Pre-tax amount deposited into an FSA	$1,200	$0
Peter's taxable income	$28,800	$30,000
Subtract estimated Federal, State & FICA taxes	$8,060	$8,400
Take home pay spent on FSA eligible expenses	$0	$1,200
Peter's actual spendable income	$20,740	$20,400
Annual savings	$340	$0

*Based on a 30% tax bracket.

BenefitHelp SOLUTIONS

FSA Annual Contribution Limit

2027 Medical FSA maximum annual election: $3,400
($240 annual minimum)

- Contribute and spend funds tax-free
- Pay for eligible out-of-pocket healthcare expenses

Use-or-lose

Don’t forget to spend your FSA dollars. You will forfeit any money left in your account over the carryover max at the end of the plan year.

What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first-aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and Lamaze classes
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.

BenefitHelp SOLUTIONS

Changes to your FSA Election

To make changes to your election after open enrollment, you need to experience a qualifying life event.

These events include:

- Change in marital status
- Change in the number of dependents
- Change in employment status

If you experience a qualifying life event, your employer can help you change your election.

BenefitHelp SOLUTIONS

FSA Carryover and Claim Filing

Your plan year is: 1/1/2027 – 12/31/2027

You have 90 days to file run out claims at the end of the year

Last day to file a claim for 2027 is 3/30/28. Debit card can't be used for runout claims

Carryover: You can carry over up to $680 into the next year.

January 1: Carryover begins
During runout: Prior and new plan-year claims are eligible
After runout: Remaining funds apply only to the new plan year

The 2026 plan year has a carry over of $680 that will rollover to the 2027 plan year

BenefitHelp SOLUTIONS

Garner Health Reimbursement Overview

Effective January 1, 2027

Garner Health Reimbursement Overview

- Beginning with the 2027 plan year, the group will reimburse eligible out-of-pocket medical expenses for members enrolled in Moda plans. This reimbursement does not apply to Kaiser plans.

What Garner Health Helps Cover

- Deductible expenses
- Coinsurance
- Copays

Annual Reimbursement Amounts

Coverage Tier	Maximum Reimbursement
Employee Only	Up to $1,000
Family Coverage	Up to $2,000

Important FSA Planning Reminder

Employees enrolled in an FSA should take this reimbursement into consideration when deciding how much to elect for the 2027 plan year, since Garner Health may offset some deductible, coinsurance, and copay expenses for Moda plan members.

Key takeaway: Garner Health may help reduce eligible out-of-pocket costs for Moda members, but employees should review their expected expenses carefully before making their 2027 FSA election.

Please note: Your benefits debit card should not be used for deductible, coinsurance, or copay expenses that may be reimbursed through Garner Health. IRS rules do not allow “double dipping,” meaning the same expense cannot be reimbursed by more than one plan or program. If an expense may be eligible for reimbursement through Garner Health, please do not also use your benefits debit card for that same expense.

BenefitHelp SOLUTIONS

What is Dependent Care FSA?

Set money aside, before taxes, for dependent care expenses

Funds available as deducted from paycheck

To be eligible for a dependent care FSA, both you and your spouse (if applicable) must work, be looking for work or be full-time students.

What does it cover?

The list includes, but is not limited to:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

BenefitHelp SOLUTIONS

Dependent Care FSA Annual Contribution Limit

Dependent Care FSA maximum annual election:

$7,500 per household

$3,750 per person (married filing separately)

- Contribute and spend funds tax-free
- Pay for eligible out-of-pocket Dependent care expenses

Use-or-lose

Don’t forget to spend your FSA dollars. You will forfeit any money left in your account at the end of the plan year.

Your plan year is: 1/1/2027 – 12/31/2027

Last day to file a claim: 3/30/2028

BenefitHelp SOLUTIONS

Changes to your Dependent Care FSA Election

To make changes to your election after open enrollment, you need to experience a qualifying life event.

These events include:

- Change in marital status
- Change in the number of dependents
- Change in employment status
- There is a change in daycare providers
- Your child turns age 13
- The cost of qualified daycare expenses increases or decreases
- There is a judgment, decree or order requiring a change in coverage

If you experience a qualifying life event, your employer can help you change your election.

BenefitHelp SOLUTIONS

What are Transportation Benefits - Transit & Parking?

Pay for transportation to and from work and Parking expenses – tax-free

- Contribute on a pre-tax basis, per account
- Public transportation such as train, bus, subway, vanpool (vehicle that seats six or more adults, excluding the driver), ferry, etc.
  - UberPOOL
  - Lyft Line

BenefitHelp SOLUTIONS

Transportation Annual Contribution Limit

Commuter Benefit Maximum per Month:

Transit	Parking
$240	**$340**

Any money contributed to your transit or parking benefit rolls over every month until it is used, or you are no longer eligible.

