



Flexible Spending Frequently Asked Questions

What is a Flexible Spending Arrangement (FSA)?

A benefit provided by Informatica that lets you set aside a portion of your paycheck pre-tax. During the plan year, funds you set aside may be used for qualified out-of-pocket healthcare and dependent care expenses. You may enroll in a Healthcare FSA, Dependent Care FSA or both.

How does an FSA work?

Each year, during open enrollment, you determine how much you would like to elect for the upcoming plan year. The amount you elect for your FSA account(s) will be divided by the number of pay periods (24) in your plan year and deducted from each paycheck. Throughout the plan year, as you incur qualifying expenses, you may request reimbursement for your expenses by submitting a claim to Navia Benefit Solutions.

You **MUST** re-enroll in the Flexible Spending Accounts each year if you wish to continue participation. Plan elections do not carry forward from one year to the next.

What happens after I enroll?

Navia will send you a Welcome Kit that includes a confirmation letter with general plan information. A claim form will also be included. If you elect a Health Care FSA and choose a Navia Benefit Card, it will be mailed separately.

What expenses are eligible for reimbursement under the FSA program?

For Healthcare, many of your typical out-of-pocket medical expenses incurred by you, your spouse, and your qualified dependents would be considered eligible. This includes: co-pays, deductibles, prescriptions, vision care, dental work, etc. Please refer to the "Health Care FSA" section of the enrollment guide or visit www.naviabenefits.com for a detailed list.

Dependent Care generally includes expenses for your dependents under the age of 13 that are necessary to allow you and your spouse to work, seek employment, or attend school full-time are eligible for reimbursement. Please refer to the "Day Care FSA" section located in the enrollment guide or visit www.naviabenefits.com for more information.

For both benefits described above, your expenses must to be incurred between January 1st and December 31st of the plan year in order to be eligible for reimbursement.

Can I be reimbursed for expenses incurred by my family members?

Yes. Qualified medical expenses incurred by you, your spouse and your dependent children are eligible for reimbursement. In addition, expenses for your “adult child” to age 26 (as of the last day of the plan year) are eligible for reimbursement. You may not be reimbursed expenses incurred by the child after the child turns 26 (unless they otherwise meet the definition of a tax dependent as defined in IRS pub 501).

Can I get reimbursed for qualified medical expenses incurred by my Domestic Partner?

Generally qualified medical expenses incurred by your Domestic Partner are not eligible for reimbursement under this program unless he or she is your federal tax dependent.

Do I have to wait for the money to be deposited in my account in order to make a claim?

A Healthcare FSA allows you to pledge pre-tax dollars for healthcare expenses. Throughout the year your elected contribution to your FSA account is deducted from your paycheck and deposited into your FSA account. You may make a claim against your healthcare FSA account even before you have completely contributed your maximum election for the plan year.

Dependent Care FSA will function like a bank account. Contributions must be received before your claim is reimbursed. While you can make claims for more than you have contributed to the account, a reimbursement for your claim cannot be issued until contributions have been received.

How long do I have to submit claims after the plan year ends?

After your plan year ends on December 31st, you have 90 days to submit any eligible claims. The last day to submit any eligible claims you have incurred in the prior plan year will be March 31st.

What if I don't use all the money I set aside?

When making an election for the plan year, it is recommended that you use a conservative estimate. This is due to the “use-it-or-lose-it” provision of the plan. Any funds remaining in an FSA after the 90-day plan run-out period are forfeited.

The Health Care FSA balance up to \$500 dollars can be carried over to the subsequent plan year; any amount exceeding \$500 will be forfeited. Please note that if your balance is less than \$25 it will not carry over to the following year unless you also make an election for the subsequent plan year.

How do I get reimbursed?

There are four different ways you can obtain reimbursement from your Health FSA:

- 1) Use your Navia Benefit Card to pay for eligible expenses. Expenses charged to this debit card will automatically come out of your FSA account and be paid directly to the provider.
- 2) Download the MyNavia App for your Android or iPhone mobile device. You can use the Submit a Claim tool to enter your claim information, upload a photo of your documentation, and submit to Navia.
- 3) Access Navia's online claim submission tool. Here you fill in your claim information, upload the required claim documentation and submit it via the web to Navia's www.naviabenefits.com. Please use code IMA if this is the first time you log to this site.
- 4) Fill out a claim form and submit it with proper documentation via fax, email or mail to Navia.

