

2025 FSA OPEN ENROLLMENT



Welcome to employer's Flexible Spending Account (FSA) and Health Savings Account (HSA) Open Enrollment. This enrollment packet provides you the opportunity to participate in the Flexible Benefit Cafeteria Plan for the upcoming new Plan Year. If you fail to complete your election by the "Enrollment Return Date", you will not be allowed to join the Plan until the next open enrollment period. (June 2026).

Plan Year:	July 1, 2025 – June 30, 2026
Reimbursement Schedule:	52 Pays
Medical FSA Annual Limit:	\$3300
Limited FSA Annual Limit:	\$3300
Dependent Care FSA Annual Limit:	\$5000
Health Savings Account (HSA) Limits:	Single - \$4300
	Family - \$8550
	Over 55 – Additional \$1000

Benefit Tools:

1. Your Consumer Portal can be found at: <https://ccflex.lh1ondemand.com>
2. CCFLEX Mobile App now available at your app store.
3. CCFLEX Benny Card.
4. Added self-service tools on your improved Consumer Portal.
5. And much more!



**COMPENSATION
CONSULTANTS Ltd.**



PARTICIPATION FORM FOR THE FLEXIBLE BENEFITS CAFETERIA PLAN

Please return this form to your Employer

Employer Name:		
Employee Name:		
Social Security #:	Date of Birth:	
Address:		
City:	State:	Zip:
Email:	Phone #:	

OPTION I - Healthcare Flexible Spending Account Agreement Maximum Annual Election-

- ☐ **YES** I elect to contribute \$ _____ (before taxes) for the PLAN YEAR which is \$ _____ **per pay** period to fund my account that pays qualified out-of-pocket health care expenses not covered by my health and other insurance plans.
- ☐ **NO** I decline this option for this plan and understand that I will lose all tax savings that I could receive as a participant.

OPTION Ia - Limited Flexible Spending Account Agreement (Vision and Dental Only) Maximum Annual Election-

- ☐ **YES** I elect to contribute \$ _____ (before taxes) for the PLAN YEAR which is \$ _____ **per pay** period to fund my account that pays qualified out-of-pocket vision and dental expenses not covered by my health and other insurance plans.
- ☐ **NO** I decline this option for this plan and understand that I will lose all tax savings that I could receive as a participant.

OPTION II - Dependent Care Benefit Account

- ☐ **YES** I elect to contribute \$ _____ (before taxes) for the PLAN YEAR which is \$ _____ **per pay** period to fund my account that pays qualified dependent care expenses. Maximum amount per calendar year is the lesser of: (1) \$5,000 for married filing joint or \$2,500 for filing separate, (2) your spouse's total annual compensation or (3) half of your total annual compensation. If you are single, the maximum is \$5,000.
- ☐ **NO** I decline this option for this plan and understand that I will lose all tax savings that I could receive as a participant.

OPTION III - Premium Savings Account

I have enrolled in certain employer sponsored insurance benefits. I understand that my share of the premium(s) for these insurance benefits will *automatically* be paid with pre-tax dollars. I also understand that if my required contributions for the elected benefits are increased /decreased while this agreement remains in effect, my taxable income will automatically be adjusted accordingly. If you wish to pay for these benefits on an after-tax basis, you must notify your Human Resources Department in writing prior to the end of the open enrollment period.

My Employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this agreement. I understand that I may change my election in the event of certain changes in my status. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. I acknowledge I have read and understand the Important Information on the back of this booklet

Employee Signature:

Date:

2025 FSA EXPLANATION OF FLEX PLAN ACCOUNTS

Preface:

The Flexible Benefit Cafeteria Plan allows you to save Federal, State & FICA taxes on certain qualified expenses. It is like getting a 25%-40% discount on those expenses you have to pay any way. It is important for you to understand the benefit selections available under the plan, how the plan works and how you can use the plan to your tax advantage.

If you have questions, please call Compensation Consultants Ltd. at 218-879-6725 or 1-800-447-1690.
See our website: www.ccflex.com for examples of eligible medical expenses and claims forms.