BenefitHelp SOLUTIONS

Accessing your funds

Your plan year is: **1/1/2027 – 12/31/2027**

Last day to file parking claims: **3/30/2028**

- 180-day filing deadline
- Benefits debit card is *mandatory* for Transit

Cash reimbursement available for parking

- File the parking claims through your online account or mobile app
- No documentation required

BenefitHelp SOLUTIONS

Resources

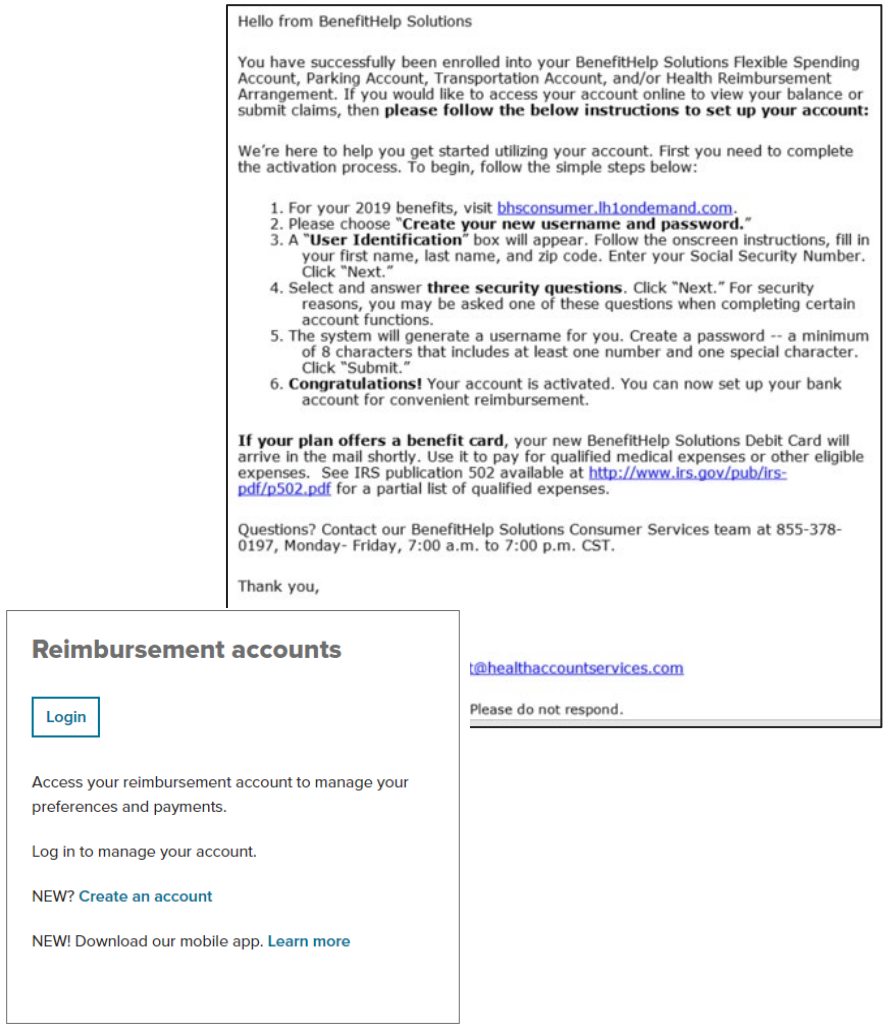
Member Portal – Logging in

Logging into the BenefitHelp Solutions Member Portal

You will receive an enrollment confirmation with instructions on how to log into your account for the first time.

Go **to www. Benefithelpsolutions.com**

For your first-time login, select the “Login” Icon and then under reimbursement accounts section select ‘Create an account’.



Hello from BenefitHelp Solutions

You have successfully been enrolled into your BenefitHelp Solutions Flexible Spending Account, Parking Account, Transportation Account, and/or Health Reimbursement Arrangement. If you would like to access your account online to view your balance or submit claims, then **please follow the below instructions to set up your account:**

We’re here to help you get started utilizing your account. First you need to complete the activation process. To begin, follow the simple steps below:

1. For your 2019 benefits, visit bhsconsumer.lh1ondemand.com.
2. Please choose **“Create your new username and password.”**
3. A **“User Identification”** box will appear. Follow the onscreen instructions, fill in your first name, last name, and zip code. Enter your Social Security Number. Click “Next.”
4. Select and answer **three security questions**. Click “Next.” For security reasons, you may be asked one of these questions when completing certain account functions.
5. The system will generate a username for you. Create a password -- a minimum of 8 characters that includes at least one number and one special character. Click “Submit.”
6. **Congratulations!** Your account is activated. You can now set up your bank account for convenient reimbursement.

