



S125 Open Enrollment - 2026

# Online Enrollment

Enrollment will continue online thru the PRISM employee self-service platform, located here: <https://xen-ep.prismhr.com>. Employees should login to make elections for the 2026 calendar year.

*If you do not login to your PRISM account **by DECEMBER 3, 2025** and elect funds for 2026, **your 2025 enrollment election will not be carried over.***

# Available Programs

Pre-tax savings for:

- Out of pocket medical, dental, prescription, or vision expenses (full amount available 1/1/26, deducted throughout the year)
- Dependent care expenses reimbursed as funds are deposited in account (works like a checking account)

# Eligible Medical/Dental/Vision/Rx Expenses

- Co-pays
- Deductibles
- Medical, dental, and vision expenses not covered by your insurance (unless considered cosmetic)
- Eyeglasses, exams, contacts, Lasik eye surgery
- Chiropractic care
- Acupuncture
- Orthodontia (special rules apply)
- Prescription drugs
- Some over the counter medication & vitamins may require a doctor's prescription, now is a good time to obtain 2025 prescriptions

# Ineligible Expenses

- Cosmetic procedures/drugs
- Health club fees and weight loss programs (unless you provide a letter of necessity from a physician)
- Hair transplants
- Medicated shampoos and soaps
- Insurance Premiums
- Non-prescription glasses
- Some over the counter medications and vitamins without a prescription

# WEX/ IRS Documentation Requirements

## Medical Expense Valid Receipts

You must have one of the following valid receipts to substantiate (verify) your claim:

- Store/ Pharmacy receipt, including name of product and date of service
- Co-pay receipt from medical provider, including date of service
- Itemized bill from medical provider, including date of service, provider name, and description of service or product
- Insurance company's "Explanation of Benefits," including date(s) of service

Note: Canceled checks and credit card statements are not valid receipts

WEX will send an email to notify a participant if additional information is needed to substantiate a claim.

# Dependent Care Expenses

- Care of dependent(s) under age of 13
- Before and after school expenses
- Summer camp, excluding overnight camp
- Custodial or elderly care

# Dependent Care – Recurring Reimbursement



[www.wexinc.com](http://www.wexinc.com)  
866-451-3399 866-451-3245  
PO Box 2926 Fargo, ND 58108-2926  
[forms@discoverybenefits.com](mailto:forms@discoverybenefits.com)

## Recurring Dependent Care Request Form

This form is to be completed each plan year and as changes occur when you want to receive recurring reimbursement of dependent care expenses. Documentation must be retained for your records and provided to WEX when requested to do so (if a receipt is unavailable, a signature from the provider is sufficient). If any information on this request form changes during the plan year, you must submit an updated Recurring Dependent Care Request Form.

\* = Required Fields

### Step 1: Participant information

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
*Participant Name (First, MI, Last)	*Social Security Number
<input type="text"/>	<input type="text"/>
*Employer Name (Do not abbreviate)	Employee ID

Updates or changes to your information can be made by logging into your account at [www.wexinc.com](http://www.wexinc.com).

### Step 2: Recurring dependent care FSA information

\*Please select only one:

- ☐ Start Recurring Dependent Care FSA: Please start my recurring reimbursement with the information provided in Step 3.
- ☐ Change Recurring Dependent Care FSA Information: Please update my recurring reimbursement with the information provided in Step 3 as of the Effective Date listed on the right.
- ☐ Stop Recurring Dependent Care FSA: Please stop my recurring reimbursement for the information provided in Step 3 as of the Effective Date listed on the right.

<input type="text"/>
Effective Date (mm/dd/yyyy)
<input type="text"/>
Effective Date (mm/dd/yyyy)

### Step 3: Dependent care provider information and signature (to be completed by the provider)

I certify the information provided below is accurate. I understand the purpose of my signature on this form is to substantiate the name of the dependent care provider, the dates of service care is being provided and the dollar amount of the services. I agree to provide the necessary receipts for documenting the participant's incurred dependent care expenses.

*Dependent(s) Name	*Start Date of Service Must be within current plan year (mm/dd/yyyy)	*End Date of Service Must be within current plan year (mm/dd/yyyy)	*Provider's Signature	*Cost Per Week	*Total Cost

### Step 4: Participant certification

To the best of my knowledge, the provided information is complete and accurate. By submitting this, I acknowledge my child is under the age of 13, the services are eligible dependent care expenses as defined by the IRS, that I have not been previously reimbursed for these expenses and that I will not seek reimbursement from any other source. I understand that WEX, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN) and I will include the TIN on IRS Form 2441, which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify WEX. I understand that WEX may require me to submit any additional documentation, receipts and an updated request form at any time. I should retain a copy of all submitted documentation in the event of an IRS audit. I confirm my payroll deductions are less than my daycare costs per week so recurring reimbursements will occur when payroll deductions post to my Dependent Care FSA. By submitting this form I certify the above.





