



Wellness Reimbursement Account



Benefit Consultants



DAVEVIC BENEFIT CONSULTANTS

P.O. Box 976, 902 South Center Street
Grove City, PA 16127

800-854-4099 www.davevic.com

flexcontact@davevic.com



Mayfield City Schools

EVERY STUDENT. EVERY DAY.

Wellness Reimbursement Policy

PURPOSE

To establish consistent practices, guidelines and procedures associated with the monetary reimbursement of wellness-related activities, programs, and expenses for Mayfield City Schools employees.

SCOPE

Anyone who qualifies for the life insurance benefit through the district would be eligible for wellness resources under this policy. This policy supersedes any previously implemented wellness policy. Mayfield City Schools reserves the right to revise or revoke this policy at any time.

RESPONSIBILITY

The establishment, administration and equal and consistent application of this policy is the responsibility of the Program Administrator. All employees are responsible to adhere to the provisions and restrictions of this policy.

GENERAL STATEMENT

To encourage practices that promote health and well-being for our employees, Mayfield City Schools will reimburse costs associated with wellness pursuits as outlined below:

- Any regular, full-time employee is eligible for a wellness reimbursement up to \$90 per quarter for applicable activities/programs. This is a taxable benefit. Reimbursement is subject to approval by plan administrator, Davevic Benefit Consultants and is subject to medical carrier wellness reimbursement guidelines. Davevic also processes payments and mails or direct deposits directly to the employee.
- If you are new to the Wellness Reimbursement Program and sign up during a quarter, you will be effective the following quarter. For example, if you sign up February 1st (1st quarter), you will not be eligible for reimbursement until the 2nd quarter with payout once the quarter ends.
- All approved reimbursements will be reimbursed within 4-6 weeks after the submission deadline.
- Questions about the wellness policy should be directed to:
wildcatbenefits@oswaldcompanies.com or flexcontact@davevic.com

SUBMISSION PROCESS

- All requests for reimbursement, supported by receipts, must be submitted along with the **Wellness Form (attached)** to Davevic Benefit Consultants ***flexcontact@davevic.com*** by the 15th day in the month following the closed calendar quarter. For example, forms and receipts for the 1st quarter (January, February, March) are due by April 15th.
- Incomplete forms will not be accepted nor processed. Please ensure that your email includes dated, legible receipt(s) and a dated, signed, legible form. Please include all attachments in one email.

- Late forms will not be accepted. There are no retroactive reimbursements. Reimbursements for new hires will be pro-rated based on hire date. Approved reimbursements will be taxed accordingly.
- All submissions for each quarter are submitted as a group after the quarterly deadline date. Expect reimbursement within 4-6 weeks after the submission deadline.

Quarterly deadline dates:

1st quarter purchases – January, February, March – deadline to submit is April 15th

2nd quarter purchases – April, May, June – deadline to submit is July 15th

3rd quarter purchases – July, August, September – deadline to submit is October 15th

4th quarter purchases – October, November, December – deadline to submit is January 15th

- Receipts must be clear and legible, and include date of purchase, amount, and purchase description. If SKU numbers only are included, you will need to provide the matching SKU from the product label, or the receipt will be rejected.
- The date on the receipt must correspond with the quarter being submitted. Example, if submitting for the 1st quarter, then the dates on the receipts must reflect January 1st through March 31st.
- The Wellness Form (attached) must be filled out **completely** and **accurately** for each quarter submitted. Illegible or incomplete forms will be rejected.

ONLINE SUBMISSION

Through Davevic you are able to also submit your Wellness Form and Receipts electronically through the Davevic Consumer Portal or Davevic Mobile App.

Instructions on how to access your account can be found on the "Important Benefits Announcement" Flyer or by calling Davevic at 800-854-4099. If you have an existing FSA account through Davevic it is the same account login.

NOTE: When submitting electronically, you must still attach a copy of the *Wellness Form* for the claim to be adjudicated.