If your plan offers a benefit card, your new BenefitHelp Solutions Debit Card will arrive in the mail shortly. Use it to pay for qualified medical expenses or other eligible expenses. See IRS publication 502 available at http://www.irs.gov/pub/irs-pdf/p502.pdf for a partial list of qualified expenses.

Questions? Contact our BenefitHelp Solutions Consumer Services team at 855-378-0197, Monday- Friday, 7:00 a.m. to 7:00 p.m. CST.

Thank you,

t@healthaccountservices.com

Please do not respond.

Reimbursement accounts

Login

Access your reimbursement account to manage your preferences and payments.

Log in to manage your account.

NEW? Create an account

NEW! Download our mobile app. Learn more

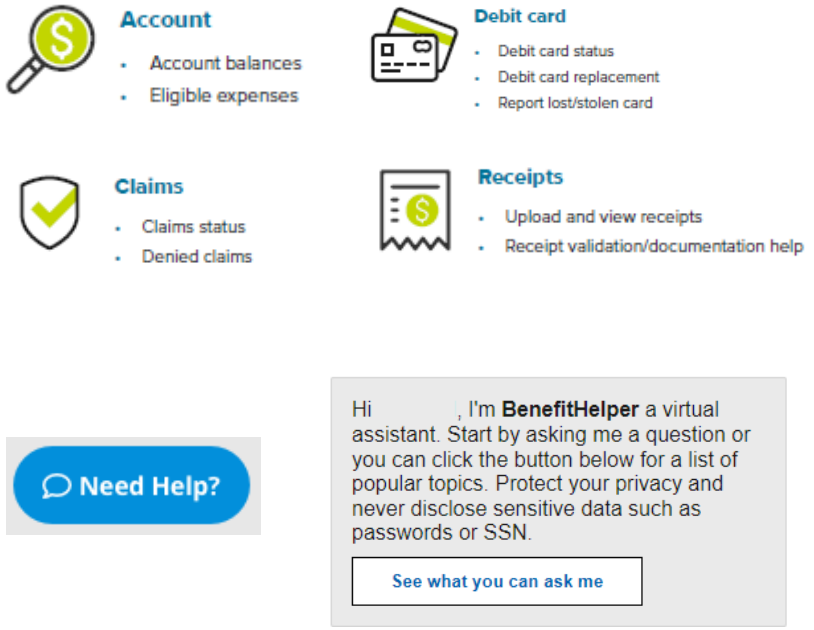
BenefitHelp SOLUTIONS

Member Portal

- Log in on BenefitHelp Solutions website from the homepage
- 24/7 access to account information
- Submit claims and upload documentation
- Pay providers
- Enroll in direct deposit
- Access tool, resources, and forms
- Order replacement benefits cards
- Shoebox for storing receipts
- Update communication preferences and enroll in text alerts

Get help anytime with BenefitHelper!

BenefitHelp is available 24/7/365 to help you with your account, debit card, claims, receipts and much more.



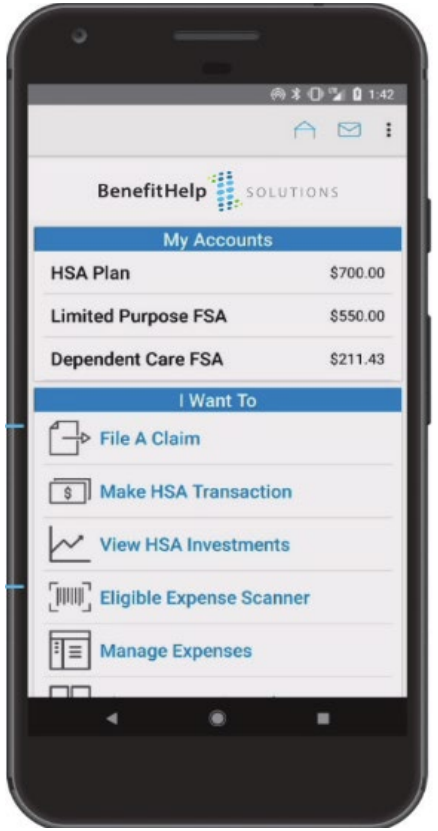
BenefitHelp SOLUTIONS

Mobile App

Check balances
Wondering if you can pay for procedure? No need to wait for an answer. Your account balance is right at your fingertips.

