Medical Flexible Spending Account

The Medical Flexible Spending Account (FSA) can reimburse you for eligible expenses you or your dependents have incurred which are not paid by your existing health care 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 current plan year claim form. If you fax, upload or use e-receipts, it must be received by midnight EST on the annual claims deadline indicated on your current plan year claim form.

Eligible Expenses:
- Medical co-payments and deductibles
- Prescription expenses
- Vision expenses such as eye exams, eyeglasses and contact lenses
- LASIK surgery
- Dental expenses (excluding cosmetic procedures)
- Orthodontia payments
- Prescribed over-the-counter items (Due to the passage of Healthcare Reform, OTC drugs and medicines require a prescription from a health care provider.)

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

Medical Worksheet

Use this worksheet to help estimate your out-of-pocket health care expenses for the upcoming plan year. You may also want to budget for your spouse or any dependents’ expenses.

Based on your estimated expenses, decide how much you would like to contribute to your Medical FSA. Please remember to budget conservatively, as funds may only be used for eligible expenses incurred during your enrollment period.

<table>
<thead>
<tr>
<th>Medical Expenses</th>
<th>Projected Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles</td>
<td>$</td>
</tr>
<tr>
<td>Co-pays/Co-insurance</td>
<td>$</td>
</tr>
<tr>
<td>Routine Well Visits</td>
<td>$</td>
</tr>
<tr>
<td>Immunizations/Vaccinations</td>
<td>$</td>
</tr>
<tr>
<td>Dental Expenses not covered by insurance (other than cosmetic services)</td>
<td>$</td>
</tr>
<tr>
<td>Vision Expense [Eye Exams, Eyeglasses, Contact Lenses]</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia Payments</td>
<td>$</td>
</tr>
<tr>
<td>Hearing Expenses [Exam and Hearing Aids]</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Drugs/Prescription Permissible Over-the-Counter Medicine</td>
<td>$</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Therapy/Treatments (Physical Therapy, Chiropractic, Psychiatric, Speech)</td>
<td>$</td>
</tr>
<tr>
<td>Other Medically Necessary Unreimbursed Expenses</td>
<td>$</td>
</tr>
</tbody>
</table>

TOTAL PLANNED MEDICAL EXPENSES FOR PLAN YEAR $ 

Divide by number of pay periods in the plan year

AMOUNT OF DEDUCTION PER PAY PERIOD $

How Do I Obtain My Account Details?

Website
Visit www.flores247.com
Log in using Participant ID or User Name and password

Mobile Website
Visit m.flores247.com
Or scan the QR code

Interactive Voice System
Dial 800-331-9610 or 704-333-6890
Enter your Participant ID when prompted by the system

How Do I Submit Documents to Flores?

Online
www.flores247.com
Upload scanned documents securely

Mobile
Download e-receipt for Apple or Android devices

Mail
Flores & Associates
PO Box 31397
Charlotte, NC 28231

Fax
704-335-0818 or 800-726-9982

Customer Service: 1-800-532-3327
Medical FAQs
Frequently Asked Questions

Do I need to re-enroll in the Medical 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 Medical FSA?
After your first Medical FSA contribution to the plan, you will have access to the total amount you have elected for the plan year, regardless of the balance in your spending account.

How will reimbursements be issued?
Reimbursements will be mailed as a live check to your home address. You may also add your direct deposit information on the participant website (www.flores247.com) or submit a completed Direct Deposit Information Form to set up your account for direct deposit of reimbursements. If your plan offers the debit card, you may use this card at the point of purchase. Please remember to keep all of your receipts for all purchases made with your card.

Can I change my election during the plan year?
You may only change your annual election 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. See the Status Changes Guide on our website (www.flores247.com) for further information.

Can I submit my spouses/dependents medical expenses to my Medical FSA?
Regardless of who is covered on your medical insurance, the Medical FSA may reimburse expenses for your spouse, if you file jointly on your federal tax return, or any qualifying tax or adult dependent.

Will I have a debit card?
Possibly. You may have access to the “Benny Card”, which is the red Visa card depicted below. If your plan offers the debit card, you can use this at the point of purchase, just remember to keep all of your receipts in case they are requested for review.

What happens to my Medical 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 addition, you may be eligible to continue your participation in the Medical FSA through the election of COBRA. Please contact your Human Resource Department for any further information.

How much money can I save by participating in the plan?
This depends on your tax bracket, but one example can be found in the table below.

<table>
<thead>
<tr>
<th></th>
<th>Participating in an FSA</th>
<th>Not Participating in an FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Salary Before Taxes</td>
<td>$30,000</td>
<td>$30,000</td>
</tr>
<tr>
<td>Less Medical FSA Contribution</td>
<td>-$2,500</td>
<td>$0</td>
</tr>
<tr>
<td>Taxable Income</td>
<td>$27,500</td>
<td>$30,000</td>
</tr>
<tr>
<td>Estimated Taxes (based at 25% for Federal &amp; FICA)</td>
<td>-$6,875</td>
<td>-$7,500</td>
</tr>
<tr>
<td>Less Medical Expenses</td>
<td>$0</td>
<td>-$2,500</td>
</tr>
<tr>
<td>Net Disposable Income</td>
<td>$20,625</td>
<td>$20,000</td>
</tr>
<tr>
<td>Estimated Savings</td>
<td>$625</td>
<td></td>
</tr>
</tbody>
</table>