



# 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.

### 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 \$3,050 you would **save \$762.50 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.

### 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

# 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 \$610 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

Revised 10/22

CUSTOMER SERVICE 1.800.532.3327

**FSADirect ENROLLMENT FORM**  
PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

**GENERAL INFORMATION**

Group:  Plan ID:

ID#

Name Last  First

Address

City  State  Zip  -

Phone (  ) -  -  E-Mail

Pay Frequency     Weekly     Bi-Weekly     Semi-Monthly     Monthly    Effective Date

All enrollment elections made on this form are effective for the plan year beginning \_\_\_/\_\_\_/\_\_\_ and ending \_\_\_/\_\_\_/\_\_\_ . No changes can be made to these elections once the plan year has begun unless you experience a family status change event. See your enrollment booklet for a list of these events. **Return the completed form to your Human Resources department.**

**MEDICAL SPENDING ACCOUNT INFORMATION**

Minimum Annual Contribution:  Maximum Annual Contribution:

In the spaces provided below, indicate the amount you wish to contribute to the Medical Spending Account for the year and the amount to be deducted from each paycheck. Note: If your annual election does not equal your paycheck deduction multiplied by the number of payperiods left in the plan year, then your paycheck deduction amount will be adjusted accordingly.

Your Annual Election:  Your Paycheck Deduction:

**DEPENDENT CARE SPENDING ACCOUNT INFORMATION**

Minimum Annual Contribution:  Maximum Annual Contribution:

In the spaces provided below, indicate the amount you wish to contribute to the Dependent Care Spending Account for the year and the amount to be deducted from each paycheck. Note: If your annual election does not equal your paycheck deduction multiplied by the number of payperiods left in the plan year, then your paycheck deduction amount will be adjusted accordingly.

Your Annual Election:  Your Paycheck Deduction:

**INSURANCE PREMIUM INFORMATION**

In the spaces provided below, indicate the amount to be withheld from your paycheck for each listed insurance plan. If you are not participating in a plan, enter zero as your deduction amount for that plan. Lines labeled "Not Applicable" should be left blank.


**PAYROLL AUTHORIZATION**

I have read The Summary Plan Description provided by the above mentioned employer and hereby choose to participate as shown above. I agree to a per pay period reduction during the plan year referenced above for the amounts indicated. I understand that this election is binding for the plan year and that changes are only permitted in case of a change in family status or spouse's employment.

Employee Signature (Void if not signed)

Date

# How to Submit a Claim



**1 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](http://www.flores247.com).

**2 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.



**3 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.

**4 FAX CLAIMS:**  
704.335.0818 or 800.726.9982

How to upload a claim on [www.flores247.com](http://www.flores247.com)

**Step One:** Log in to [www.flores247.com](http://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 final-ize your claim.

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

All receipts for reimbursement must include the following:

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

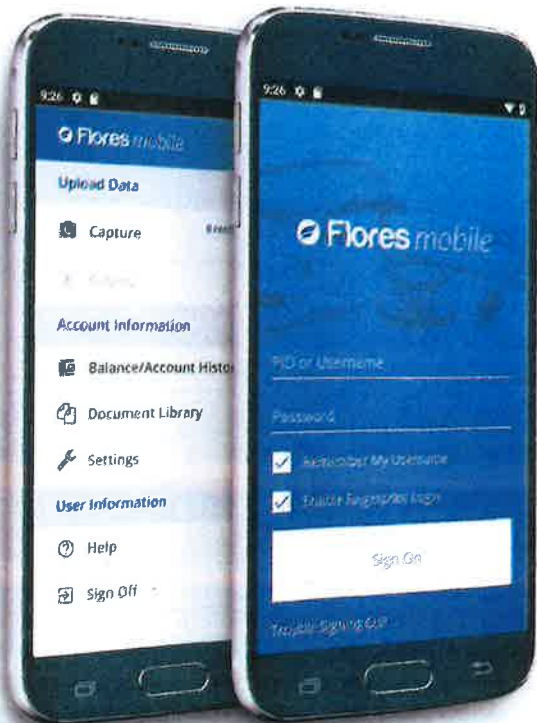
## Reimbursement for Orthodontia Expenses

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.



WHENEVER...WHEREVER...WITH FLORES MOBILE

Download Flores Mobile today



## USING THE FLORES MOBILE MOBILE APP IS EASY!

SUBMIT RECEIPTS IMMEDIATELY AFTER YOU USE YOUR FLORES DEBIT CARD OR INCUR AN ELIGIBLE OUT-OF-POCKET EXPENSE

- Logon with your PID or username and password
- Click Capture to take a photo of your documents
- Return to main screen and click Submit Document
- Once your upload transmits you will receive confirmation via email or text message
- Additional confirmation will be sent once your document is processed

- ✔ SNAP PICTURE
- ✔ SELECT DOCUMENT
- ✔ UPLOAD RECEIPT
- ✔ SUBMIT CLAIM
- ✔ VIEW ACCOUNT
- ✔ CHECK BALANCE
- ✔ EMAIL ACCOUNT MANAGER