Scan expenses
Scan a product bar code to find out if it qualifies as a medical expense.

Make payments quickly
Capture receipts and record eligible expenses when they happen. Add payees and pay bills from any account.



Get started with the BenefitHelp Solutions Mobile App in minutes.

Download on the App Store | ANDROID APP ON Google Play

BenefitHelp SOLUTIONS

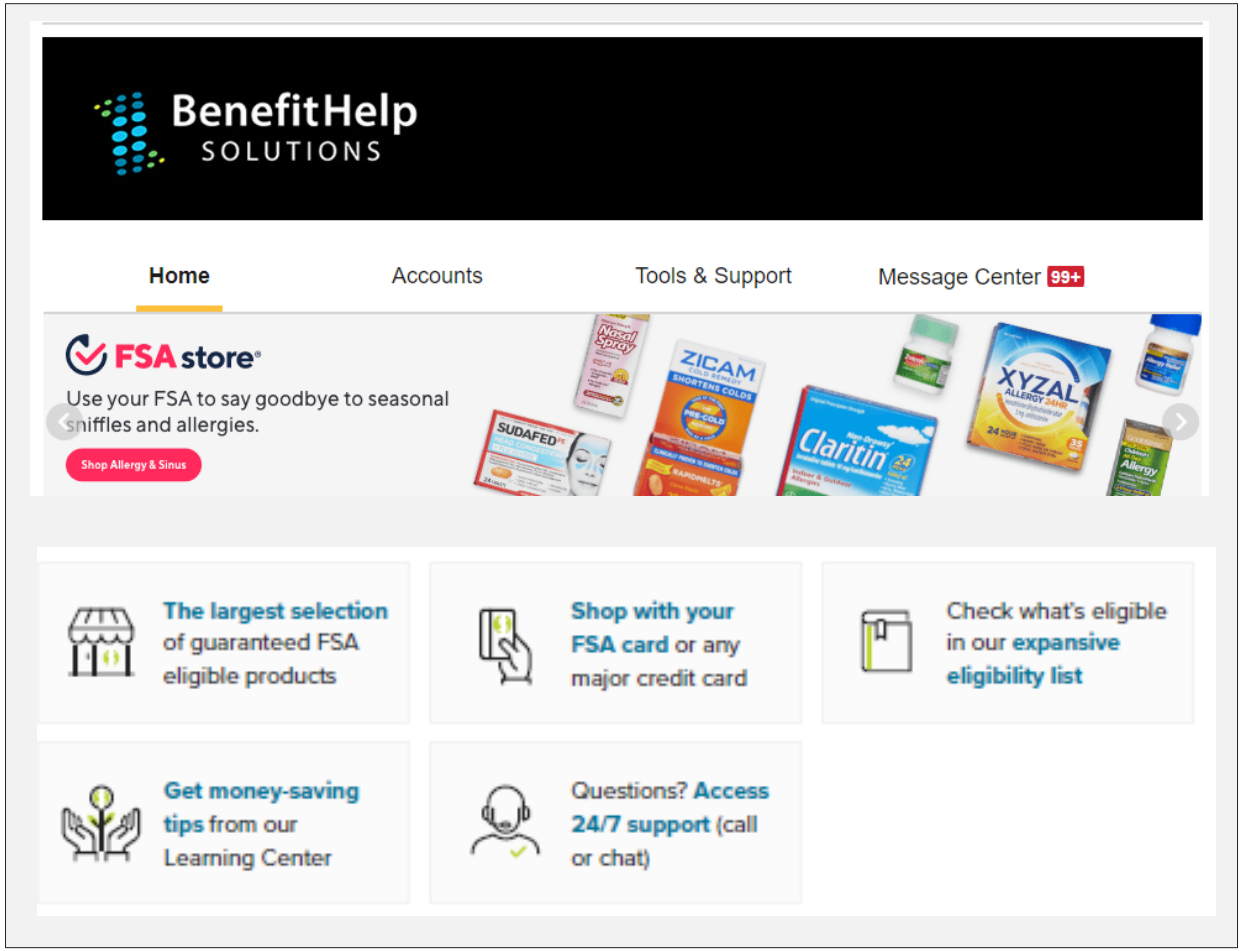
FSA Store

Shop directly from your member portal

Visit fsastore.com/BenefitHelpOE

Discount code for $5 off your purchase in open enrollment packet

- Instacart
- Door Dash



BenefitHelp SOLUTIONS

Contact Information

Claims: BenefitHelp Solutions,
P.O. Box 2823, Fargo, ND 58108
Fax: 855-778-9837

Questions? Contact BenefitHelp Solutions at 855-378-0197, Monday - Friday, 5:00 a.m. to 5:00 p.m. PT.

