



# How smart is your dollar?

Enroll now in your company-sponsored Flexible Spending Account and see how far you can stretch your money

Tax-Favored Accounts  
Keep you in the Green

*Increase your spendable income  
with a Flexible Spending Account*

*Benefit Coordinators Corporation's  
FSA administration services paired  
with My SmartCare technology are  
making it easier than ever to have  
Uncle Sam help pay for certain  
medical, dental, and optical expenses  
that are not otherwise covered by  
your insurance plans*



# A strategy that works for everyone.

Each one of us would like to have more money in our pocket. Participating in your company-sponsored Flexible Spending Account can do just that!

## What types of FSAs are available?

### Premium Conversion

This account type pays your medical, dental and vision plan contributions automatically on a before-tax basis. The monies withheld from your paycheck are used to pay the monthly premiums for these important employee benefits. The benefits you enjoy are two-fold: you are covered by the medical, dental and/or vision plan and you receive a tax break.

### Health Care Reimbursement

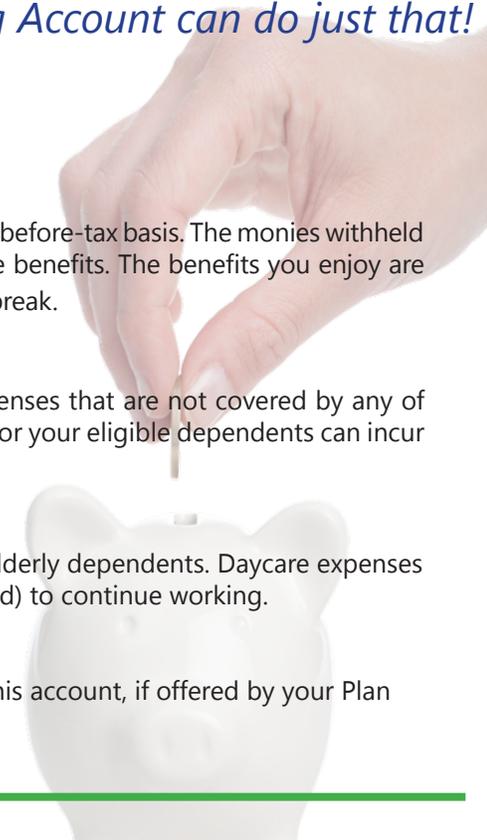
Use this account to pay for qualified, medically necessary medical, dental, or optical expenses that are not covered by any of your insurance plans. A partial list of eligible expenses is listed in this brochure. Either you or your eligible dependents can incur these expenses.

### Dependent Care Reimbursement

You can set aside funds annually to offset daycare expenses for your eligible children or elderly dependents. Daycare expenses are defined as those that are necessary in order for you (and your spouse, if you're married) to continue working.

### Commuter Reimbursement

Reimburse yourself for a number of work-related parking and commuting expenses with this account, if offered by your Plan Sponsor.



Use these Reimbursement Worksheets to help estimate your annual health care and dependent care expenses. Estimate conservatively because any funds left in your account at the end of the Plan Year may be forfeited under IRS guidelines. Remember, calculated amounts cannot exceed the calendar year limits established by your plan sponsor and the IRS.

## HEALTH CARE REIMBURSEMENT ACCOUNT

Estimate the annual amount of uninsured expenses in the plan year:

|  |          |
|--|----------|
| Deductibles (medical, dental and vision)   | \$ _____ |
| Co-Payments (medical, dental and vision)   | \$ _____ |
| Routine Physical Exams Not Covered by Insurance  | \$ _____ |
| Dental and Orthodontia   | \$ _____ |
| Vision Care  | \$ _____ |
| Well-Baby Care   | \$ _____ |
| Prescribed Over-The-Counter (OTC) Drugs/Meds   | \$ _____ |
| Prescription Drugs (birth control included)  | \$ _____ |
| Other Allowable Expenses (see list)  | \$ _____ |
| <b>TOTAL</b>   | \$ _____ |
| <b>DIVIDE</b> by the number of paychecks you will receive during the plan year & round to the nearest whole dollar.* | \$ _____ |
| <b>This is your per pay period contribution:</b>   | \$ _____ |

