



WWW.FLORES247.COM

FSA DIRECT

FLEXIBLE SPENDING ACCOUNT INFORMATION KIT



WHY USE FLEXIBLE SPENDING ACCOUNTS?

You save Federal, State and FICA taxes on the money you set aside. This is an example of the increase in net disposable income that you can experience by using Flexible Spending Accounts.

	PARTICIPATING IN AN FSA	NOT PARTICIPATING IN AN FSA
Annual Salary Before Taxes	\$30,000	\$30,000
Less:		
Medical FSA Contribution	-\$1,500	\$0
Dependent Care FSA Contribution	-\$4,000	\$0
Taxable Income	\$24,500	\$30,000
Estimated Taxes (based at 25% for Federal & FICA)	-\$6,125	-\$7,500
Less:		
Health Care Expenses	\$0	-\$1,500
Dependent Care Expenses	\$0	-\$4,000
Net Disposable Income	\$18,375	\$17,000
ESTIMATED SAVINGS	\$1,375	

IMPORTANT INFORMATION

No Rollover:

You must re-enroll each new plan year. Elections do not roll over from year to year.

Use-it-or-Lose-it:

Claim Deadlines Apply. If funds remain in the account at the end of the claim deadline they will be forfeited to the plan year sponsor.

Uniform Reimbursement:

After your first Medical FSA contribution to the plan, you will have access to the total amount you have elected for the year, regardless of the balance in your spending account.

Termination, Retirement, Leave of Absence:

Any expenses submitted for reimbursement in either the medical or dependent care spending accounts must be incurred during the claims incurrence period while you are enrolled in the program.

COBRA Continuation:

You may continue your participation in the Medical Flexible Spending Account through the election of COBRA, if eligible. Please contact your Human Resources Department for further information.

Status Changes:

You may only change the allocation during the plan year if you have a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. Please see your Summary Plan Description (SPD) for details.

Separate Accounts:

The Medical and Dependent Care Flexible Spending Accounts may not be co-mingled.

Submit Expenses for Qualified Dependents:

Regardless of who is covered on your medical insurance, the Medical Flexible Spending Account may reimburse eligible expenses for your spouse and dependents as long as they qualify as a dependent.

MEDICAL FLEXIBLE SPENDING ACCOUNT

Your Medical FSA can reimburse you for eligible expenses you or your dependents have incurred which are not paid by your existing healthcare plan.

FILE YOUR MEDICAL CLAIMS

You may file your claims at any time during the plan year, but they must be postmarked by the claims filing deadline indicated on your claim form. If you fax your claim, it must be faxed by the deadline indicated on your claim form.

ELIGIBLE EXPENSES:

- Medical co-payments and deductibles
- Prescribed over-the-counter items
(Due to the passage of Healthcare Reform, as of January 1, 2011, OTC drugs and medicines require a prescription from a healthcare provider)
- Vision expenses such as exams, eyeglasses and contacts
- LASIK surgery
- Dental expenses excluding cosmetic procedures
- Orthodontia payments

MEDICAL WORKSHEET

FIRST: Use the Medical Expense Worksheet to help you estimate your out-of-pocket health care expenses for the plan year. You may include expenses for anyone who qualifies as a dependent (in most cases your spouse, children, etc).

NEXT: Based on your estimate, decide how much of your salary you want to set aside in your Medical Spending Account. The number of payroll deductions will be determined by the number of paychecks you expect to receive during the plan year. Enter only those expenses you feel confident that you will incur during the claims incurrence period.

MEDICAL EXPENSES	PROJECTED AMOUNT
Deductibles	\$
Co-pays/Co-insurance	\$
Routine Well Visits/Immunization/Vaccinations	\$
Dental Expenses not covered by insurance (other than cosmetic services)	\$
Vision Expense (Eye exams, Glasses, Contact Lenses)	\$
Orthodontia Payments	\$
Hearing Expenses (Exam and Hearing Aids)	\$
Prescription Drugs/Prescription Over-the-Counter Medicine	\$
Diabetic Supplies	\$
Therapy/Treatments (Physical Therapy, Chiropractic, Psychiatric, Speech)	\$
Other Medically Necessary Unreimbursed Expenses	\$
TOTAL PLANNED MEDICAL EXPENSES FOR PLAN YEAR	\$
Divide by number of pay periods in this plan year	
AMOUNT OF DEDUCTION PER PAY PERIOD	\$

HOW DO I GET MY FUNDS ?