Resources & Forms

www.benefithelpsolutions.com or Member portal: Reimbursement forms, authorized representative, member guide, medical necessity, recurring dependent care/ortho, transit & parking, POA, eligibility list

BenefitHelp SOLUTIONS

Reimbursement

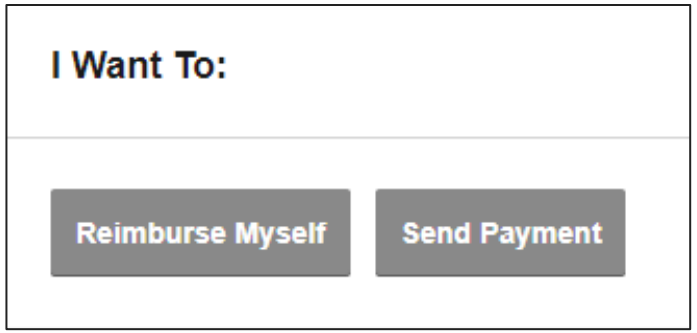
How to request Reimbursement

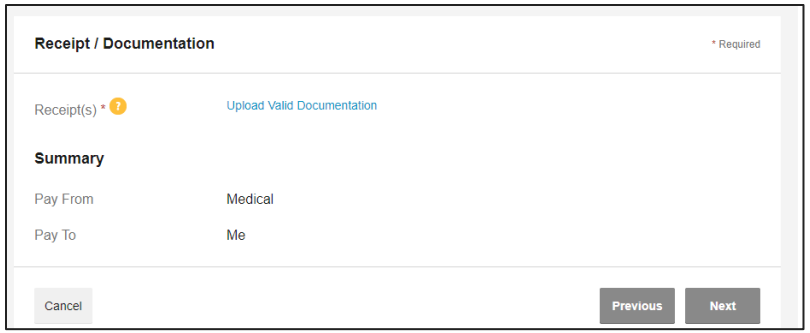
- Member Portal
- Mobile App
- Benefit Debit Card
- Claim Form
- Substantiation Requirements

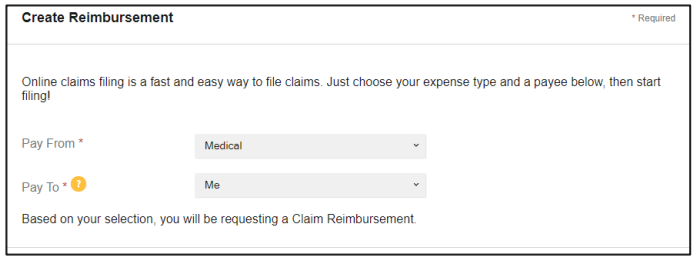
Payment options:

