

Flexible Spending Account (FSA)

Flores

Flexible Spending Accounts (FSAs) are a tax-free way to pay healthcare, dependent care, and transit expenses that you would typically pay out-of-pocket on an after-tax basis. The money you set aside reduces your taxable income, which can save you money at tax season. You can participate in an FSA even if you are not enrolled in a medical plan.

Flexible Spending Accounts are administered by Flores. They are regulated by the IRS; therefore, certain restrictions and limits apply.

Limited Purpose HCFSA for High Deductible Health Plan Participants

If you are enrolled in a high deductible health plan, whether through Electric Thermal Solutions or another group health plan, IRS regulations limit the expenses for which you may be reimbursed under a HCFSA. You may, therefore, only participate in a Limited Purpose HCFSA for dental and vision expenses only. You can still use a Health Savings Account (separate account) to pay for eligible medical expenses and prescriptions.

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Healthcare FSA

Healthcare FSAs are used to pay for eligible healthcare expenses such as copays, deductibles, dental, and vision expenses. You will be provided with a debit card you can use to draw money from the account to pay at the doctor's office or pharmacy. The IRS maximum contribution to the Healthcare FSA is \$3,300.

Your Flexible Spending Account (FSA) elections are effective from January 1 through December 31. Our Healthcare FSA provides a 2½ month "grace period" during which Healthcare FSA funds from the prior year may be used for claims with a submission deadline of March 15. Claims for the Dependent Care FSA must be submitted by March 15.

Please plan your contributions carefully. Any money remaining in your accounts over \$640 after the claim submission deadlines will be forfeited. This is known as the "use it or lose it" rule and it is governed by IRS regulations. Note that FSA elections do not automatically continue from year to year; you must actively enroll each year.

FSAs and eligible expenses are regulated by the IRS. For a detailed list of eligible expenses, visit www.irs.gov/publications and search for Publication 502 or visit the WEX website.

Some examples of eligible healthcare expenses include:

- ▶ Office copays
- ▶ Prescription drugs
- ▶ Dental expenses, including orthodontia
- ▶ Vision care expenses, including laser eye surgery
- ▶ Chiropractic services
- ▶ Acupuncture
- ▶ Over-the-counter healthcare products accompanied by a doctor's prescription)

Dependent Care Spending Account

You can deposit up to \$5,000 in your Dependent Care Spending Account. This account lets you set aside pre-tax dollars to pay dependent care expenses that are necessary in order for you (and your spouse, if you're married) to work or attend school full-time. You can find examples of eligible and ineligible expenses below.

Dependent care expenses will qualify for reimbursement if you meet these IRS requirements:

Eligible Expenses	Ineligible Expenses
Home or day care for dependent children under age 13.	Expenses for days you are not working.
Payments made to a licensed nursery day care or day care center for preschool children.	Child care services provided by another of your dependent children.
Home or day care for dependents of any age who are mentally or physically disabled and are unable to care for themselves.	Care for dependents who have an annual income of \$1.
	Expenses you already claimed as deductions or credits on a federal or state income tax return.

- ▶ If you're married, both you and your spouse must be working. Spouses who don't work must be full-time students or incapable of caring for themselves.
- ▶ If you're married, the total annual amount you deposit can't be more than the lower of your income or your spouse's income.
- ▶ If you're single, your dependent day care expenses must be necessary for you to work. You may change your dependent care contribution during the plan year only if you have a change in family status.