Do I need to provide Direct Deposit information each year?

No, if you have provided direct deposit information with previous plan year elections this information will remain on your benefit profile unless you provide new account information or check the 'no' box for direct deposit.

Can I change my contribution amount during the year?

Generally, changes to your election may not be made during the plan year. However, if you experience a qualified change in status, you may have the ability to increase or decrease your deduction amount. Common qualifying events include: marriage, birth, adoption, or a change in your spouse's employment status. If you have experienced a qualifying event, please contact the HR Benefits Team at HRBenefitsUS@informatica.com for more information.

How do I know how much is available in my account(s)?

Account statements will be provided to you on a quarterly basis. These will indicate your total annual election, and amount left to claim. You may also access this information by logging into your account on Navia's website or by using your MyNavia mobile app.

My plan includes a Smartphone App. How does it work?

The MyNavia smartphone app is a mobile platform that allows you to manage and utilize your benefits from the palm of your hand! MyNavia app is a free download and free to use tool to submit claims and supporting documentation for debit card charges.

Who administers Informatica's FSA plans?

Navia is the third-party administrator.
Customer Service hours are 7am-5pm (PST)
Toll Free: (800) 669-3539
F: (425) 451-7200
Mailing Address:
P.O. Box 70366
Bellevue, WA 98007-0366

You may also visit their website at www.naviabenefits.com. Please use code IMA if this is the first time you log to this site.

What happens if I leave Informatica?

There are a couple of options if your account is underspent when your employment with Informatica ends:

1. Stop Participation in the Plan: Your final paycheck will have the normal deduction and the account will be closed. Only expenses incurred before your termination date will be eligible for reimbursement.
2. Accelerate Contributions to Continue Your Participation: You may continue to participate in the plan through the end of the plan year if you authorized Informatica to withhold the remaining deductions from your final paycheck.
3. Continue Participation through COBRA: Under certain circumstances you may be able to continue participation in the plan through COBRA. Contributions to the plan would be on an after-tax basis and submitted directly to the COBRA administrator on a monthly basis.

Health Care FSA

Is the Health Care FSA program right for me?

Informatica's Health Care FSA may be beneficial for anyone who has out-of-pocket expenses for medical, dental, vision or hearing beyond what the insurance plan covers.

At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you anticipate \$100 or more in recurring or predictable FSA-eligible expenses, an account can help you stretch your dollars.

How does the Health FSA work?

If you decide to enroll, contributions are taken out of each paycheck – before taxes – in equal installments throughout the plan year. These dollars are then placed into your Health Care FSA. When you have an eligible health care expense, you must submit the claim along with the appropriate back-up documentation to be reimbursed from your account.

What are "Qualified Medical Expenses?"

Qualified medical expenses for the Health Care FSA include more than just your deductible and copayments. You can also be reimbursed for items such as prescription drugs, dental expenses, eye glasses and contacts, certain medical equipment and many more items.

Services must be "incurred" (provided) before you may be reimbursed. In addition, the service must be rendered while you are an active participant during the plan year.

For more information about eligible medical expenses, please go to Navia's website at www.naviabenefits.com. Please use code IMA if this is the first time you are logging into this site.

Over-the-counter drugs are eligible expenses for reimbursement to be reimbursed if the patient has a prescription (other than insulin). This rule does not apply to items for medical care that are not considered medication or drugs. Items such as crutches and bandages and diagnostic devices such as blood sugar test kits are also eligible for reimbursement without a prescription.

Is specific documentation required in order to be reimbursed?

Yes. Supporting documentation is always required (except for certain expenses paid with your Navia Benefit Card). Supporting documentation must include the following information:

- Date of service (eligible expenses they must be incurred with the plan year)
- Type of service or item
- Cost or patient responsibility

This information can be provided by your insurance carrier (i.e.: an Explanation of Benefits) or bills from your health service provider or retailer. Do not submit copies of cancelled checks or credit or debit card receipts.