Eligible & Ineligible Expenses

ELIGIBLE EXPENSES

Holistic health sessions - i.e., massage, acupuncture

Reputable weight loss or weight management programs including Weight Watchers, NOOM, etc.
(excludes food cost)

Nicotine Cessation Programs

Fitness class fees and gym memberships both in-person or online. **Annual membership receipts must be resubmitted each quarter and broken out over each quarter up to the quarterly \$90 limit.**

Example, if ABC's annual gym membership is \$340, then submit the annual membership receipt every quarter and receive \$90 reimbursement per quarter with the remaining reimbursement given in the 4th quarter. \$90 in 1st quarter, \$90 in 2nd quarter, \$90 in 3rd quarter, \$70 in 4th quarter (\$90+\$90+\$90+\$70=\$340)

Fitness event registration fees

Fitness equipment and wearable devices including treadmills, weight sets, Pilates balls, cycling helmets, resistance bands, heart monitors, Fitbit, and other wearables, etc. (excluding apparel and shoes)

Visits with a registered dietitian, certified fitness trainer or certified health coach (credentials of the professional must be included on the receipt).

NON-ELIGIBLE EXPENSES INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

Any and all food and supplement costs even when associated with weight loss, meal delivery, detox or healthy eating programs.

Any and all types of apparel including socks, shoes, swimsuits, water bottles, containers and wearable apparatus equipment (i.e., Camelbak hydration packs, hiking backpacks, performance & athletic gear, etc.)

Services covered under the health benefit program are not reimbursable under the wellness policy.

Please note: approval for eligible expenses is based off of medical carrier reimbursement guidelines

WELLNESS REIMBURSEMENT FORM



Mayfield City Schools
EVERY STUDENT. EVERY DAY.

Name: _____

Email Address: _____

Phone # (with Voicemail): _____

Hire Date: _____

Calendar Quarter (1, 2, 3, 4): _____



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To be submitted to flexcontact@davevic.com

Expenses (classes/sessions/dues, etc.)

Month Incurred	Type of Expense	Amount of Expense*
January		
February		
March		
April		
May		
June		
July		
August		
September		
October		
November		
December		
Total		

EXAMPLE:

Quarter: 1		
Expenses (classes/sessions/dues, etc.)		
Month Incurred	Type of Expense	Amount of Expense*
January	Cardio Class Fee	\$20.00
February	Cardio Class Fee	\$20.00
March	Cardio Class Fee	\$20.00
Total		\$60.00
One-Time Purchases (exercise equipment/videos etc.)		
Date Purchased	Type of Purchase	Amount of Purchase*
1/12/2019	Hand Weights	\$20.00
3/30/2019	Resistance Bands	\$10.00
Total		\$30.00
Amount to be reimbursed		\$90
*Total of expenses/purchases combined must not exceed \$90 per quarter ** This is a taxable benefit.		

One-Time Purchases (exercise classes, equipment/videos etc.)

Date Purchased	Description of Purchase	Amount of Purchase*
Total		
Amount to be reimbursed		

***Total of expenses/purchases combined must not exceed \$90 per quarter**

Signature _____

Date _____

IMPORTANT BENEFITS ANNOUNCEMENT



Great News!

Your Employer has contracted with Davevic Benefit Consultants to offer a services platform that makes it easier for you to manage your account-based benefits. Below is information regarding your own consumer portal to upload a claim, check balances, and much more!

The Consumer Portal and Davevic App make managing your benefits easy!

An easy-to-use Consumer Portal:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

The handy Davevic App:

- Access available account balances on your iPhone®, iPod Touch®, iPad®, or Android®-powered device
- Submit claims and receipts using your device's camera
- Receive account balances and selected alerts via text message on any mobile device
- Message center that will alert you when a debit card claim requires an invoice, receipt, or Explanation of Benefits (EOB).

HOW TO LOG ON TO YOUR ACCOUNT

1. Go to www.davevic.com
2. Under the login center, click FSA/HRA Claims Portal
3. Click Go.
4. Enter the below information as an Existing User:
Login ID: first initial, last name, last 4 digits SSN (no spaces)
Password: **davevic1**
5. Click **Login**

You will be prompted to change your password once you login.

Reminder: Your password is required to be changed every 90 days You can change it by clicking "Forgot Password" on the login page.

HOW TO FILE CLAIMS ONLINE

How to File Claims using the Consumer Portal:

1. To get to your consumer portal go to www.davevic.com. At the top of the screen run your cursor over the "Login Center" and a menu will drop down. Click "Go" in the box that says FSA/HRA/HSA Participant. This will take you to your consumer portal login page.
2. Enter your username and password. (See login instructions on other side of page)
3. To file a claim, locate the "Reimburse Myself" button (right below "I want to..." on the left side of the screen).
4. This will take you to the next screen where you will select account paid from which will always be "Medical" and pay to will be "Me."
5. Next screen will have "Upload Valid Documentation", click on this link. Locate the picture(s) of your invoice, receipt or Explanation of Benefits (EOB). Once chosen, click "Next."
6. Complete the online claim form, and continue to click next when you are completed with each page. Important information to know: When uploading claims please upload each claim separately otherwise your claims could be mislabeled and can cause issues with processing. Once complete, you will receive a confirmation on the screen when your claim was successfully submitted.