Option I: General Purpose Health Flexible Savings Account (Health FSA)

The General Purpose Health FSA can be used for any medical, dental & vision expense incurred by you, a spouse or dependent that is not paid for by insurance coverage or reimbursement through any other Flex Plan or governmental organization. This is defined as a 'general purpose' Health FSA. **If you are eligible to contribute and are contributing to a Health Savings Account (HSA), you cannot participate in this Health FSA.**

Option Ia: Limited Health Flexible Savings Account (HSA Participants)

The 'Limited' Health FSA can only be used for Dental & Vision expense incurred by you, a spouse or dependent that is not paid for by insurance coverage or reimbursement through any other Flex Plan or governmental organization.

This plan year will be: July 1, 2025 – June 31, 2026

The expenses must be incurred (**services received**) after your coverage period starts through the end of the plan year. Monthly orthodontia expenses may transcend a plan year.

ENROLLMENT

Should you enroll in the Health Flexible Savings Account, you must determine your expenses carefully. Dollars allocated to this account may be reimbursed for this expense only. **THESE DOLLARS CANNOT BE TRANSFERRED TO ANOTHER EXPENSE ACCOUNT.** Allocated medical dollars can be used for any eligible medical expense.

HOW ARE MY BENEFITS REIMBURSED?

Payroll deductions and reimbursements will be made on a per pay schedule as requested by your employer. Claims must be submitted to the Plan Service Provider's office either by mail or fax (1-218-879-9684). Claims must arrive prior to 8:00 a.m. one week prior to your reimbursement schedule. Reimbursements will be made directly to you, not to service providers. Claims arriving late will be held over until next processing cycle.

Claims must be documented with a CLAIM FORM and SUBSTANTIATION.

Examples of substantiation would be: Insurance Company Explanation of Benefits (EOB), copy of a bill or a receipt. When an expense is paid or billed has no bearing on the eligibility of the expense. Substantiation must show:

- Name of service provider
- Date/s of service
- Family member receiving service
- Type of service provided
- Dollar amount of the expense for which you are responsible (after insurance has paid their portion)

Claim Forms are available on our website at: www.ccflex.com

Plan Service Provider's office: **Compensation Consultants, Ltd.**
P.O. Box 720
Cloquet, MN 55720-0720

Reimbursements will be for services incurred during the 14 ½ months from the beginning of the Plan Year (12 month Plan Year plus 2 ½ Month "grace period"). Claims for left over Medical Expense funds at the end of the Plan Year, will be processed during the 90-day "run out" period, until **September 15, 2026**. Any funds not claimed will be forfeited.

Option II: Dependent Care Benefit Account

Childcare or Dependent care services will qualify for reimbursement under the Flex Plan if they meet these requirements:

1. If you are married, the services must be provided to enable both you and your spouse to be gainfully employed, unless one spouse is a full-time student at an educational institution and the other employed full time. In the case of a student spouse, benefits are limited to \$200 per month if one child is being cared for or \$400 for more than one child.
2. The amount to be reimbursed must not be greater than your income or your spouse's - whichever is lower.
3. The child must be under 13 years old, if older, mentally or physically incapable of caring for him/herself.
4. The services may be provided inside or outside of the home, but not by someone who is your dependent for income tax purposes, such as an older child, your spouse, or a grandparent who lives with you.
5. If the childcare is provided at a day care center, the center must comply with all the rules and regulations issued by the state.
6. You may also use this Flex Plan Account to pay for expenses for the care of a mentally or physically incapacitated dependent or spouse, if such care is necessary to enable you to work.
7. The maximum amount of dependent care expenses that may be reimbursed on a pre-tax basis is **\$5000** per calendar year or **\$2500** if married filing a separate income tax return.
8. Expenses must be incurred (service provided) within the Plan Year.

ENROLLMENT

Should you enroll in the Dependent Care Benefit Account, you must determine your expenses carefully. Dollars allocated to this account may be reimbursed for this expense only. **THESE DOLLARS CANNOT BE TRANSFERRED TO ANOTHER EXPENSE ACCOUNT.** Therefore, take vacation or holiday time or a future event, such as a child entering school in the fall, into consideration when projecting your annual election.

HOW ARE MY BENEFITS REIMBURSED?