## DEPENDENT CARE REIMBURSEMENT ACCOUNT

Estimate your eligible dependent care annual expenses for the plan year:

|  |          |
|--|----------|
| <b>CHILD CARE EXPENSES</b>   |          |
| Day Care Services  | \$ _____ |
| In-Home Care/Au Pair Services  | \$ _____ |
| Nursery & Pre School   | \$ _____ |
| After School Care  | \$ _____ |
| Summer Day Camps   | \$ _____ |
| <b>ELDER CARE EXPENSES</b>   |          |
| Day Care Center Services   | \$ _____ |
| In-Home Care   | \$ _____ |
| <b>TOTAL</b>   | \$ _____ |
| <b>DIVIDE</b> by the number of paychecks you will receive during the plan year & round to the nearest whole dollar.* | \$ _____ |
| <b>This is your per pay period contribution:</b>   | \$ _____ |

\* If you are a new employee enrolling after the Plan Year begins, divide by the number of pay periods remaining in the plan year.

# Is Flexible Spending Right for You?

**Flexible Spending Accounts offer employees a unique way to pay for certain necessary expenses with tax-free dollars. These examples help illustrate how you might see more money in your pocket by participating in a Flexible Spending Account.**



Christy is a divorced parent raising two children alone with an annual income of \$30,000. She uses her **Premium Conversion Account** to pay her monthly premium contributions for their group medical and dental plans. She uses the **Health Care Reimbursement Account** to receive reimbursement of their annual medical and dental deductibles. Christy uses her **Dependent Care Reimbursement Account** to pay for daycare expenses on a pre-tax basis. By participating in the **Flexible Spending Account**, Christy's spendable income is increased by \$158.99 per month.



Paul and Jenny are both employed, have two children, and have a combined annual income of \$76,000. They decide on a **Premium Conversion Account** to help pay the premium contributions for their dependent medical coverage. Their **Dependent Care Reimbursement Account** helps with their daycare expenses. One of their children is in braces, so they also use the **Health Care Reimbursement Account** to help pay orthodontic expenses not covered by their dental plan. By participating in the **Flexible Spending Account**, Paul and Jenny increase their spendable income by \$266.82 per month.



Mike and his wife Linda have two grown children that no longer live with them. Mike's annual salary is \$98,000 and he uses a **Premium Conversion Account** to pay for the monthly premium contributions for health care coverage for himself and his wife. He uses the **Health Care Reimbursement Account** to cover their annual medical and dental deductibles. By participating in the **Flexible Spending Account**, Mike's spendable income is increased by \$128.01 per month.

ASSUMPTIONS ON THE CHART BELOW: Single parent's estimated federal tax 15% and state tax 5%; dual income's estimated federal tax 25% and state tax 5%; full family's estimated federal tax 25% and state tax 5%. Note: Payroll calculations are for illustrative purposes only and normally vary by state and local taxing entities.

