Welcome to the Blue Cross & Blue Shield of RI FSA program administered by London Health Administrators. Your FSA is an employee benefit sponsored by your employer that allows you to pay for qualified expenses such as health care, dependent care and commuter services with tax-free funds. Since taxes are not deducted from your FSA payroll contributions, you will experience two important financial benefits:

• Health care, dependent care and commuter expenses become more affordable
• Your take home income increases

<table>
<thead>
<tr>
<th>Without an FSA</th>
<th>With an FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Tax Annual Income</td>
<td>$38,000</td>
</tr>
<tr>
<td>FSA Contribution</td>
<td>$0</td>
</tr>
<tr>
<td>Annual Taxable Income</td>
<td>$38,000</td>
</tr>
<tr>
<td>Federal, State &amp; FICA</td>
<td>$10,127</td>
</tr>
<tr>
<td>Out-of-Pocket Health Expense</td>
<td>$500</td>
</tr>
<tr>
<td>Take Home Income</td>
<td>$27,373</td>
</tr>
</tbody>
</table>

**TAKING HOME PAY INCREASES BY $133**

### Plan Features

- To access your member portal, go to: [bcbsri.wealthcareportal.com](http://bcbsri.wealthcareportal.com)
- To download your mobile application search for the following in your smart phone store: Blue Solutions Spending On The Go
- To login to your portal and mobile app you will need two key IDs:
  - **ER Name** = City of Providence
  - **EE ID** = Your SSN w/ no dashes

### Resources

- Within the BCBSRI FSA Portal you will have access to many innovative and valuable resources within the “LEARN” tab
- To submit claims for reimbursement click the “DO” tab
- To opt-in for reimbursement via direct deposit click THE MY PROFILE tab
- For a important plan collateral click FORMS AND DOCUMENTS

### Health Care FSA:
- **Annual contribution maximum = $2,700**
- **Balances at end of plan year** = members can incur claims through July 30th to use old plan year balances

### Dependent Care FSA:
- **Annual contribution maximum = $5,000**
- **Balances at end of plan year** = unused funds after the runout period are forfeited

### Commuter FSA:
- **Monthly contribution maximum = $265 per month** for transit and $265 per month for parking
- **Balances at end of plan year** = all unused funds rollover month to month

To contact London Health, BCBSRI’s FSA administrator, please use the following:

- **Email:** customerservice@londonhealthusa.com
- **Phone:** 401-435-4700, option #3
- **Fax:** 401-435-3937
**FSA Payment Options**

### Eligible Expenses

**HEALTH CARE**
- Acupuncture
- Ambulance
- Birth Control
- Chemical Dependency
- Child Birth/Delivery
- Chiropractors
- Contact Lenses
- Copays
- Deductibles
- Dental Expenses
- Dermatologist Fees
- Diagnostic Testing
- Durable Med. Equip.
- Eyeglasses
- Hearing Aids
- Hospital Services
- Laboratory Fees
- Long-Term Care
- Mental Health
- Over the Counter Rx*
- Optometrist
- OBGYN Services
- Physician Services
- Prescription Drugs
- Psychiatric Care
- Surgeon Fees
- Therapy (PT/OT/ST)
- Vision Expenses

* Over-the-counter drugs are only eligible expenses if you have a doctor’s prescription

**DEPENDENT CARE**
- Child day care programs
- Before and after school programs
- Home care (care giver cannot be spouse or dependent and is 19 years of age)
- Summer Day Camps
- Funeral Expenses
- Nursery school program
- In-home Care for Elder Care

**COMMUTER**
- Work related public transportation such as bus, subway, train and ferry passes
- Work related parking

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1. **Debit Card**
   - Swipe at point of service
   - Use # to pay online
   - State # on invoice and return to provider

2. **Mobile Application**
   - Click MENU button in upper left of app
   - Click SUBMIT CLAIM icon within top tool bar

3. **Desktop Member Portal**
   - Click **DO** within the top toolbar
   - Click SUBMIT CLAIM

4. **Email/Fax**
   - Email receipt to: BCBSRIclaims@londonhealthusa.com
   - Fax receipt to: 401-435-3937

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3️⃣ Email/Fax

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