



# HEALTH CARE

## FLEXIBLE SPENDING ACCOUNT

THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR EXISTING HEALTH CARE PLAN.

### ELIGIBLE EXPENSES

- Medical co-payments, co-insurance and deductibles
- Routine wellness visits
- Prescription expenses
- Vision expenses (including eye exams, eyeglasses and contact lenses)
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Hearing expenses
- Over-the-counter Medications
- Menstrual Care Items
- COVID-19 Related PPE

## YOUR STEPS TO SAVINGS!

### 1 REALIZE THE TAX SAVINGS

You can set aside pre-tax money into an account to be reimbursed for eligible medical expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you enroll for \$3,200 you would save \$800 in taxes.

### 2 ESTIMATE YOUR EXPENSES

Plan for your upcoming expenses and include your spouse and dependents, if eligible. A brief list of expenses can be found to the right. A comprehensive list of allowable expenses and an expense worksheet can be found at [www.flores247.com](http://www.flores247.com).

### 3 ENROLL AND MANAGE YOUR ACCOUNT

Contact your Human Resources Department to find out how to enroll for this benefit. Flores will send a custom Participant ID number via mail or email to help you manage your account. Contact information can be found on the back of this flyer.

# HEALTH CARE FSA FAQs

## FREQUENTLY ASKED QUESTIONS

**HOW CAN I SUBMIT A CLAIM?** Claims may be uploaded to your account on our participant Flores247 Web Portal, [www.flores247.com](http://www.flores247.com), or using our Flores Mobile app. You may also submit your request for reimbursement via fax or mail, if you prefer. Please note that all claims must be received by the filing deadline for the applicable plan year in which your expenses were incurred.

**WHAT MUST BE INCLUDED ON RECEIPTS?** All receipts for reimbursement must include the following information: Date of service, Description of Service, Out-of-Pocket Cost, Provider Name, and Patient Name.

**WILL I HAVE A DEBIT CARD?** Possibly. If your plan offers the debit card, you can use your Flores Benefits Card at the point of purchase. Remember to keep all of your receipts in case they are requested for review.

**DO I NEED TO RE-ENROLL IN THE HEALTH CARE FSA EACH YEAR?** Yes, you must re-enroll with each new plan year. Elections do not rollover from year to year.

**WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY HEALTH CARE FSA?** After your first Health Care FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the current balance in your flexible spending account.

**CAN I SUBMIT MY SPOUSE'S / DEPENDENT'S MEDICAL EXPENSES TO MY HEALTH CARE FSA?** Regardless of who is covered on your medical insurance, the Health Care FSA may reimburse expenses for your spouse or any qualifying tax or adult dependent.

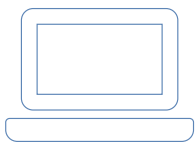
**HOW WILL REIMBURSEMENTS BE ISSUED?** Reimbursements will be mailed as a check to your home address. If you would like to have your reimbursement issued as a direct deposit, you may add your direct deposit information on the participant website ([www.flores247.com](http://www.flores247.com)) or submit a completed Direct Deposit Information Form. If your plan offers the debit card, you may use this card at the point of purchase to access your FSA dollars.

**CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?** You may only change your annual election during the plan year if you experience a qualifying status change event. You must notify your employer within 30 days of any status change event in order to change your election. See the Allowable Status Changes Guide on our website ([www.flores247.com](http://www.flores247.com)) for further information.

**WHAT HAPPENS TO MY HEALTH CARE FSA IF I TERMINATE FROM THE COMPANY?** Any expenses submitted for reimbursement must be incurred prior to your termination date or the benefit end date specified by your company. Claims must be submitted prior to the claims filing deadline for the plan year during which you terminated. In certain situations you may be eligible to continue your participation in the Health Care FSA through the election of COBRA. Please contact your Human Resource Department for further information.

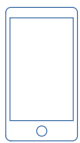
**WILL UNUSED FUNDS ROLLOVER TO THE NEXT YEAR?** Possibly. If your employer has adopted the FSA carryover, any unused balance up to \$640 that remains in your account as of the last day of the plan year will roll into the new plan year for you to be able to use towards eligible expenses you incur during the new plan year.

### HOW DO I OBTAIN MY ACCOUNT DETAILS?



#### WEBSITE

Visit [www.flores247.com](http://www.flores247.com) and log in using Participant ID or User Name and password



#### MOBILE APP

Download our mobile app from your app store



#### PID & PASSWORD ASSISTANCE

Dial 800.840.7684

### HOW DO I SUBMIT DOCUMENTS TO FLORES?

#### ONLINE

Visit [www.flores247.com](http://www.flores247.com) and upload documents securely

#### MOBILE

Download Flores Mobile app Available for Apple or Android devices

#### MAIL

Flores & Associates, LLC  
PO Box 31397  
Charlotte, NC 28231

#### FAX

800.726.9982 or 704.335.0818

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**CUSTOMER SERVICE 1.800.532.3327**