| Pay Per Month                             | \$2,500    |            | \$6,334    |            | \$8,167    |            |
|---|------------|------------|------------|------------|------------|------------|
| Less Non-Taxable Benefits                 | without    | with flex  | without    | with flex  | without    | with flex  |
| Medical Premiums                          | --         | \$115.00   | --         | \$185.00   | --         | \$140.00   |
| Medical/Dental Expenses                   | --         | \$60.00    | --         | \$125.00   | --         | \$200.00   |
| Dependent Care Expenses                   | --         | \$400.00   | --         | \$400.00   | N/A        | N/A        |
| Total Pay Subject to Tax                  | \$2,500    | \$1,925.00 | \$6,334    | \$5,624.00 | \$8,167.00 | \$7,827.00 |
| <b>Less Tax Deductions</b>                |            |            |            |            |            |            |
| Federal & State                           | \$500.00   | \$385.00   | \$1,900.20 | \$1,687.20 | \$2,450.10 | \$2,348.10 |
| FICA                                      | \$191.25   | \$147.26   | \$484.06   | \$430.24   | \$624.78   | \$598.77   |
| After Income Tax                          | \$1,808.75 | \$1,392.74 | \$3,949.74 | \$3,506.56 | \$5,092.12 | \$4,880.13 |
| <b>After Tax Expenses</b>                 |            |            |            |            |            |            |
| Medical Premiums                          | \$115.00   | --         | \$185.00   | --         | \$140.00   | --         |
| Medical/Dental Expenses                   | \$60.00    | --         | \$125.00   | --         | \$200.00   | --         |
| Dependent Care Expenses                   | \$400.00   | --         | \$400.00   | --         | N/A        | N/A        |
| Spendable Income                          | \$1,233.75 | \$1,392.74 | \$3,239.74 | \$3,506.56 | \$4,752.12 | \$4,880.13 |
| <b>Increased Spendable Monthly Income</b> | \$158.99   |            | \$266.82   |            | \$128.01   |            |

# MY SMARTCARE MAKES IT SIMPLE.

## ONLINE & MOBILE ACCOUNT ACCESS

We are all 'on the go', so why shouldn't our Flexible Spending Accounts be too? The My SmartCare online portal and mobile app are fast, secure, and best of all - **CONVENIENT!**

Check your account balance in real-time, file a claim for reimbursement by snapping a photo of the receipt, check on a claim status from anywhere, and more! It's that **SIMPLE!**

By registering with My SmartCare, you will begin receiving e-mail or text notifications (your choice) to help you manage your funds. You will be alerted of your account balance each month, when a manual claim begins processing, and when a debit card is mailed to you. The My SmartCare app is available for iOS and Android users.

## FSA BENEFITS CARD CONVENIENCE

The FSA benefits card has made spending your FSA funds on eligible expenses easier than ever! If your plan-sponsor utilizes this feature, the card allows you to avoid out-of-pocket expenses, cumbersome paperwork, and reimbursement delays.

Swiping your FSA benefits card at the point of service deducts the payment directly from your account, giving you instant access to your FSA dollars. It can be used at all eligible FSA locations where Mastercard® is accepted.

One card can manage multiple account types, such as a Health Care Account, Dependent Care Account, Commuter Account, or Health Savings Account. The My SmartCare online portal and mobile app support the use of this benefits card by separating each of your account types for fast and easy review of all your FSA funds in one place.

## DIRECT DEPOSIT

If you don't use your FSA benefits card for payment or your plan-sponsor does not utilize a benefits card, you may have your reimbursement deposited directly into your checking or savings account. These transactions are reflected on the Explanation of Benefits (EOB). To enroll in this optional service, obtain an authorization form from your HR Department and submit a completed copy to BCC.



## REIMBURSEMENT EASE

If your plan-sponsor utilizes the FSA debit card feature, you can swipe your card at the point of service to automatically use your FSA funds. If you don't have your card with you or your plan does not include a debit card, you can simply use one of these methods to submit for reimbursement:

### SUBMISSION THROUGH MY SMARTCARE:

*(no Reimbursement Form required, uploaded photo of substantiation required)*

- My SmartCare Online Portal
- My SmartCare Mobile App

### OTHER ELECTRONIC SUBMISSION:

*(Reimbursement Form and photo of substantiation required)*

- E-mail: [fsa-claims@benxcel.com](mailto:fsa-claims@benxcel.com)
- Upload to File Transfer Portal: <https://secure.benxcel.com>

### PAPER SUBMISSION:

*(Reimbursement Form and photo of substantiation required)*

- Fax: 412-276-7185
- Mail: BCC, Attn: Claims  
Two Robinson Plaza, Suite 200  
Pittsburgh, PA 15205



# FREQUENTLY ASKED QUESTIONS

## How do I know how much money is in my accounts?

You can check your balance through the My SmartCare online portal, mobile app, or by calling BCC's Customer Service Call Center. Once you register with My SmartCare, you will receive monthly balance reminders.

