

FSA USER GUIDE 2025-26



WWW.THEHARRISONGROUPONLINE.COM

Welcome to The Harrison Group!

We're so happy to help you with your
FLEXIBLE SPENDING ACCOUNTS.

This guide will explain how you can log in to see your account activity, as well as information on how to utilize your FSA.

Additional resources may be found on our website at:

www.theharrisingrouponline.com

Managing your accounts has never been easier with two quick ways of accessing your information:

PARTICIPANT WEB PORTAL

- Open your preferred web search engine (Internet Explorer, Google Chrome, Firefox, etc)
- Search **www.theharrisingrouponline.com**
- Select "I am a Participant" on the main page
- Go to "Participant Log In"
- Enter your User ID and Password

Your USER ID is the first letter of your first name, followed by your last name, followed by the last four digits of your Social Security number.

Your PASSWORD is the last four digits of your Social Security number.

To change your User ID and Password, follow the prompts.



To create a new Password, the password must have at least 6 characters including: 1 uppercase letter, 1 lowercase letter, and 1 number.

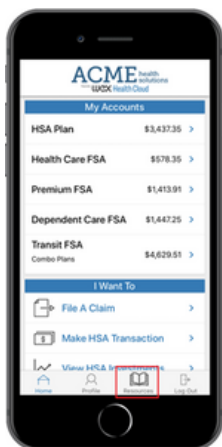
When you log in to your account online through your participant portal, you have access to several features including:

- ✓ checking your account balances
- ✓ requesting reimbursements
- ✓ uploading claim information
- ✓ review and manage expense information

Save time and hassle with an easy to use convenient Mobile App that helps you keep going where you need to be.

MOBILE APP

- Open the App Store  or Google Play  on your mobile device.
- Search “**Harrison Group FSA HRA HSA**”
- Download the free Harrison Group app and open
- Enter your participant log in information (same log in used to access your account via the participant web portal)
- Answer security questions and begin accessing your account details.



- ✓ checking your account balances
- ✓ use camera to upload receipt and file a claim
- ✓ track medical expenses with tracker
- ✓ use camera to scan barcode to see if items are 213d eligible



unique to you



tested & trusted



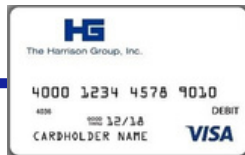
easy navigation



user feedback

Quickly and conveniently access your funds and pay for eligible expenses with just one card for all your card-eligible benefits with us.

HG ADVANTAGE CARD



How do I get a card?

We'll automatically mail you two cards to the address listed in your account the first time you enroll. Both cards will include the employee's name. Activate your card by calling the toll free number. Your spouse may sign his or her name on back of the second card and present it with his/her ID to use it.

Additional cards?

You may request additional debit cards for your spouse or dependents by calling our office.

Lost or stolen cards?

If your debit card is lost or stolen, call us to report it or use your online portal or mobile app. Replacement cards are free of charge.

Expiring debit card?

We will automatically mail you a new debit card 30 or more days prior to your expiration date.

While the IRS requires documentation for certain spending and reimbursement benefits, we automate some of that substantiation through:

- ✓ **IIAS approval** -If a merchant uses the Inventory Information Approval System, the debit card will automatically approve eligible expenses.
- ✓ **Copayments** -If your employer provides us with copayment amounts for your insurance plans, we can auto-approve expenses that match these copayment amounts.
- ✓ **Recurring claims** -If you use your debit card for a purchase that requires substantiation, once the claim has been approved and you make that same purchase for the same dollar amount at that merchant, the recurring claim will be automatically approved.

CLAIM FORM SUBMISSION

- Complete a universal claim form with specific information about the expense including date of service/expense, amount, and description.
- US mail, email, fax, or electronically upload your claim form with the receipt or EOB
- Claims processed regularly
- Reimbursements made via ACH to your bank account (if direct deposit info is on file) or check via US mail.
- Claim forms may be downloaded [here](#).