# Health Savings Accounts (HSA)

## *Can I contribute to an HSA if I also want to enroll in FSA?*

No, you can only enroll and contribute to an HSA if you are enrolling in the High Deductible Health Plan (HDHP).

## *What Are the Benefits of an HSA?*

There are many benefits of using an HSA, including the following:

- **It saves you money**—HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable**—The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.
- **It is a tax-saver**—HSA contributions are made with pre-tax dollars. Since your taxable income is decreased by your contributions, you'll pay less in taxes.

# 2026 Annual Maximums

## Flexible Spending Account (FSA)

- Medical (S125) – up to \$3,400

## Health Savings Account (HSA)

- \$4,400 for individual coverage and \$8,750 for family coverage.
- Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don’t exceed the annual maximum.
- Anyone currently enrolled in the FSA in 2025 cannot contribute towards the HSA until April 1, 2026.

## Dependent Care (FSA)

- Up to \$7,500, available per pay period and only in the amount deducted from your pay (example  $\$2,000/24$  pay periods = \$83.33 per pay period)

# S125/FSA The “Use It or Lose It” Rule

## For 2025 Funds

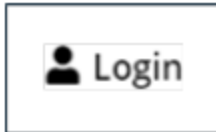
- Participants have until the IRS grace period of **March 15, 2026** to incur eligible expenses for funds remaining in your account for the 2025 plan year.
- Receipts need to be submitted to WEX by **March 31, 2026** for reimbursement.
- Any money that remains after the applicable run-out period is forfeited.
- If currently participating, continue using your current WEX debit card for any remaining 2025 funds.

## For 2026 Funds

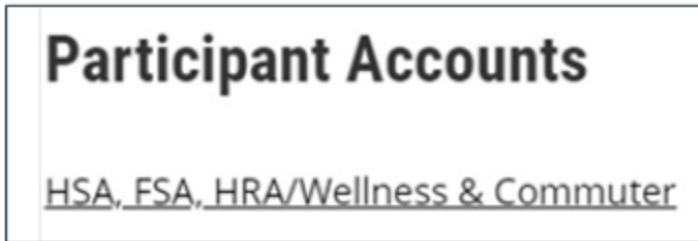
- Same rules apply – 2026 elected funds will roll over and can be used until **March 15, 2027**.

# WEX Online Account

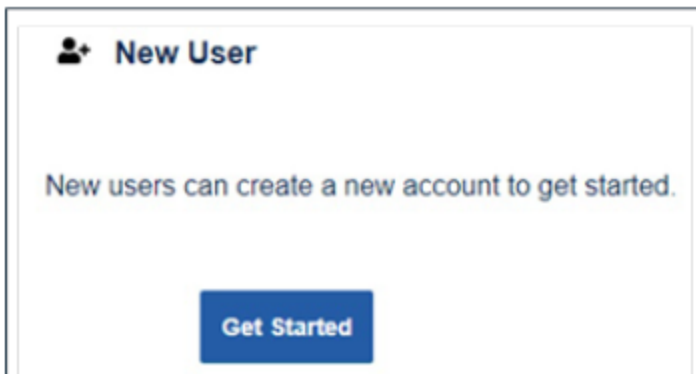
1. Navigate to our website, [www.wexinc.com](http://www.wexinc.com), and select “Login” at the top of the page.



2. Then select “WEX|Benefits”. Under “Participant Accounts” select “HSA, FSA, HRA/Wellness & Commuter.”



3. Under “New User” select “Get Started.”



# Mobile App

Get instant notifications on the status of your claims.

Check your balance and view account activity.

Security on the go

Our mobile app uses secure encryption and won't store pictures on your phone, keeping your documentation safe and secure. Login is protected by a four-digit passcode of your choosing. You can also log in with your thumbprint on Apple devices.

File a claim and upload documentation in seconds using your phone's camera.

Easily move funds from your HSA into your bank account to cover eligible expenses.

Scan an item's bar code with your phone's camera to determine if it's an IRS code Section 213(D) eligible expense.

View current HSA investments balance, recent activity and rate of return.

Report a card as lost or stolen.

Reset login credentials.