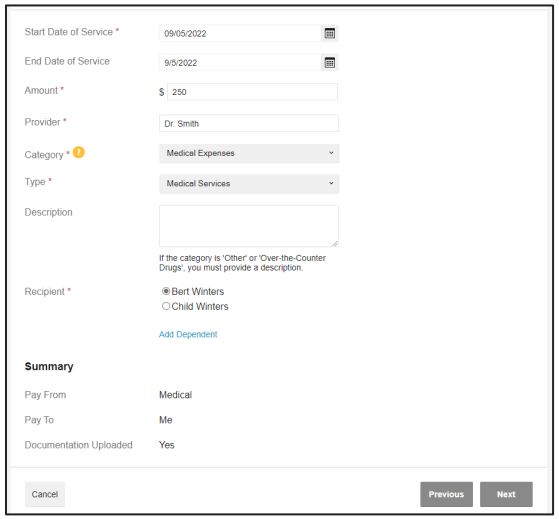
- Direct Deposit
- Check

BenefitHelp SOLUTIONS







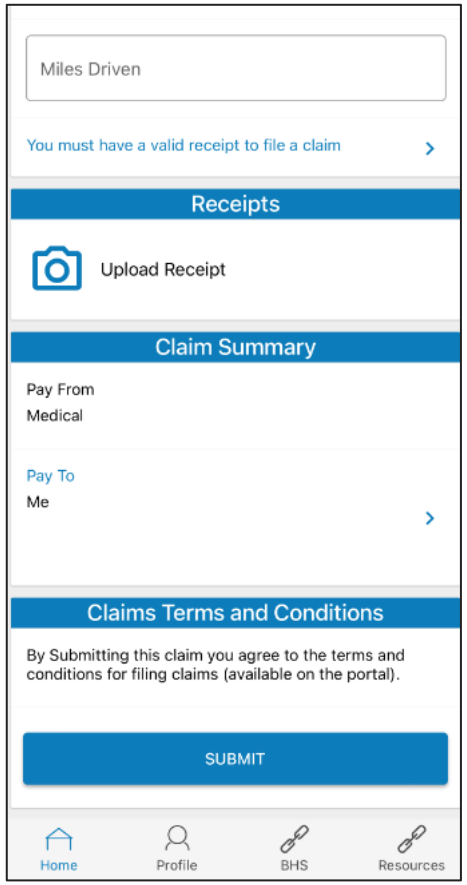


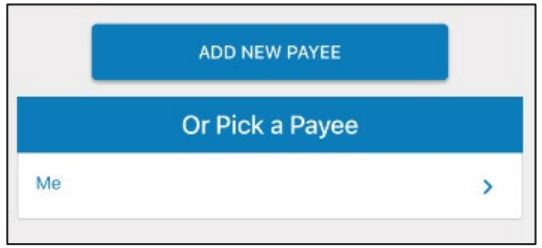
Member Portal

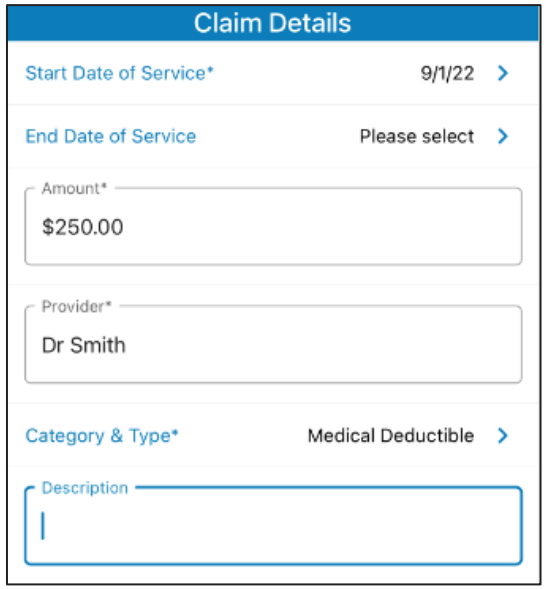
- Reimburse yourself or a provider
- Must upload documentation
- Request mileage reimbursement

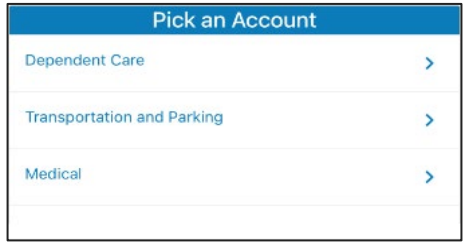
BenefitHelp SOLUTIONS

Mobile App









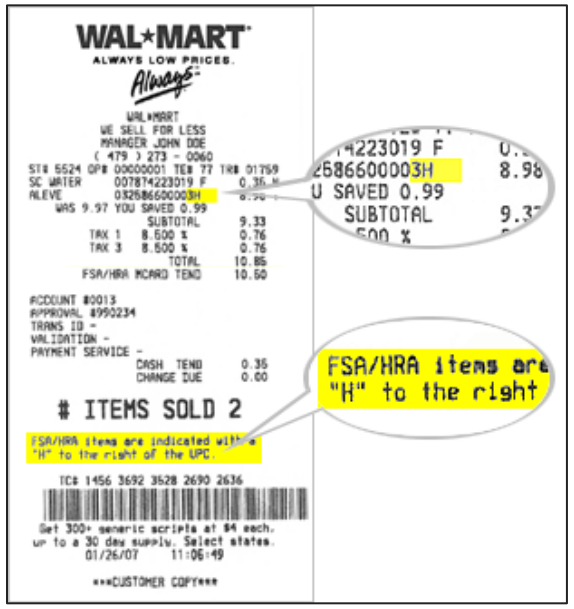
Member Portal

- Reimburse yourself or a provider
- Upload a picture or receipt from your phone
- Request mileage reimbursement