**You can also process an
ELECTRONIC CLAIM SUBMISSION via your
Online Portal or Mobile App**

- Log in to your Online Portal (or) Mobile App
- Click the button “Reimburse Myself”
- Follow the screen prompts to submit claim information and a copy of the receipt

< Back

New Claim

Claim Details

Start Date of Service*

Please select >

End Date of Service

Please select >

Amount*

Provider*

Category & Type*

Please select >

Description

Recipient*

Sample Test >

You must have a valid receipt to file a claim.

>

Receipts

Upload Receipt

Home

Profile

FSA Store

Log Out

The fastest way to get your money when submitting a manual claim is to sign up online for direct deposit.

SETTING UP DIRECT DEPOSIT

- Log in to your [Employee Participant Portal](#).
- From the Home Page, under the Tools & Support tab, click “Change Payment Method” under the “How Do I” section.
- Select “Update” for the appropriate plans.
- Update the secondary reimbursement method to “Direct Deposit” then click “Submit”.
- Enter your bank account information and click Submit.
- The “Payment Method Changed” confirmation displays.
- You will be notified on the portal to look for a small transaction or “micro-deposit” in your designated bank account in the next couple of days to enter online, which will validate your account.

The screenshot shows the 'Banking / Add Bank Account' form within the Employee Participant Portal. The form is divided into two main sections: 'Bank Account Information' and 'Bank Institution Information'. The 'Bank Account Information' section includes fields for Routing Number, Account Number, Confirm Account Number, Account Type (with a dropdown menu showing 'Checking'), and Account Nickname. The 'Bank Institution Information' section includes fields for Bank Name, Bank Address, and a 'Select a state' dropdown menu. At the bottom of the form, there are 'Cancel' and 'Submit' buttons. A small disclaimer at the bottom of the page states: 'We collect information about your use of this portal for example, how long you are on the portal when you log in, how often you log in, how long you stay on the portal, and how often you log out. We use this information to improve our services and to help us understand how you use the portal. For more information, see our Privacy Policy.' The footer of the page reads: '© WEX Health Inc. 2014-2020. All rights reserved. Powered by WEX Health.'

Wondering what expenses are considered eligible for your FSA?

FSA ELIGIBLE EXPENSES

You can determine what you can buy with your FSA funds based on the type of FSA that you are enrolled in. Below are sample lists of potential eligible expenses under each account. NOTE: This is not a complete list but is intended to provide examples. A complete listing is available in our Resource Center on our website at <https://www.theharrisongrouponline.com/fsa-store/>.

HEALTHCARE FSA EXPENSES

- Acne medication
- Acupuncture
- Adult incontinence
- Alcoholism treatment
- Allergy & sinus medications
- Ambulance
- Anti-fungal medications
- Anti-itch medications
- Asthma devices and medicines
- Breast pumps
- Carpal tunnel wrist supports
- Chiropractors
- Co-insurance and co-payments
- Cold sore medications
- Cough, cold and flu medications
- CPAP devices
- Crutches
- Diabetic supplies & insulin
- Diaper rash ointments
- Durable Medical Equipment (DME)
- Ear wax removal kits
- First aid supplies
- Gastrointestinal aids and medications
- Guide dog
- Hearing aid batteries
- Heating pads, heat wraps
- Hospital Services
- Immunizations
- Insoles for shoes
- Laboratory fees
- Lactation consultant
- Medical alert bracelet or necklace
- Medical monitoring or testing devices
- Medical records charges
- Menstrual care products
- Midwife
- Motion sickness pills
- Nasal sprays for congestions
- Occlusal guards to prevent teeth grinding
- Operations/Surgeries
- Orthopedic shoe inserts
- Ovulation monitor
- Oxygen
- Pain relievers
- Physical exams
- Physical Therapy
- Pregnancy test kits
- Prescription drugs and medications
- Prosthesis and artificial limbs
- Psychiatric care
- Radial keratotomy
- Rehydration solutions
- Screening tests
- Sleeping aids
- Smoking cessation medications
- Speech therapy
- Sunscreen (SPF 15+)
- Supports/braces
- Suppositories
- Telehealth services
- Telephone equipment or television for hearing-impaired
- Thermometers
- Toothache relievers
- Topical ointments
- Transplants
- Transportation expenses for person to receive medical care
- Walkers/wheelchairs
- Wart remover medications
- X-rays
- Yeast infection creams

LIMITED PURPOSE FSA EXPENSES

- Artificial teeth
- Contact lenses
- Dental sealants
- Dental services & procedures
- Eye exams
- Eye glasses
- Fluoridation services
- LASIK or laser eye surgery
- Optometrist
- Orthodontia
- Reading glasses
- Vision correction procedures


DEPENDENT DAYCARE FSA EXPENSES

- Before & after school care
- Child care & daycare facilities
- Elder care center (for dependent)
- Nursery school or preschool
- Sick child center
- Summer day camps

Would you like for your spouse or another person to have access to your protected account information?

