

# UNDERSTANDING YOUR SURENCY FLEX ACCOUNT



## FLEXIBLE SPENDING ACCOUNTS

*It sure is easy.*

Welcome to Surency, here is some information to help you use your Flexible Spending Account (FSA).

Have questions? Contact our Customer Service department at 866-818-8805.

**Click on the icons below to learn more:**



**What is a Health Care Flexible Spending Account (FSA)?**



**How do I access my account funds?**



**What is a Dependent Care Flexible Spending Account?**



**Download the Surency Flex mobile app to manage your account from your phone.**



**What are eligible expenses for my Health Care FSA?**



**Manage your benefits at Surency.com using your Member Account.**



**How much should I elect for my Health Care FSA next year?**

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# WHAT IS A HEALTH CARE FLEXIBLE SPENDING ACCOUNT?



## SET ASIDE MONEY FOR FUTURE HEALTH CARE EXPENSES

*It sure is easy.*

### PAY LESS IN TAXES

- Putting money into a Health Care Flexible Spending Account (FSA) **before** you pay taxes on it saves you money by lowering your amount of taxable income. The result? **You pay less in taxes each year.**

### TAKE CONTROL OF YOUR HEALTH CARE COSTS

- **Use money in your Health Care FSA to pay for out-of-pocket medical expenses**, such as eyeglasses, contacts, copays, deductibles, prescription medicines and routine exams.
- The entire amount you set aside is available to use on the first day of your Plan Year.

INCREASE YOUR TAKE-HOME PAY	WITH FSA	WITHOUT FSA
Annual Income:	\$50,000	\$50,000
Pre-Tax FSA Contributions:	\$2,400	\$0
Taxable Income:	\$47,600	\$50,000
Taxes (assumes 25% tax bracket):	\$11,900	\$12,500
Take-Home Pay:	\$35,700	\$37,500
Out-of-Pocket Health Care Expenses:	\$0	\$2,400
Spendable Income:	\$35,700	\$35,100
<b>Savings Each Year:</b>	<b>\$600</b>	<b>\$0</b>

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.



When you use the **Surency Flex Benefits Card** to pay for qualified expenses, the amount is deducted from your account - **no need to file claims!**



You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at [Surency.com](https://www.surency.com).

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# WHAT IS A DEPENDENT CARE FSA?



## SET ASIDE MONEY TO COVER CHILD CARE EXPENSES, PRE-TAX!

*It sure is easy.*

### PAY LESS IN TAXES

- ▶ Putting money into a Dependent Care Flexible Spending Account (DC FSA) **before** you pay taxes on it saves you money by lowering your amount of taxable income. The result? **You pay less in taxes each year.**

### TAKE CONTROL OF YOUR DEPENDENT CARE COSTS

- ▶ Use money in your Dependent Care FSA to pay for **day care, general purpose day camps or after school programs while you are at work** for your dependents who are under 13 years old.
- ▶ Pay for adult day care services for **dependent adults** who are unable to care for themselves. *(Must live with you for more than half of the year.)*

INCREASE YOUR TAKE-HOME PAY	WITH DC FSA	WITHOUT DC FSA
Annual Income:	\$50,000	\$50,000
Pre-Tax Contributions:	\$5,000	\$0
Taxable Income:	\$45,000	\$50,000
Taxes (assumes 25% tax bracket):	\$11,250	\$12,500
Take-Home Pay:	\$33,750	\$37,500
Out-of-Pocket Dependent Care Expenses:	\$0	\$5,000
Spendable Income:	\$33,750	\$32,500
<b>Savings Each Year:</b>	<b>\$1,250</b>	<b>\$0</b>

Savings amount in the example are provided by Surency for illustrative purposes only. You may save more or less based on your own tax situation. Some states do not recognize these tax exclusions for this program. No part of this document is tax, financial or legal advice. You should consult your own legal and tax advisors regarding your personal situation and whether this is the right program for you.

### We make it easy for you to get reimbursed!

Use the Surency Flex mobile app to file claims and take pictures of your receipts, or complete **one form for the entire year** if your dependent care expenses are for the same amount, from the same provider, and for the same length of time. Go to **Surency.com** to download the Dependent Care Reimbursement Form.



You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

**Refer to the back of this page for plan rules and regulations.**

# DEPENDENT CARE FSA PLAN RULES & REGULATIONS



**SET ASIDE MONEY TO COVER  
CHILD CARE EXPENSES, PRE-TAX!**

*It sure is easy.*

## **RULES & REGULATIONS**

- ▶ A Dependent Care FSA can help you save money. If both you and your spouse work, or you are a single parent, a Dependent Care FSA may be right for you. However, if you have a stay-at-home spouse, you should not enroll in a Dependent Care FSA.

## **MAXIMUM CONTRIBUTION**

- ▶ \$5,000 for married couples filing joint federal taxes or single persons filing as head of household.
- ▶ \$2,500 for married couples filing separate federal taxes.
- ▶ If you are single or a married couple filing separately and your earned income is less than \$5,000, then you may not contribute more than your earned income.