BenefitHelp SOLUTIONS

Benefit Debit Card

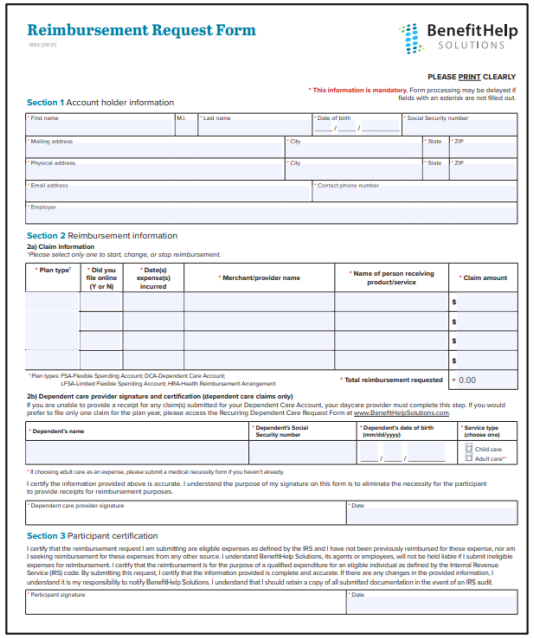
Point of sale access	Submitting Documentation	Timing limitations
• Merchant category code for eligible retailers and providers • Inventory information approval system for eligible healthcare expenses	• **Unnecessary for copays, recurring fees, and prescriptions** • **Documentation must be received within 60-days to avoid suspension of card**	Should only be used for expenses (date of service) within the active plan year



BenefitHelp SOLUTIONS

Claim Forms

- Reimbursement Form
- Automatic Orthodontia Request Form
- Recurring Dependent Care Form
- Medical Necessity Form
- Available in the member portal and **benefithelpsolutions.com**



Reimbursement Request Form

BenefitHelp SOLUTIONS

PLEASE PRINT CLEARLY

* This information is mandatory. Form processing may be delayed if fields with an asterisk are not filled out.

Section 1 Account holder information

* First name | M.I. | * Last name | * Date of birth (____ / ____ / ____) | * Social Security number

* Mailing address | * City | * State | * ZIP

* Physical address | * City | * State | * ZIP

* Email address | * Contact phone number

* Employer

Section 2 Reimbursement information

2a) Claim information

Please select only one to start, change, or stop reimbursement.

* Plan type*	* Did you file online (Y or N)	* Date(s) expense(s) incurred	* Merchant/provider name	* Name of person receiving product/service	* Claim amount
					$
					$
					$
					$

* Plan types: FSA-Flexible Spending Account; DCA-Dependent Care Account; LFSA-Limited Flexible Spending Account; HRA-Health Reimbursement Arrangement.

* Total reimbursement requested = 0.00

2b) Dependent care provider signature and certification (dependent care claims only)

If you are unable to provide a receipt for any claim(s) submitted for your Dependent Care Account, your daycare provider must complete this step. If you would prefer to file only one claim for the plan year, please access the Recurring Dependent Care Request Form at www.BenefitHelpSolutions.com

* Dependent's name	* Dependent's Social Security number	* Dependent's date of birth (mm/dd/yyyy)	* Service type (choose one)
		____ / ____ / ____	☐ Child care ☐ Adult care*

* If choosing adult care as an expense, please submit a medical necessity form if you haven't already.

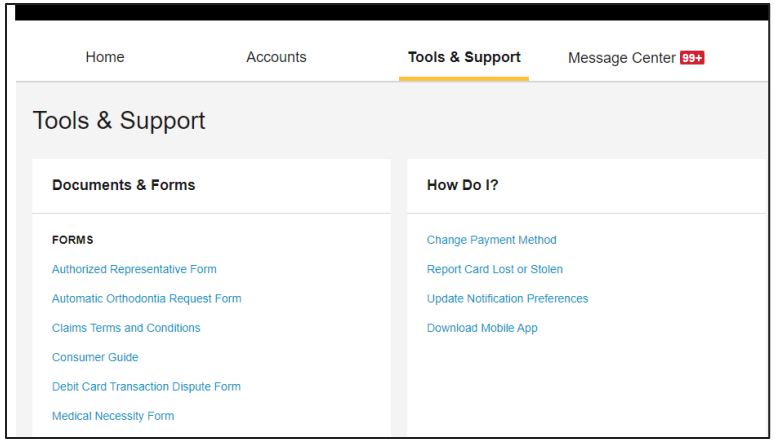
I certify the information provided above is accurate. I understand the purpose of my signature on this form is to eliminate the necessity for the participant to provide receipts for reimbursement purposes.