Payroll deductions and reimbursements will be made on a schedule requested by your employer. Your schedule is outlined on the cover page. Claims must be submitted to the Plan Service Provider's office either by mail or fax (1-218-879-9684). Claims must arrive prior to 8:00 a.m. one week prior to your reimbursement schedule. Reimbursements will be made directly to you, not to service providers. Claims arriving late will be held over until next processing cycle.

Claims must be documented with a CLAIM FORM and a COPY OF A BILL OR RECEIPT.

When an expense is paid or billed has no bearing on the eligibility of the expense. Receipts must show:

- Name of service provider
- Dates of service
- Family member receiving service
- Tax I.D. number of service provider
- Signature of service provider
- Dollar amount of the expense incurred
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Reimbursements will be for services incurred during the 14 ½ months from the beginning of the Plan Year (12 month Plan Year plus 2 ½ Month "grace period"). Claims for left over Medical Expense funds at the end of the Plan Year, will be processed during the 90-day "run out" period, until **September 15, 2023**. Any funds not claimed will be forfeited.

BASIC IRS FLEX PLAN RULES

1. If you wish to participate, you must sign up during the open enrollment period. Employees that are hired mid-plan year must sign up within 30 days of their eligibility date.
2. Once you enroll in the plan your election is irrevocable for the plan year. You cannot change your election amount until the next open enrollment period. The IRS does allow an exception if you experience a Change in Status event (i.e. death, divorce, birth, loss of benefits)
3. A Change in Status request form (available on the web) must be filed within 30 days of the change in status event.
4. Expenses must be incurred (services received) within the time period from the beginning of the plan year until December 31st. When an expense is paid or billed has no bearing on the eligibility of the expense.
5. Medical Expenses for “adult child” may be submitted for reimbursement. An “adult child” is your child that has not attained the age of 26. They do not have to live with you, they do not have to be enrolled in college, they must not be covered by another insurance plan and they can be married.
6. OVER-THE-COUNTER MEDICATIONS are no longer eligible to be reimbursed from the Medical FSA per the Health Care Reform Act. However, if your physician prescribes an OTC product (i.e. Claritin), you can still be reimbursed provided you submit a copy of the prescription from your doctor along with a claim form and substantiation.
7. **The Health FSA Account (medical expenses) is subject to COBRA continuation rules.** Upon termination, you will be given the opportunity to continue participation in the Health FSA by paying the balance of your annual election in a lump sum on a before-tax basis or paying your per pay deduction amount on an after-tax basis. Either way, you can participate in the plan until the end of the plan year. **If you choose not to continue the plan, you may have 60 days to submit claims that were incurred prior to your termination date.**
8. During the open enrollment period an employee must sign a new enrollment form if they wish to participate for the upcoming plan year. The elections do not automatically “roll over” to the next plan year. Employer sponsored health & dental premiums are the exception.
9. **Requests for reimbursement must include a signed & dated claim form and substantiation of the expense.**

FIRST TIME LOGIN INTO CCFLEX EMPLOYEE PORTAL

Welcome to your CCFLEX Benefit Accounts Employee Portal. This one-stop portal gives you 24/7 access to view information and manage your Flexible Spending Account (FSA). It enables you to:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

The portal is designed to be easy to use and convenient. You have your choice of two ways to navigate this site:

1. Work from sections within the Home Page, or
2. Hover over or click on the four tabs at the top.

HOW DO I LOG ON TO HOME PAGE?

1. Go to <https://ccflex.lh1ondemand.com>
2. Under **New User?**, click on *"Create your new username and password"* → → → → →
3. Complete the 3 steps, confirming your identity and creating your login credentials.
4. **If the information you enter under "Step 1" is not recognized, please contact Compensation Consultants (800-447-1690, admin@ccflex.com) and we will assist you.**

The **Home Page** is easy to navigate:

- Easily access the **Available Balance** and **"I Want To"** sections to work with your accounts right away.
- The **I Want To...** section contains the most frequently used features for the Consumer Portal.
- The **Accounts** section links to your Accounts, Investments, and Profile
- The **Tasks** section displays alerts and relevant links that enable you to keep current on your accounts.
- The **Recent Transaction** section displays the last 3 transactions on your account(s).
- The **Quick View** section graphically displays some of your key account information.