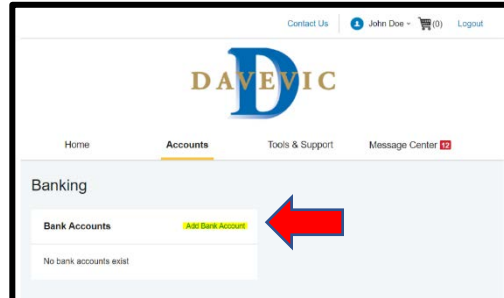
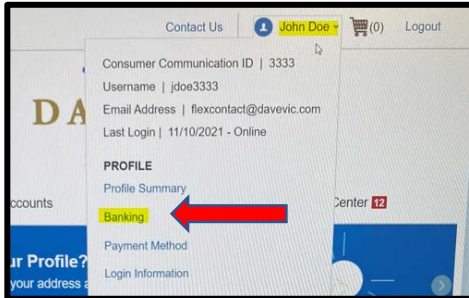
How to File Claims using the Davevic Mobile App:

1. Log into your 1Cloud app using the passcode you selected.
2. After logging in, a screen will appear with all of your accounts listed along with a "Reimburse Myself" link and an "Expenses" link. Click on "Reimburse Myself" to upload a claim for payment.
3. The next screen that appears will be the online claim form that you will need to complete. Fill in all required fields (provider field and miles driven are not required fields).
4. On the same page, scroll down and you will find "Upload receipt" link. Click on that and it will ask you if you want to take a picture or download one from your library.
5. Choose or take a picture of the correct receipt or EOB for this claim.
(Note: All pages of the EOB are needed)
6. Important information to know: When uploading claims please upload each claim separately otherwise your claims could be mislabeled and can cause issues with processing.
7. Once you have finished all the necessary steps, click on the "Add Claim" button on the top right side of your screen. Now your claim has been submitted to Davevic for review.



Direct Deposit – How to Sign Up

1. Log into your Davevic Consumer Portal or Mobile App. (Call Davevic at **800-854-4099** for assistance)
2. Once logged in, click **your name** in the upper right-hand corner, and a drop down should appear.
**If using the mobile app, your profile shortcut is located at the bottom of your screen.*
3. Click **“Banking”**
4. Next, click **“Add Bank Account”**
5. Enter Bank Account Information (see left picture) and click submit at the bottom right.



Banking / Add Bank Account

Bank Account Information

Routing Number *

Account Number *

Confirm Account Number *

Account Type *

Account Nickname *

Bank Institution Information

Bank Name *

Bank Address *

City

Select a state...

6. Finally, this pop-up will appear asking if you would like to change your payment method to direct deposit. Click the box (highlighted below) next to the plan years and click submit. You will then receive confirmation that your bank account and direct deposit information was successfully imported.

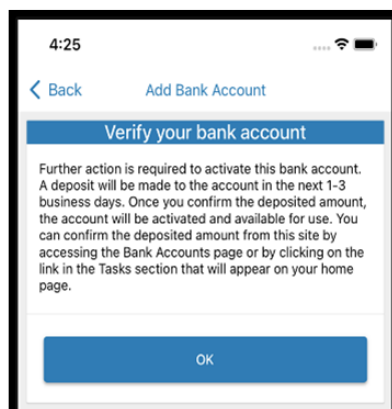
Update Payment Method to Direct Deposit

Select the plan year/s below that you would like to update your payment method to Direct Deposit.

PLAN YEAR	CURRENT PAYMENT METHOD	UPDATE PAYMENT METHOD TO
<input checked="" type="checkbox"/> PY 2021-01-01 - 2021-12-31 HRA	Check	Direct Deposit

Cancel

7. Tap **OK** on the **Verify your bank account** message, initiating the micro-deposit process.
8. To confirm the micro-deposit, tap the link in the Task section of the Home page, type the amount, and tap **Submit**.



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[Back](#) [Activate Bank Account](#)

To activate this bank account you must verify the amount that was deposited to the account below. You are allowed only two attempts before the account will be locked.

Account Details

Bank Name UNITED BANK

Routing Number xxxx8849

Account Number xxxx3123

Amount*

Enter the amount deposited into your account