## What are some examples of eligible FSA locations and providers?

These would include hospitals, physician's offices, dental offices, vision service locations, and pharmacies (retail and online).

## When can I start using my FSA funds?

You can access your entire annual contribution on the first day of your Plan Year. For example: if your Plan starts January 1st and you incur a large expense that day that is not covered by your insurance plan, you can submit the expense (up to your annual contribution amount) for reimbursement even though the Plan Year's contributions have not all been collected.

## What happens to the money left in my account when the Plan Year ends?

Check with your plan-sponsor for guidance on what happens to your unused funds when the Plan Year ends. Remaining funds may be forfeited under the IRS "Use It or Lose It" rule. Or, your plan-sponsor may have adopted a rollover provision or grace period.



## RULES TO REMEMBER

Participants must actively enroll in an FSA plan each year. FSA Enrollment does not automatically carry forward from one Plan Year to the next.

Once FSA contributions begin, an election can change ONLY if a change in family status occurs, as defined by the IRS. This includes marriage, divorce, birth or adoption of a child, or the death of a dependent.

IRS regulations very clearly define FSA rules because you are affecting your taxable income by contributing to an FSA. You must keep these rules in mind when you are planning your contributions and using FSA funds.

Be aware that when taxable income decreases, one's Social Security contributions decrease. This reduction of Social Security (FICA) contributions may affect future retirement or disability benefits.

Estimate your annual contributions conservatively as unused funds at the end of the Plan Year may be forfeited under the IRS "Use It or Lose It" Rule. Check with your plan-sponsor on any available rollover provisions or grace periods.

If enrolled in more than one FSA category, reimbursement can only occur from the account for which the contribution was designated. In other words, if a contribution is made to both Health Care and Dependent Care Accounts, reimbursement for a dependent care expense cannot occur from the Health Care account.

# Q & A: FSA BENEFIT CARDS

## Do I choose Debit or Credit at the payment terminal when I use my FSA benefits card?

Your FSA benefits card can be swiped as either credit or debit at the time of purchase, leaving the option up to the user. If you choose to swipe as credit, you will need to sign for the purchase. If you choose to swipe as debit, you will need to enter your PIN number for purchase. To obtain the PIN associated with your card, you can use the My SmartCare online portal or mobile app. Your PIN is pre-determined at issue and cannot be customized.

## What do I do if I forget my FSA benefits card PIN?

You can only retrieve your PIN through the My SmartCare online portal or mobile app. For security purposes, neither BCC's Customer Service Call Center nor your HR Department have access to your PIN. If you forget your PIN, you can swipe your card as credit and sign for the purchase instead.

## Can I get cash back at the point of sale or ATM with my PIN?

No. Your FSA benefits card is only to be used for qualifying purchases and is not enabled for cash back.

## How can I use my card if I receive a bill from a provider in the mail?

If the bill provides a space for payment via credit card, fill out that section with your card information OR call the provider for payment over the phone, just as you would when paying with any other credit card.

## What if the doctor's office does not take credit cards?

In these instances, cardholders will have to use another method of payment and then submit a manual claim.

## What should I do if I accidentally use the card for an ineligible expense?

If this happens, you will receive a notice from BCC asking that you reimburse the account for the ineligible amount.

## Can I order additional cards for my family?

Yes. You can order an additional FSA benefits card for your spouse or other eligible dependents (over the age of 18) by calling BCC's Customer Service Call Center and verifying that you are the policy holder. They will provide you with a form that must be completed and returned to BCC for processing and card generation.