COMPENSATION CONSULTANTS Ltd.

Login

Welcome to your single source for all you need to know about your benefit account(s). File a claim, view account balances and summary information, sign up for FREE direct deposit, get email notifications, and more!

Existing Users

Username [Forgot Username?](#)
☐ Remember Me
Next

Setting up a New Account?

Enter a code given to you, or create a new account
Code
Next

New User?

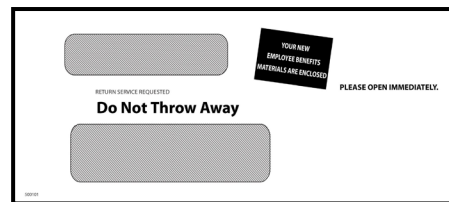
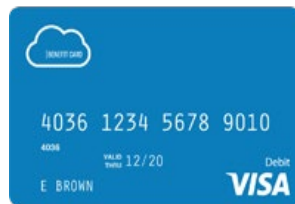
Create your new username and password
Get Started

CCFLEX BENNY CARD

Important Information About Your CCFLEX Benny Card!

Same great card, great NEW look!

If you are not a current participant, you will receive or you may request the **CCFLEX Benny Card**. Your **CCFLEX Benny Card** will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense. When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.



As a reminder, your **CCFLEX Benny Card** is loaded with the value of your current FSA/HSA balance. Using your Card helps you keep cash in your wallet and makes accessing your HSA funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses such as:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA/HSA – automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe. You'll have no claim forms to complete and you won't have to wait to get a check in the mail. You can check balances or account details anytime – online or via the mobile app. It's that easy!

Remember, the Card will not work at gas stations or restaurants – only at health care related providers.

It's Important to Save Your Receipts!

CCFLEX MOBILE APP

Now, you can take your FSA and HSA with you!

CCFLEX Mobile

Download from Google Play or the App Store

Easy, Convenient & Secure

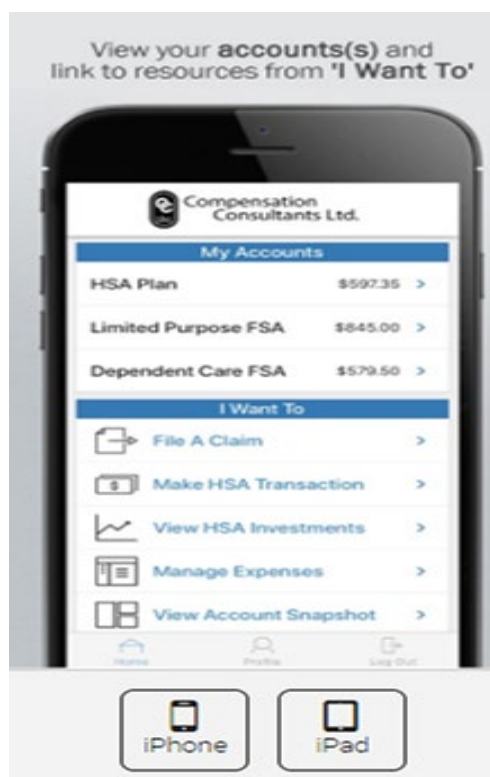
- Simply login to the intuitive app using your same health benefits website username and password (or follow alternative instructions if provided)
- Use Touch ID or Face ID to quickly log in to the mobile app

Connects You with the Details

- Quickly check available balances 24/7
- View claims requiring receipts
- Click to call or email Customer Service
- View your statements and notifications
- Scan product barcodes to determine their eligibility

Provides Additional Time-Saving Options

- File a claim towards your FSA and HRA
- Take or upload a picture of a receipt and submit for a new or existing claim
- View, contribute and distribute HSA transactions
- View and Manage your HSA investments
- Retrieve your forgotten username/password
- Report a debit card as lost or stolen



 CCFLEX Mobile by Compensation Consultants Ltd.	The <u>CCFLEX Mobile App</u> is FREE! Search for CCFLEX where you find your apps.
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