GRANTING HIPAA PERMISSION

- Log in to your Employee Participant Portal.
- From the Home Page, under the Tools & Support tab, navigate to the “Documents & Forms” section.
- Select the “HIPAA Authorization Form”.
- Download the form to your computer and print out.
- After you have completed the form including your signature and date, you may email, fax, or send via US mail.
- We will update your profile so that your HIPAA authorization to release information to your designated individual(s) is noted on file and will be in effect until authorization has been formally revoked.

 **(HIPAA) Authorization Form**

I, _____ give permission to The Harrison Group, Inc. to disclose the following protected health information to:

Authorized Person(s) _____ Relationship (parent, spouse, parent, child, P.O.A., legal guardian, etc.) _____

Information to be disclosed (check all that apply):

- ☐ Debt Card Transactions information (including vendor names)
- ☐ Reimbursement information
- ☐ Claims information (including providers and services rendered)
- ☐ Other: _____

This authorization expires on _____ (Month/Day/Year).

Note: If date left blank, authorization will not expire until we receive written notification.

If the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be disclosed to other individuals or institutions and no longer protected by these regulations.

You may refuse to sign this authorization. Your refusal to sign will not affect your ability to obtain treatment or payment or your eligibility for benefits. You may inspect or copy the protected health information to be used or disclosed under this authorization. For protected health information created as part of a clinical trial, your right to access is suspended until the clinical trial is completed.

Finally, you may revoke this authorization in writing at any time by sending written notification to 3 Raymond Drive, Suite 201, Havertown, PA 19083. Your notice will not apply to actions taken by the requesting person/entity prior to the date they receive your written request to revoke authorization.

Signature of Participant _____ Date _____

Printed Name of Participant _____

Employer Name _____

Please mail or fax this completed form to:
The Harrison Group, 3 Raymond Drive, Suite 201, Havertown, PA 19083
Fax: 610-853-3079
or e-mail to employee@harrisonsgroup.com

Visit our website to access account information at:
www.theharrisonsgroup.com

THE HARRISON GROUP, INC. 1001

Your FSA is a powerful way to save money on eligible expenses, but it's important to understand the rules that apply.

FSA RULES & REMINDERS

Use-It-or-Lose-It Rule

- FSAs are designed to cover expenses during your plan year.
- Any funds not used by the deadline may be forfeited.
- Check your specific plan details to know if your Healthcare or Limited Purpose FSA includes a carryover or grace period option.

Eligible Expenses Only

- All reimbursements must be for IRS-approved medical, dental, vision, or dependent care expenses.
- ALWAYS SAVE YOUR RECEIPTS! Even when you use your HG Advantage Card, the IRS may require documentation.

Claim Deadlines

- Claims must be submitted by your plan's runout deadline.
- Runout periods allow extra time to submit claims for expenses you incurred during the plan year.
- You can check your plan's exact deadlines in your portal or on your employer's benefit materials.

Employment Changes

- If you leave your job or lose eligibility, your FSA usually ends on that date.
- You may only claim expenses incurred before your last day of coverage, unless you elect COBRA (if applicable).

TIPS TO MAXIMIZE YOUR FSA

- Plan ahead for routine expenses like dental visits, glasses, prescriptions, or child care.
- Schedule preventive care before your plan year ends.
- Sign up for Direct Deposit to get reimbursed faster.

QUESTIONS?

Our account managers are available to answer any questions you may have throughout the year. We strive to deliver flawless customer service to make your life easier. Whether you utilize our website, participant portal, mobile app, or call and email us, we will answer your questions promptly and with our best customer care.

CONTACT US

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