## What do I do if my card is lost or stolen?

Lost or stolen cards must be reported to BCC. This can be done through the My SmartCare online portal, mobile app, or by calling BCC's Customer Service Call Center. A replacement card will be ordered and the lost or stolen card will be deactivated immediately. Your replacement card will have a new PIN.

## What do I do with my card after I've used all of my available funds?

Your FSA benefits card is good for up to three years. Keep the card after you have used all of your available funds because you will be able to use it again next year when you re-enroll. If you do not enroll the following year, your card will still stay valid for future plan years until the expiration date printed on the card is reached.

## Do I still need to keep my receipts?

Yes. Although there is no requirement for you to complete claim forms and submit physical receipts, additional documentation may be requested in some cases to confirm the eligibility of a FSA benefits card purchase.

## Why should I use my benefits card if I still might have to submit paper at a later date?

Not all transactions will trigger a request for substantiation. According to IRS Publication 969, "...stored value cards given to you by your employer can be used to reimburse participants in a health FSA. If the use of these cards meets certain substantiation methods, you may not have to provide additional information to the health FSA." BCC's hosted debit card system works in conjunction with registered IAS terminal (a debit card "Swipe" terminal) merchants to help ensure cards are used for eligible expenses only. Using providers that maintain membership in this system eliminates the need for substantiation for specific dollar transactions, such as: amounts that coincide with co-pays or multiples of co-pays, reoccurring medical expenses or items that are Code §213(d) medical expenses.

## My transaction is a Code §213(d) medical expense. Why did I receive a letter requesting additional documentation?

To ensure compliance with IRS guidelines, BCC must perform audits on large dollar claims and amounts over \$50.00 at grocery stores or 'super centers' where it is not readily discernible as to the use of the funds. Additional audits may also be performed to ensure the integrity of the claims payment process.

## My FSA benefits card transaction already went through and payment was made. What happens if I don't respond to BCC's request for documentation?

Failure to provide appropriate documentation within 30 days from the date of the initial request will result in the benefits card being made temporarily inactive. Claims will then only be processed via the regular request for reimbursement method until appropriate documentation is received, reviewed, and approved.

# HEALTH CARE QUALIFYING EXPENSES

## Eligible Health Care Expenses

- Abortion
- Acupuncture
- Adoption, Pre-Adoption medical expenses
- Alcoholism Treatment
- Ambulance
- Artificial limbs
- Artificial teeth
- Asthma treatments
- Bandages, elastic, gauze pads, liquid adhesives for small cuts
- Blood pressure monitoring devices
- Breast pumps and lactation supplies
- Carpal tunnel wrist supports
- Chiropractors
- Circumcision
- Co-insurance amounts
- Cold/hot packs
- Contact lenses, materials and equipment
- Contraceptives
- Co-payments
- Crutches
- Deductibles
- Dental sealants
- Dental treatment (excludes cosmetic)
- Dentures and denture adhesives
- Drug addiction/overdose treatment
- Egg donor fees
- Eye examinations and eyeglasses
- First aid (creams and kits)
- Flu shots
- GIFT (Gamete Intra-Fallopian Transfer)
- Guide dog
- Hearing aids
- Hospital services
- Immunizations
- Laboratory fees
- Lasik eye surgery
- Medical information plan charges
- Medical monitoring and testing devices
- Medical records charges
- Norplant insertion or removal
- Obstetrical expenses
- Occlusal guards to prevent teeth grinding
- Operations (excludes cosmetic procedures)
- Organ donors
- Orthodontia
- Osteopath fees
- Oxygen
- Physical exams
- Physical therapy
- Preventive care screenings
- Prosthesis
- Psychiatric care
- Radial keratotomy
- Shipping and handling fees
- Sterilization procedures
- Taxes on medical services and products
- Thermometers
- Transplants
- Transportation expenses for person to receive medical care
- Usual and customary charges, excess
- Vaccines
- Viagra
- Walkers
- Wheelchair
- X-ray fees