* Dependent care provider signature | * Date

Section 3 Participant certification

I certify that the reimbursement request I am submitting are eligible expenses as defined by the IRS and I have not been previously reimbursed for these expense, nor am I seeking reimbursement for these expenses from any other source. I understand BenefitHelp Solutions, its agents or employees, will not be held liable if I submit ineligible expenses for reimbursement. I certify that the reimbursement is for the purpose of a qualified expenditure for an eligible individual as defined by the Internal Revenue Service (IRS) code. By submitting this request, I certify that the information provided is complete and accurate. If there are any changes in the provided information, I understand it is my responsibility to notify BenefitHelp Solutions. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

* Participant signature | * Date



Home | Accounts | Tools & Support | Message Center 99+

Tools & Support

Documents & Forms

FORMS

- Authorized Representative Form
- Automatic Orthodontia Request Form
- Claims Terms and Conditions
- Consumer Guide
- Debit Card Transaction Dispute Form
- Medical Necessity Form

How Do I?

- Change Payment Method
- Report Card Lost or Stolen
- Update Notification Preferences
- Download Mobile App

BenefitHelp SOLUTIONS

Substantiation

Flexible Spending Account (FSA)

- Explanation of Benefits
- Itemized receipt with – date of service, type of service, provider, final out of pocket amount
- Credit card receipts are not valid documentation

Dependent Care

- Itemized receipt showing the of service, type of service, provider, final out of pocket amount
- Providers signature on claim form
- Can submit one recurring dependent care form for the entire year

Substantiation not received can make the debit card transaction taxable income and can be reported on your W-2.

BenefitHelp SOLUTIONS

2027 Parking and Transit Reimbursement Examples

How monthly plan limits apply when expenses and account balances vary | $20 minimum monthly election

$340 monthly maximum

Qualified parking

$340 per month

Mass transit and vanpool

$240 per month

1 Expense comes first

Reimbursement cannot exceed the eligible expense incurred for the month.

2 The monthly cap applies

Even with sufficient funds, reimbursement cannot exceed the applicable monthly maximum.

3 Balances do not raise the cap

Accumulated account funds do not increase the limit for a specific month.

Examples 1–3 cover parking. Examples 4–5 cover transit.

Parking Examples

The eligible reimbursement is the lesser of the expense or the $340 monthly parking maximum.

EXAMPLE 1

Expense below the monthly limit

JANUARY EXPENSE	ACCOUNT BALANCE	REIMBURSEMENT
$250	$500	$250

Expense is below the monthly IRS limit.

EXAMPLE 2

Expense above the monthly limit

JANUARY EXPENSE	ACCOUNT BALANCE	ELIGIBLE
$450	$700	$340

Amount over limit: $110
BenefitHelp Solutions cannot reimburse more than the January maximum.

EXAMPLE 3

Accumulated funds do not increase the limit

JANUARY EXPENSE	ACCOUNT BALANCE	REIMBURSEMENT
$600	$2,500	$340

Funds are sufficient, but the monthly limit remains $340. Reimbursement is $340, not $600.

Member confusion often occurs when a large accumulated balance is mistaken for a higher monthly reimbursement limit.

Transit Examples

The eligible reimbursement is the lesser of the expense or the $240 monthly mass transit maximum. A $20 minimum monthly election applies.

EXAMPLE 4

Transit expense below the monthly limit

FEBRUARY PASS	ACCOUNT BALANCE	REIMBURSEMENT
$190	$400	$190

The expense is below the monthly transit limit, so the full $190 is eligible for reimbursement.

EXAMPLE 5

Transit expense above the monthly limit

FEBRUARY EXPENSE	ACCOUNT BALANCE	MAXIMUM
$500	$800	$240

Amount above the plan limit: $260
Reimbursement cannot exceed the monthly transit maximum.

Key takeaway: Parking remains capped at $340, mass transit is capped at $240, and both require a $20 minimum monthly election.

Daily Parking Debit Card Example

How daily parking charges work and when documentation may be requested

EXAMPLE 6 | Member parks and pays $14 per workday with the benefits card

MON	TUE	WED	THU	FRI	WEEK TOTAL	MONTHLY TRACKING
$14	$14	$14	$14	$14	$70	Counts toward $340

Will the card work every day?

- **Generally, yes** when used at an eligible parking merchant with the correct merchant category code.
- **Each swipe** is a separate transaction and reduces the available parking balance.
- **Monthly cap** charges can continue until available funds or the $340 monthly maximum is reached.
- **If declined** pay out of pocket and submit a parking claim with supporting documentation.

What documentation is needed?

- **Card swipe** usually none is submitted if the transaction processes successfully.
- **Keep receipts** retain daily parking receipts or transaction records.
- **If requested** show the merchant, date, parking expense, and amount paid.
- **No receipt** use the plan's self-substantiation process, if permitted.

Member takeaway: The card may be used for daily qualified parking but save receipts in case BHS requests substantiation.

Questions

Thank you!

BenefitHelp SOLUTIONS