Are orthodontia claims reimbursed differently than other claims?

Yes. Unlike other claims, orthodontia expenses are only reimbursed after payment is made. You must include proof of payment in your back-up documentation. If you prepay the entire amount, you will be reimbursed up to the full amount. If you elect to monthly payments, you can only be reimbursed after

your monthly payments are made.

Does my plan include a Debit Card?

Yes, you will automatically receive a Navia Benefit Card. You can use this card to pay for qualified medical expenses at any qualified service provider that accepts MasterCard® including hospitals, physicians, dentists, optometrists and pharmacies. Each time you use the card, your health FSA account is automatically debited eliminating the step of submitting a claim and waiting for reimbursement.

Be sure to keep receipts for services paid with the Navia Benefit Card. Some expenses paid with the card may need to be substantiated per IRS regulations.

Please note you cannot use the Navia Benefit Card to pay for expenses incurred during the Grace Period. These claims must be submitted manually.

Will I get a new Navia Benefit Debt Card each year?

No. Your election will be loaded on to your existing card at the beginning of each plan year. A new card will be issued when existing one expires.

Dependent (Day Care) FSA

What is a Dependent (Day Care) FSA?

The Dependent (Day Care) FSA lets you set aside pre-tax dollars from your paycheck for the reimbursement of eligible dependent care or elder care expenses for qualifying individuals.

By IRS rules, married individuals who file separate tax returns are limited to a \$2,500 contribution annually. You may contribute up to \$5,000 if you are married and file a joint tax return, provided both you and your spouse each earn more than \$5,000 annually. If one of you earns less than \$5,000 during the year, you are limited to a maximum spending account contribution equal to the salary of the lowest-earning spouse.

Time spent by a student spouse in educational endeavors is considered working for the purposes of opening an FSA. Volunteer work does not qualify.

If both you and your spouse work, you must coordinate your dependent day care enrollments so that the two of you together stay within the \$5,000 annual maximum.

Is the Dependent (Day Care) FSA right for me?

Informatica's Dependent (Day Care) FSA account may be beneficial for anyone who has out-of-pocket expenses for dependent care and who does not apply for the child care tax credit.

During Open Enrollment, you will need to determine your annual election amount. Estimate the qualified dependent care expenses that you know you will incur for eligible dependents during the year. If you anticipate \$100 or more in recurring or predictable FSA-eligible expenses, the DCFSA can help you stretch your dollars.

How does the DCFSA work?

If you decide to enroll, contributions are taken out of each paycheck—before taxes—in equal installments throughout the plan year. These dollars are then placed into your Dependent (Day Care) FSA. When you have an eligible dependent care expense, you must submit the claim along with the appropriate back-up documentation to be reimbursed from your account.

The DCFSA works like a bank account. The reimbursement cannot exceed the account balance at the time of your claim. The dependent care provider can be a licensed day care facility or an individual.

You must claim all elected funds by the end of the run-out period. Money left in the plan after the end of the run-out period cannot be refunded to you; this is referred to as the Use-it or Lose-it rule.

What are the rules on eligible expenses?

There are some rules to consider before enrolling in a Dependent (Day Care FSA):

1. The day care expense must enable you and your spouse to work, actively look for work, or be a full-time student.
2. Your dependent must live with you and must be under the age of 13. A dependent age 13 or older can be eligible if the dependent cannot physically or mentally care for him/herself.
3. The day care provider cannot be a dependent on your tax return or your child under the age of 19. The provider must also be qualified to work in the United States (must have a Social Security Number or tax ID).

What expenses are not eligible for reimbursement?

Some types of expenses are not eligible for reimbursement through the DCFSA. These include tuition for school at the kindergarten level or above, overnight camp, nursing home expenses, meals, activity/supply fees and transportation costs. Montessori tuition for kindergarten and elementary school is not allowable; however, charges from a Montessori school for preschool or before and after school care are allowable.

Is specific documentation required in order to be reimbursed?

Yes. When you submit a claim, your documentation must include the following information.

1. Dates/period of service
2. Cost of service
3. Provider's name
4. Provider's SSN or Tax ID

If you do not have a receipt, have your provider sign your claim form, verifying that the written information is accurate.