Reimbursements will be mailed to your home address or you may set up direct deposit so the funds can be deposited directly to your bank account. In order to establish direct deposit, please complete the Direct Deposit Authorization form and return it to the fax number or the address on the form or you may upload your completed form over our secure website, www.flores247.com. After you enroll in the FSA, you will receive your Participant ID and Password to access the site. If you are already participating in the direct deposit program for your FSA accounts, you do not need to fill out another direct deposit form unless your banking information changes.

All receipts for reimbursement must include the following information:

1. Date of Service
2. Description of Service
3. Out-of-Pocket Cost
4. Provider Name
5. Patient Name

Log on to www.flores247.com to view the medical reimbursement schedule for your group.

NOTE: A guide to allowable medical expenses is provided at www.flores247.com

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT



Your Dependent Care FSA can reimburse you for day-care expenses provided for your dependents so that you (and your spouse, if you are married) can work. Care must be for a dependent child under age 13 or a dependent of any age that lives in your household that is incapable of self-care.

FILE YOUR DEPENDENT CARE CLAIMS

You may file your claims at any time during the plan year, but they must be postmarked by the claims filing deadline indicated on your claim form. If you fax your claim, it must be faxed by the deadline indicated on your claim form.

ELIGIBLE EXPENSES:

- Preschools
- Before and After School Care
- Day Camps

INELIGIBLE EXPENSES:

- Overnight Camps
- Tuition/Kindergarten & Educational Expenses
- Regular Fees Not Applied to Care of Child

HOW DO I SUBMIT MY CLAIM ?



MAIL:
Claims Processing
PO Box 31397
Charlotte NC, 28231.



ONLINE:
www.flores247.com
You may scan your claim and upload it to our secure website.



FAX:
704-335-0818 or
800-726-9982.



MOBILE:
m.flores247.com or
scan the QR code.



DEPENDENT CARE WORKSHEET

FIRST: Use the Dependent Care Expense Worksheet to help you estimate what your dependent care expenses will be for the plan year.

NEXT: Based on your estimate, decide how much of your salary you want to set aside in your Dependent Care Account. The number of payroll deductions will be determined by the number of paychecks you expect to receive during the plan year. Enter only those expenses you feel confident that you will incur during the claims incurrence period.

MONTH	PROJECTED AMOUNT
January	\$
February	\$
March	\$
April	\$
May	\$
June	\$
July	\$
August	\$
September	\$
October	\$
November	\$
December	\$
TOTAL PLANNED DEPENDENT CARE EXPENSES FOR PLAN YEAR	\$
Divide by number of pay periods in this plan year	
AMOUNT OF DEDUCTION PER PAY PERIOD	\$

DETACH CARD AT PERFORATION

To access your account information via our interactive voice system.

- Dial 800-331-9610 outside of Charlotte, NC or 704-333-6890 within the Charlotte calling area.
- Enter your Participant ID when prompted by the system.
- The system will relay all pertinent information regarding your account including: your account balance, pending claim status, paid claims history, and verification of received reimbursement forms.
- Questions: Please call an Account Manager.
800-532-3327 (outside of Charlotte, NC) or 704-335-8211 (inside of Charlotte, NC)
- To fax information to us:
800-726-9982 (outside of Charlotte, NC) or 704-335-0818 (inside of Charlotte, NC)
- Mobile App -- m.flores247.com

The content of this brochure has been prepared by Flores & Associates, LLC for informational purposes only and does not constitute legal or tax advice. This information is an interpretation of selected portions of the Internal Revenue Code (IRC) as of 9/1/2012 and is subject to continual revision.

FAQs

How do I budget for Flexible Spending Accounts?

You may review your out-of-pocket medical and dependent care expenses from last year and use that as a guide when completing the budgeting worksheets within this kit or at www.flores247.com.

What types of expenses may be reimbursed through my Flexible Spending Accounts?

