

EMPLOYEE KIT

Getting Started With Your Standalone[®] Spending Account

Through myHSA

HCSA Account

myHSA

Welcome!

Welcome to your Standalone Spending Account.

This benefits solution provides you with flexibility and choice in how you spend your dollars, what you use them on, and when.

Standalone is administered by Benefits by Design (BBD) and powered through the myHSA platform. myHSA's technology platform allows the easy submission of claims while on-the-go through their app and makes managing your spending account(s) simple.

Questions?

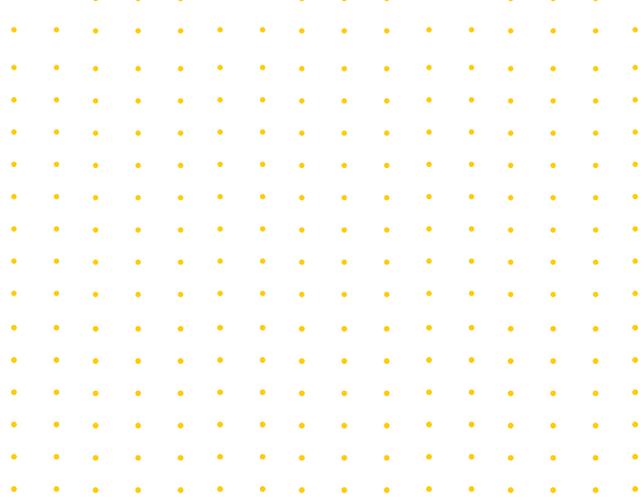
If you have any questions or concerns about claims, please contact your Client Service Representative at 1-888-272-0413.

For technical questions or concerns, please contact myHSA through their online chat, available through the myHSA app or website (getmyhsa.com).

What is in Your Kit?

- Learn About Your Spending Account(s)
- Log Into Your Account
- Get Your Money Back
- How to Submit a Claim
- Download the myHSA App





Learn About Your Spending Account(s)

At Benefits by Design (BBD), we aim to make benefits as easily understandable and accessible as possible. Let's take a look at your Standalone plan in more detail!

You can think of a Spending Account like a bank account full of money. You will be able to spend the money in this account on eligible expenses each year and your account will reset with the beginning of each new benefit year.

Your Health Care Spending Account (HCSA)

Your Health Care Spending Account (HCSA) can be used for a variety of eligible health and dental claims. Common examples of eligible expenses include paramedical benefits like massage, dental expenses, or vision care. Your HCSA resets each benefit year to its full amount and, depending on your plan design, can be made available to you all at once, or in allotments on a quarterly, bi-monthly, or semi-annual basis.

HCSAs are considered a non-taxable benefit, so you'll be able to take advantage of your full allotment, rather than losing some of your compensation to taxes.



[Learn More: Everything You Need to Know About Health Care Spending Accounts](#)

What can I use my HCSA dollars for?

All eligible claims under a HCSA are determined by the Canada Revenue Agency (CRA), although here are some of the most common expense claims that we see:

- Ambulance services
- Specific cancer treatment(s)
- Dental services
- Paramedicals, such as massage
- Hospital services
- Vision care
- Crutches
- Hearing aids
- Pacemakers and/or heart monitoring devices



Note: In the event of losing your benefits due to the termination of your coverage, you will have up to 30 days to submit any outstanding claims.

Depending on your plan design, the CRA's expense list and what's covered under your HCSA may differ. If you are unsure whether a specific expense will be covered by your HCSA, we encourage you to speak with your Plan Administrator or consult the [CRA website's list of eligible medical expenses](#). It will also be available on your dashboard as well. If you have any questions please contact your CS team from BBD.



[Learn More: List of Health Care Spending Account \(HCSA\) Eligible Expenses](#)

Log into Your Account

Log in to the myHSA platform via the app or [myHSA website](#) and use the login information provided in the email you received from **noreply@getmyhsa.com**. If you did not receive an email, please contact your Client Service Representative or email our team **Standalone team at standalone@bbd.ca**.

Once logged in, you can update your banking information, submit claims, check on the status of a claim, and review your current Spending Account balance(s).

Get Your Money Back

Direct deposit allows your claims reimbursement to automatically appear in your bank account once it's approved. This is a required step in order for you to be reimbursed for claims. To do so, click 'Settings' from the Dashboard and then select 'Bank Info'.

Input the following information and click 'Update':

- **Institution Number** — 3 digits that identify your bank
- **Transit Number** — 5 digits that identify the branch where your bank is located
- **Account Number** — any remaining numbers and variable digits that identify your account

YOUR NAME
123 YOUR STREET
YOURCITY, ONTARIO
R3B 1E7

DATE _____

725

PAY TO THE ORDER OF _____ \$ _____

100 DOLLARS

YourBank
123 THEIR STREET
YOURCITY, ONTARIO R3B 1E7

MEMO _____

⑈ 725 ⑈ ⑆ 12345 ⑈ 678 ⑆ 12 ⑈ 345 ⑈ 678 ⑈ 9 ⑈ ⑈

CHEQUE # TRANSIT #
 (5 digits)

INSTITUTION #
 (3 digits)

BANK ACCOUNT #

Claims will typically be reimbursed within 2-4 business days. You can view the status of any pending claims as well as a full history of submitted claims from the 'View Claims' button on your dashboard.

How to Submit Your Claims

You can submit your claim using the desktop or mobile application. You can only submit one claim at a time, so if you are submitting multiple claims at once, you'll need to complete this process one at a time to ensure there are no delays in confirmation and reimbursement. If you have alternate coverage for medical/dental and vision (ie group insurance through their company or spouse) you are required to submit to your "primary carrier" first. Any out of pocket expense can be submitted through their HCSA. Note that only the amount remaining out of pocket can be claimed paired with the Explanation of Benefits (EOB) form.

- 1 Click the 'Make a Claim' button from your dashboard.
- 2 Upload a picture of your receipt. Ensure the image is clear and the receipt is readable.
- 3 Select the Service Date. This is the date of your claim (i.e. the date on the receipt).
- 4 Input the Claim Amount. This is the total amount you paid, including taxes.
- 5 Select a Category Item. This is the Spending Account you're claiming under. Depending on your plan design, you may have multiple categories to choose from, or just one.

Remember: an HCSA is for eligible health and dental expenses, while a WSA is for health and wellness items. If you are unsure which Spending Account your claim falls under, it's best to check the eligibility with your Plan Administrator before submission to avoid delays in confirmation or reimbursement.

- 6 Select a Category Sub-Item. This is a list of applicable categories that your claim could fall into. Select the one that is most applicable.
- 7 Select Claimant Name. This is who the claim is for (who got the service), not who is submitting it.
- 8 If you wish, you can include a note for the person reviewing your claim.
- 9 Click 'Submit'.

To ensure a smooth claims process, ensure that your scanned invoice or receipt contains the following information (if applicable):

- A description of the service performed
- Practitioner's name and credentials
- Patient's name
- Proof that charges and amounts indicated have been paid in full
- Referral from medical practitioner (if applicable)



Note: Claims must be submitted individually. If you have one claim for yourself and one for your dependent child, you need to submit two claims.

Download the myHSA App

Download the myHSA app to manage and submit your claims on-the-go! This will make your Standalone experience much smoother, allowing quick and convenient claims submission through your mobile device!

You can download the myHSA app on the App Store or Google Play Store