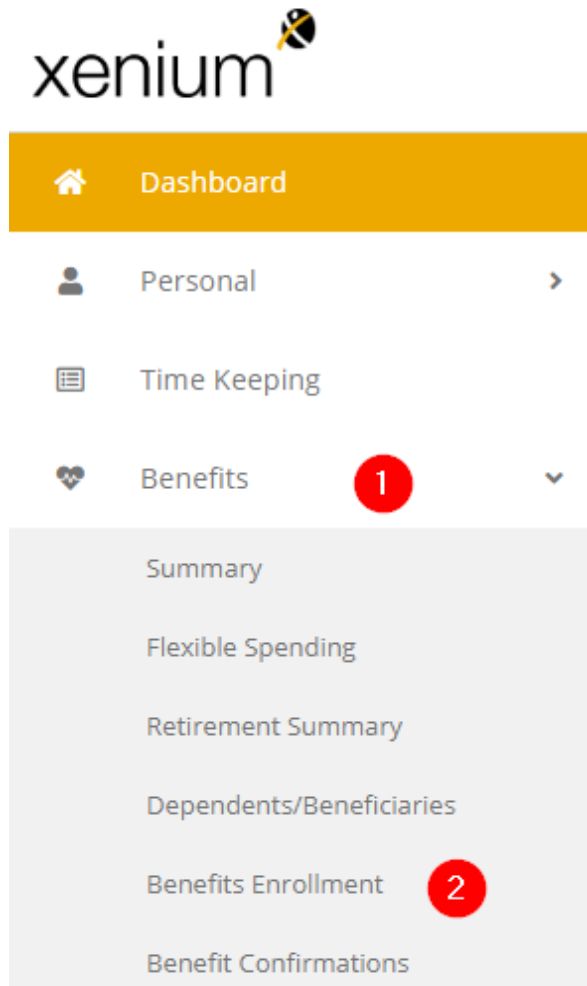
Log in with your Face ID.

**Download the app for free on Apple and Android smartphones and tablets.**

Download on the App Store

GET IT ON Google Play

# PRISM Portal



From the Employee Self Service landing page click on **Benefits**.

Click on **Benefits Enrollment** to access the enrollment program.

# PRISM Portal

Your employer provides you with the opportunity to enroll in a Flexible Spending Account (FSA). The FSA allows you to set aside tax free dollars to pay for eligible medical expenses or for eligible dependent care expenses.

\$0.00 Per Period	Flexible Spending Account		
	Dependent Care		
	Coverage Effective: 01/01/2019 - 12/31/2019		
	Annual Contribution <input type="text" value="0.00"/>		
		<a href="#">View</a>	<a href="#">Limits</a>

\$0.00 Per Period	Flexible Spending Account		
	Med Voucher FSA		
	Coverage Effective: 01/01/2019 - 12/31/2019		
	Annual Contribution <input type="text" value="0.00"/>		
		<a href="#">View</a>	<a href="#">Limits</a>

## Waive Benefits

☐ I agree to waive flexible spending benefits.

Note: claims will be managed through eFlex.

# PRISM Portal

## 2018 Confirmation

### Benefit Enrollment Terms and Conditions

We are committed to offering you customizable coverage solutions to meet the unique needs of every situation. It is our philosophy that no family or employee be without Insurance Coverage! You were given the opportunity to choose the levels that you desire based on your eligibility. Whatever your lifestyle or age, you need the benefits that provide the support to make things a little simpler and less stressful. Open enrollment is the time to select or make changes to your current elections. Our goal is to keep this process simple, quick and informative for you and your family.

Your elections become effective January 1, 2018. If you do not complete your benefit selections before December 1, 2017, your enrollment will not be returned to your carrier until after the first of the year.

To complete your benefit enrollment, simply check the box stating that you agree with these terms, and enter your name in the signature text field.

Contact us Monday - Friday, 8 AM to 5 PM PST

General Website Support: [Xenium.Web.Support@XeniumHR.com](mailto:Xenium.Web.Support@XeniumHR.com) or Benefits at [benefits@XeniumHR.com](mailto:benefits@XeniumHR.com)

Phone: (503) 612-1555

Thanks!

☒ I acknowledge that my benefit elections have been completed for the current plan year and agree to the corresponding payroll deductions as indicated.

Full Name :  ✖ Incorrect

[< Back](#)

[Complete Enrollment](#)





# What can I elect?

Enrolled In High Deductible Health Plan	Enrolled in Non-High Deductible Health Plan
Health Savings Account	Flexible Spending Account
Dependent Care Account (DCA)	Dependent Care Account (DCA)

# For questions and additional information

WEX

[www.wexinc.com](http://www.wexinc.com)

[customerservice@wexhealth.com](mailto:customerservice@wexhealth.com)

(866) 451-3399

Benefits Team

[Benefits@XeniumHR.com](mailto:Benefits@XeniumHR.com)

Employee Experience Team

[EmployeeSupport@XeniumHR.com](mailto:EmployeeSupport@XeniumHR.com)

(503) 612-2024