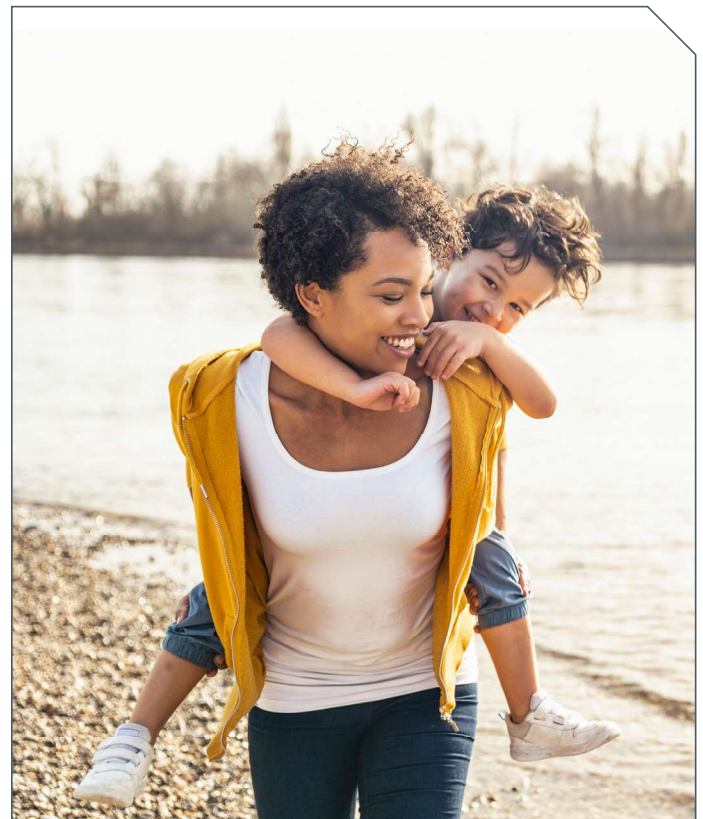
The Dependent Care Spending Account may be right for you if you have day care expenses for an eligible dependent while you are at work.

Examples of How you Can Save

Sample employee makes \$2,000 per month. This example shows an employee's net pay per month with and without the FSA:

Employee Paycheck Without the Plan	
Salary	\$2,000
Insurance Premium	-\$100
Health and Daycare Expenses	-\$300
FICA, Federal, and State Taxes	-\$500
Net Pay Without the Plan	\$1,100

Employee Paycheck With the Plan	
Salary	\$2,000
Insurance Premium	-\$100
Health and Daycare Expenses	-\$300
Adjusted Earnings	\$1,600
FICA, Federal, and State Taxes	-\$400
Net Pay With the Plan	\$1,200





How to Submit a Claim

Flores Web Portal

You may scan your claim and upload it to our secure website or complete your claim detail online at www.flores247.com.

Flores Mobile Smartphone App

Use your phone's camera to take a picture of your documentation and upload. Download Flores Mobile through Apple Store or Google Play.

Mail Claims

Claims Processing
PO Box 31397
Charlotte, NC 28231

Please keep in mind, certified mail will need to be sent to our physical address at 2013 West Morehead Street, Suite B, Charlotte, NC 28208.

Fax Claims

704.335.0818 or **800.726.9982**

All receipts for reimbursement must include the following:

- ▶ Date of Service
- ▶ Description of Service
- ▶ Out-of-Pocket Cost
- ▶ Provider Name
- ▶ Patient Name

How to Upload a Claim on www.flores247.com

Step One: Log in to www.flores247.com using your Participant ID or Username and password. Tip: Your Participant ID will be on any correspondence you have received from Flores.

Step Two: Click "File a new Health Care or Dependent Care Flexible Spending Account Claim." Hit "Next."

Step Three: If you have completed a hard copy claim form and scanned it into your computer, click "Already Completed" to upload your document. If you have not already completed a claim form, fill in your claim detail and hit "Next."

Step Four: Click "Choose File" and choose the file on your computer that contains your scanned documentation that is required to process your claim. Repeat until all documents are attached. Click "Submit" to finalize your claim.

Tip: Update your email or subscribe to SMS notifications in the Settings tab to receive email or text updates on your claim!

PO Box 31397, Charlotte, NC 28231
800.532.3327
flores247.com

Reimbursement for Orthodontia Expenses

Only proof of payment will be required for future claim submissions. Orthodontia will be reimbursable as you pay it, meaning that the payment can only be reimbursed from the plan year in which the payment was made. If you have any questions about reimbursement for orthodontia, you can call an account manager at **800.532.3327**.