You may submit certain IRS approved medical and dependent care expenses that are not reimbursed by any other benefit plan or deducted on your federal income tax return for reimbursement. For an extensive list of eligible expenses for the medical account please visit our website www.flores247.com.

What happens if I retire or terminate employment and leave the plan mid-year?

Per IRS regulations, claims may only be submitted for services prior to the retirement or termination date. Services after this date would be outside of the enrollment period, unless you elect to continue your account by making contributions under COBRA. COBRA is only available for the Medical Flexible Spending Account.

Do I need to re-enroll each new plan year?

Your election remains in effect until the end of the current plan year. During open enrollment, you will be able to re-budget for the upcoming plan year. If you choose to continue participation in the FSA program, you must re-enroll each plan year.

May I change my contribution amount during the plan year?

You may change your contribution amount during the year ONLY if you experience a qualified family status change event. Contact your Human Resources Department or review your Summary Plan Description for a comprehensive list of qualified status change events.

How do I log into the website?

Go to www.flores247.com. Enter your PID and Password or your User Name and Password. Once you log in you may change your Password by clicking on Change Password in the menu. Four to eight alphanumeric characters are required.

How do I obtain my PID and Password?

Your Participant ID (PID) and Password will be mailed to you once you have enrolled in the FSA plan. After one successful log-in you may create a User Name and Password that you prefer. We can also provide you with your PID and Password over the phone by answering several security questions.

Where do I get a claim form?

You may fill out a Medical or Dependent Care reimbursement claim form online at www.flores247.com or you may contact your Human Resources Department to obtain a form.

How long do I have to submit claims?

The claims filing deadline for submitting expenses incurred during the claims incurrence period is listed on your claim form. Fax, mail or upload your claim early to avoid the rush.

When is an expense incurred?

An expense is incurred on the date the service is rendered, not when it is billed or paid (excluding orthodontia).

What happens if I do not use the funds in my Flexible Spending Accounts?

Any funds not claimed for eligible medical and dependent care expenses are forfeited. You can avoid the "use-it-or-lose-it" rule by budgeting carefully and conservatively.

Who may I use my Flexible Spending Account funds for?

You may be reimbursed for eligible expenses incurred by your spouse and qualifying dependents. Please consult your Summary Plan Description or HR Department for information regarding qualifying dependents.

Are the funds interchangeable between both of my Flexible Spending Accounts?

No, remember to budget separately for your Medical and Dependent Care Flexible Spending Accounts.

What types of expenses are NOT reimbursable?

Ineligible expenses include: cosmetic expenses (i.e. teeth whitening, dermabrasion), expenses for general wellness (i.e. vitamins, general health club dues, supplements), and insurance premiums (i.e. replacement insurance for contacts, other health plan policies). Any OTC drugs or medicines without a prescription from a health care provider do not qualify.

Is mileage reimbursable?

Yes, you may request mileage for eligible medical expenses. Please visit our website for the allowable mileage rate for the current plan year. (Not applicable under Dependent Care).

Are the expenses reimbursed from the Medical Flexible Spending Account also eligible as a medical deduction on my tax return?

No, since this expense has already been reimbursed with tax-free money, it cannot also be claimed as a credit on your tax return.



ABOUT

FSA DIRECT

FLORES & ASSOCIATES, LLC
1218 South Church Street
Charlotte, NC 28203
www.flores247.com

Need more information?
Please visit our website
at www.flores247.com
or call to speak to
an Account Manager at
704-335-8211 or 800-532-3327

As health care costs continue to soar, employers strive to find employee benefit programs that help reduce the financial burden put on employees. One such arrangement, established by the IRS, is the Flexible Spending Account (FSA). As an employee, you save money by reducing your taxable income. The funds you elect are set aside from your paycheck pre-tax to reimburse you for qualified expenses for yourself, your spouse, and any qualifying dependents.



WWW.FLORES247.COM

Your Complete On-Line Reimbursement Plan Tool

PID: _____

Password: _____

User Name (optional): _____

To access your account information enter your Participant ID and Password. Your assigned Participant ID and Password will be mailed to you after you enroll in the plan. You may change your Password at any time. (4-8 characters)