## Health Care Expenses Requiring a Letter of Medical Necessity

- Arthritis gloves
- Braille books and magazines
- Breast reconstruction surgery following mastectomy
- Chelation therapy
- Fluoridation devices or services
- Learning disability, instructional fees
- Massage therapy
- Medical alert bracelet or necklace
- Patterning exercise
- Television or telephone for hearing impaired persons

## Health Care Expenses Requiring a Medical Prescription

- Allergy medicine
- Analgesics
- Antacids
- Antibiotic ointments
- Antihistamines
- Anti-itch creams
- Aspirin
- Bactine
- Calamine lotion
- Claritin
- Cold medicine
- Decongestants
- Diabetic supplies
- Diaper rash ointments and creams
- Diarrhea medicine
- Dietary supplements
- Ear wax removal products
- Expectorants
- Eye drops
- Fever-reducing medications
- Headache medications
- Hemorrhoid treatments
- Herbs
- Insect bite creams and ointments
- Laxatives
- Menstrual pain relievers
- Motion sickness pills
- Nicotine gum or patches
- Pain relievers
- Pregnancy test kits
- Rubbing alcohol
- Sinus medications
- Sleep deprivation treatment
- Smoking cessation medications and programs
- Sunburn creams and ointments
- Sunscreen with high SPF
- Toothache and teething pain relievers
- Vitamins
- Wart remover treatments
- Yeast infection medications

## Health Care Expenses **NOT** Eligible for Reimbursement

- Insurance premiums
- Elective cosmetic surgery
- Expenses reimbursed by another insurance or FSA
- Expenses not qualified by the IRS
- Expenses claimed as deductions or credits on your federal tax return
- Expenses incurred before you were a participant in the FSA plan
- Expenses incurred when you are no longer a participant in the FSA plan
- Amounts above the maximum plan limits for medical reimbursement

# HEALTH CARE REIMBURSEMENT

## Supporting Documentation Guidelines for Health Care Expenses:

### Required for Most Health Care Services:

- All PPO Services: Explanation of Benefits (EOB) from the insurance carrier
- Non-PPO Services: Itemized bill or receipt from service provider that includes all of the following:
  - Name of Service Provider
  - Name of Patient
  - Date of Service
  - Details of Service or Product
  - Cost of Service or Product

### Do NOT Submit:

- Cash Register Receipts
- Balance Forward Statements
- Cancelled Checks
- Credit Card Receipts/Statements
- Received-on-Account Statements
- Estimates for Services to be Performed

### Required for an Office Co-Pay:

- Receipt or Invoice that includes all of the following:
  - Name & Address of Service Provider (must be pre-printed or stamped)
  - Name of Patient
  - Date of Service
  - Wording indicating that it is a co-pay or office visit
  - Cost of Co-Pay

### Do Not Submit:

- Cash Register Receipts
- Balance Forward Statements
- Cancelled Checks
- Credit Card Receipts/Statements
- Received-on-Account Statements

### Required for Prescriptions:

- A copy of the itemized prescription label (often attached to the outside of the bag upon purchase) or mail-order prescription invoice that includes all of the following:
  - Name of Pharmacy
  - Name of Patient
  - Date of Purchase
  - Name of Drug (if not subject to co-pay)
  - Cost of Prescription
- NOTE: If you do not have a copy of your prescription label, contact your pharmacy

### Do Not Submit:

- Cash Register Receipts
- Balance Forward Statements

### Required for Prescribed Over-the-Counter (OTC) Medical & Medical Supplies:

- A cash register receipt that includes all of the following:
  - Name of Store/Pharmacy
  - Date of Purchase
  - Name of Item
  - Cost of Item (may include tax)
  - Copy of Prescription for OTC Item

### Special Circumstances:

- Orthodontia: Requires an Orthodontia Financial Agreement each Plan Year (contact BCC's Customer Service Center regarding this document)
- Some expenses require a letter from your doctor each Plan Year (ex: Hypnotherapy, Massage Therapy, Support Hose, Viagra, Weight Loss)



