



LIMITED HEALTH CARE

FLEXIBLE SPENDING ACCOUNT

A LIMITED HEALTH CARE FSA CAN REIMBURSE YOU FOR ELIGIBLE EXPENSES YOU OR YOUR ELIGIBLE DEPENDENTS INCUR THAT ARE NOT PAID BY YOUR DENTAL OR VISION INSURANCE PLANS.

ELIGIBLE EXPENSES

- Vision expenses
 - Eye exams
 - Eyeglasses
 - Contact lenses
 - LASIK surgery
- Dental expenses
 - Dental cleanings & exams
 - Non-cosmetic dental work
- Orthodontia payments

YOUR STEPS TO SAVINGS!

- 1 REALIZE THE ADDITIONAL TAX SAVINGS**

In addition to your HSA, you can set aside pre-tax money in a Limited Health Care Flexible Spending Account to reimburse yourself for eligible expenses. Savings will depend on your tax bracket. For example, if you are taxed at 25% and you elect to contribute \$2,850, you would save \$712.50 in taxes.
- 2 ESTIMATE YOUR EXPENSES**

Plan for your own expenses, and include anticipated expenses for your eligible spouse and/or dependents. Limited Health Care FSA funds can be used towards eligible dental and vision expenses. A brief list of expenses can be found to the right.
- 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.

LIMITED HEALTH CARE FSA FAQs

FREQUENTLY ASKED QUESTIONS

HOW CAN I SUBMIT A CLAIM?

Claims may be uploaded to your account on our Flores247 Web Portal, 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 WITH MY COMPLETED CLAIM FORM?

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 service at dental and vision providers only. Remember to keep all of your receipts in case they are requested for review.

CAN I CONTRIBUTE TO A LIMITED HEALTH CARE FSA AND A HEALTH SAVINGS ACCOUNT (HSA) AT THE SAME TIME?

Yes, as long as you are otherwise eligible to contribute to an HSA, you can simultaneously contribute to both a Limited Health Care FSA and an HSA. Enrollment in and/or coverage under a General-Purpose FSA prevents you from being eligible to contribute to an HSA. Please see IRS Publication 969 for full details regarding HSA contribution eligibility.

WHEN WILL I HAVE ACCESS TO THE FUNDS IN MY LIMITED PURPOSE FLEXIBLE SPENDING ACCOUNT?

You will have access to the total amount you elected to contribute to your Limited Health Care FSA at the start of the plan year, or as of your benefit eligibility date, if you enroll mid-year. An even deduction will be taken from each pay check, so that by the end of the year, your total deduction should match your annual benefit amount.

WILL UNUSED FUNDS ROLLOVER TO THE NEXT YEAR?

Possibly. If your employer has adopted the FSA carryover, any unused balance up to \$570 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.

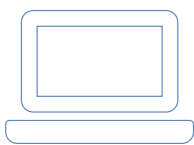
CAN I CHANGE MY CONTRIBUTION AMOUNT DURING THE PLAN YEAR?

You may only change your FSA 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. Otherwise, you may only make a change to your FSA election during open enrollment.

CAN I SUBMIT MY SPOUSE'S AND/OR DEPENDENT'S MEDICAL EXPENSES FOR REIMBURSEMENT FROM A LIMITED HEALTH CARE FSA?

Yes, you may submit vision and dental expenses incurred for your spouse and any eligible tax dependents to your LFSA. Your spouse and/or dependents do not have to be covered under your employer's dental or vision policy for their expenses to qualify for reimbursement from your LFSA.

HOW DO I OBTAIN MY ACCOUNT DETAILS?



WEBSITE

Visit 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 and upload documents securely

MOBILE

Download Flores Mobile smartphone app
Available for Apple or Android devices

MAIL

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CUSTOMER SERVICE 1.800.532.3327