# DEPENDENT CARE REIMBURSEMENT

## Definition of “Dependent” for Dependent Care Reimbursement

- Your dependent is under the age of 13 when the care is provided AND for whom you can claim an exemption OR
- Your spouse who was physically or mentally unable to care for him/herself

*\*For more in-depth information or clarification on elder care as a qualified expense, consult your tax advisor*

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## Eligible Dependent Care Expenses (if your Plan Sponsor utilizes this feature):

- |                                       |                       |  |
|---------------------------------------|-----------------------|--|
| • Child Day Care Services             | • Nursery & Preschool | • Summer Day Camp                      |
| • In-Home Child Care/Au Pair Services | • After School Care   | • Elder Day Care Center & In-Home Care |

## Dependent Care Expenses **NOT** Eligible for Reimbursement

- |   |
|---|
| • Food  |
| • Clothing  |
| • Entertainment   |
| • Education (expenses to attend kindergarten or higher) |

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## Supporting Documentation Guidelines for Dependent Care Expenses:

### Dependent Care Documentation Must Show:

- Name of Dependent(s)
- Begin & End Date of Service
- Provider Tax ID Number for health care facility OR Social Security Number for individual service providers
- Amount Incurred
- Signature of Provider

### Do NOT Submit:

- Copies of Checks/Cancelled Checks (copies of cancelled checks are acceptable so long as both the front and back of the cancelled check are copied)
- Balance Forward Statements
- Credit Card Statements (Cash register receipts & credit card receipts are acceptable, provided that they are detailed & the request form is itemized)
- Estimates for Services to be Performed

### Special Circumstances:

- Reimbursement requests received incomplete or without proper documentation will be returned unprocessed
- You may only be reimbursed for current or previous dependent care expenses
- Keep originals for your records as supporting documents become part of your claim and will not be returned
- Reimbursements will be sent to your home address unless the direct deposit feature is available under your Flexible Benefits Plan and is requested

# COMMUTER REIMBURSEMENT

## Eligible Commuter Expenses (if your Plan Sponsor utilizes this feature):

### PARKING

- Fees for parking that is located on or near employer's premises
- Fees for parking at or near a mass-transit location (allowing you to commute via mass-transit)
- Fees for parking at or near a van-pooling or car-pooling meeting site
- Parking provided to you where your employer pays directly to a parking lot operator
- Parking that an employer provides on its premises that requires a lease

### TRANSPORTATION

- Transit Pass
- Transit Token
- Transit Fare-Care
- Transit Voucher
- Van-Pooling
- Commuter Highway Vehicle Expense

**NOTE:** Similar items may also be eligible for reimbursement pending approval from your employer

**NOTE:** Expenses must be provided by a Mass Transit Facility of Qualified Van Pooling Service

### BICYCLE

- Purchase of a Bicycle
- Bicycle Improvements
- Bicycle Repair
- Bicycle Storage

**NOTE:** This benefit may not be received in any month in which an employee receives any other qualified parking or transportation benefit

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## Guidelines for Commuter Expenses

### Dependent Care Documentation Must Show:

- Date(s) of Service
- Amount Incurred

### Do NOT Submit:

- Cancelled Checks
- Credit Card Statements (Cash register receipts & credit card receipts are acceptable, provided that they are detailed & the request form is itemized)

### Special Circumstances:

- If you cannot obtain a receipt, you must complete and sign the Employee Certification section AND the Authorization section of the Reimbursement Form. Examples of this instance include paying via parking meter or paying via coin box.

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## BCC'S TOLL-FREE CUSTOMER SERVICE CALL CENTER

800-685-6100

Monday - Thursday: 8:00am - 8:00pm ET / 5:00am - 5:00pm PT  
Friday: 8:00am - 6:00pm ET / 5:00am - 3:00pm PT

Forms & Brochures: [www.BenXcel.com](http://www.BenXcel.com)