## **ELIGIBLE EXPENSES**

- ▶ Use the funds in your Dependent Care FSA to pay for qualified child care expenses for dependents under the age of 13. Some examples include day care and general purpose day camps.
- ▶ You may also use the funds for adult day care services if you have an older dependent who lives with you at least 8 hours each day and requires daily care services. Adult day care services are qualified expenses if you work and your spouse is working, looking for work, is a full-time student, or is physically or mentally incapable of self-care.
- ▶ Dependent care services must have been “incurred”, or fully provided and completed, for the service period before you can be reimbursed for your dependent care expenses. This is important to remember because most providers require prepayment of dependent care services at the beginning of the service period before they provide dependent care services. In order to follow IRS requirements, you may only be reimbursed at the end of the service period even if you prepaid the provider for dependent care services.
- ▶ *Ineligible expenses* include, but are not limited to, overnight camps, care provided by your dependent, spouse or child under the age of 19, and care provided while you are not at work.
- ▶ In order for your child care expenses to qualify, you must maintain the residence that you live in for more than half of the year with the qualified child or dependent.

## **TAX CREDITS**

- ▶ Before you enroll, you should evaluate the tax advantages, as well as the impact on your tax liability and your ability to take advantage of the Dependent Care Tax Credit.

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# ELIGIBLE MEDICAL EXPENSES



## WHAT CAN I SPEND MY DOLLARS ON?

*It sure is easy.*

Use money set aside in your account for eligible medical expenses incurred by you, your spouse or your children. Remember to keep your receipts in case they are needed to verify the medical expense. Use the lists below for reference, but keep in mind these lists do not include all eligible/ineligible expenses.

Visit [FSASore.com/Surency](https://FSASore.com/Surency) to access the largest selection of FSA-eligible expenses online and use your Surency Flex Benefits Card to purchase items!



Questions? Call **866-818-8805** or visit [Surency.com](https://Surency.com) to view a complete list of eligible expenses.

### ELIGIBLE EXPENSES

*Over-the-counter medications, **without a prescription**, and menstrual products can now be purchased with your account dollars.*

Acid Controllars	Feminine Anti-Fungal & Anti-Itch	Motion Sickness Treatments
Allergy & Sinus Medications	First Aid Supplies	Nasal Sprays, Drops & Inhalers
Antibiotic Products (Neosporin, etc.)	Hemorrhoidal Preparations	Oral Treatments (Orajel, Mouth Sore Treatment, etc.)
Anti-Gas Treatments	Insoles	Pain Relievers (Aspirin, Tylenol, Advil)
Anti-Itch & Insect Bite Treatments	Laxatives	Respiratory Treatments & Vapor Products
Baby Rash Ointments/Creams	Menstrual Pain Relievers	Tampons
Cold Sore Remedies	Menstrual Cups	Sleep Aids & Sedatives
Corn & Callus Treatments (Foot Care)	Menstrual Liners	Wart Removers
Cough, Cold & Flu Medications	Menstrual Pads	
Digestive Aids	Menstrual Sponge	

### OTHER ELIGIBLE EXPENSES

Adult Diapers	Dental Treatment	Hospital Services	Psychiatric/Psychologist Care
Ambulance	Denture Adhesives & Repair	Hot/Cold Therapy Packs	Sanitizing Wipes*
Athletic Care (ACE Bandages, Braces, etc.)	Denture Pain Relief & Cleansers	Immunizations	Smoking Deterrents (Nicorette, etc.)
Blood Pressure Monitors	Diabetes Testing, Diabetes Supplies	Infertility Treatments	Splints & Casts
Catheters	Doctor's Office Visits	Insulin	Thermometers
Cholesterol Testing	Eyeglasses (Prescription & Reading)	Masks*	Transplants
Chiropractic Manipulations	Glucosamine and/or Chondroitin	Orthodontia	Vision Exams
Contact Lenses, Solutions & Cleaners	Hand Sanitizer*	Orthopedic Supports	Wheel Chairs
Contraceptives	Hearing Aids (& Batteries)	Ovulation Kits	X-ray Fees
Crutches		Pap Smears	
		Physical Therapy	
		Prescription Drugs	
		Prenatal Care (Vitamins)	

\*Only eligible for the primary purpose of preventing the spread of COVID-19

### INELIGIBLE EXPENSES

Burial Expenses	Health Club Fees	Piercings	Vacations
Cosmetic Procedures	Household Help	Special Education Costs*	Vitamins*
Dance Lessons	Illegal Treatments	Sunglasses (non-prescription)	Warranties (for Eyeglasses or Hearing Aids)
Diapers	Insurance Premiums	Swimming Lessons	Weight Loss Programs*
Exercise Equipment*	Items Covered by Insurance	Tanning	
Facelifts	Marriage Counseling	Teeth Whitening or Bleaching	
Fitness Programs	Maternity Clothes	Toiletries (Toothbrush, Toothpaste, etc.)	
Funeral Expenses	Nutritional Supplements*		

\*requires a letter of necessity or valid prescription to be eligible

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# ACCESSING YOUR ACCOUNT FUNDS



## USING YOUR SURENCY FLEX ACCOUNT HAS NEVER BEEN EASIER

*It sure is easy.*

Your **Surency Flex Benefits Card** is a special-purpose Visa® Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency Flex accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



## HOW TO USE YOUR BENEFITS CARD

1. Have the cashier ring up all of your items together.
2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
3. All eligible expenses will be paid for from your account and deducted from your total.
4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
5. Keep your receipts in the event that further validation is needed.

## DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your account. There are three ways to submit a claim:

- |  |  |   |
|--|--|---|
| <b>1. SURENCY FLEX APP</b><br>Download the Surency Flex mobile app and submit the claim by taking a photo of your receipt. | <b>2. MEMBER ACCOUNT AT SURENCY.COM</b><br>Log into your Member Account at Surency.com to upload your receipt. | <b>3. PAPER CLAIM FORM</b><br>Visit Surency.com to download a paper claim form. Complete and return to Surency. |
|--|--|---|

## WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

- |   |   |
|---|---|
| <b>1. MEMBER ACCOUNT AT SURENCY.COM</b><br>Log into your Member Account at Surency.com to input bank information. | <b>2. PAPER DIRECT DEPOSIT FORM</b><br>Visit Surency.com to download a Direct Deposit form. Complete and return to Surency. |
|---|---|

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# BENEFITS OF THE SURENCY FLEX MOBILE APP



## ACCESS YOUR ACCOUNT FROM ANYWHERE

*It sure is easy.*

### ACCESS THE INFORMATION YOU NEED:

- Check your Health Care Flexible Spending Account (FSA) and Dependent Care Flexible Spending Account (DC FSA) balances.
- View account activity.
- Access FSASore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.



### TAKE ACTION:

- Submit claims for Health Care FSAs, Dependent Care FSAs, HRAs and Commuter Benefit expenses.
- Snap a photo of receipts within the app to submit with new or existing claims.
- Request HSA distributions and make HSA contributions.
- Add and manage your Bank Account(s).
- Access account funds to pay yourself back or to pay your doctor.
- Scan items at the store to find out if they are eligible expenses.
- Report a Surency Flex Benefits Card as lost or stolen.



### NEED HELP LOGGING IN?

Contact us for any questions you may have when logging in for the first time. Give us a call at 866-818-8805 or email Customer Service at [flex@surency.com](mailto:flex@surency.com).

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# BENEFITS OF THE SURENCY FLEX MEMBER ACCOUNT

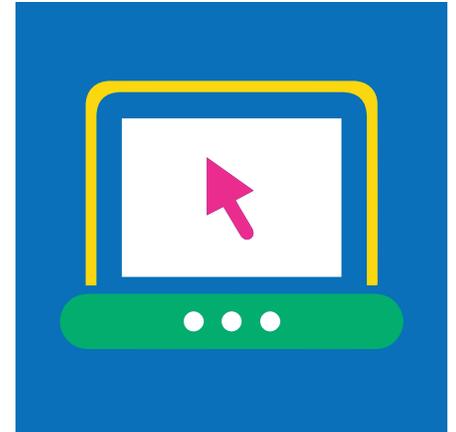


## MANAGE YOUR BENEFITS ONLINE AT SURENCY.COM

*It sure is easy.*

### ACCESS THE INFORMATION YOU NEED:

- Check balances on your Health Care Flexible Spending Account (FSA), Dependent Care Flexible Spending Account (DC FSA), Health Reimbursement Arrangement (HRA), Health Savings Account (HSA) and Commuter Benefit account.
- View account activity, payment history and tax statements.
- Access FSAStore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.
- Access forms.



### TAKE ACTION:

- Submit claims for Health Care FSAs, Dependent Care FSAs, HRAs and Commuter Benefit expenses.
- Add a dependent or spouse.
- Add or update a bank account to receive direct deposit reimbursements.
- Request HSA distributions, make HSA contributions and set HSA investment sweeps.
- Access account funds to pay yourself back or to pay your doctor.
- Report a Surency Flex Benefits Card as lost or stolen.



You can also manage your benefits through the **Surency Flex mobile app**. Easily access your account from anywhere, and snap photos of your receipts to submit with new or existing claims. Go to [Surency.com](https://www.surency.com) to learn more.

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# ELECTION WORKSHEET

## HOW MUCH SHOULD I CONTRIBUTE?



Use this worksheet to help estimate your annual Health Care FSA election\*:

Medical Expenses not Covered by Insurance	Current Year's Out-of-Pocket Expenses (\$)	Next Year's Estimated Out-of-Pocket Expenses (\$)
Annual Physical/Routine Exam		
Copays/Coinsurance		
Deductibles		
Diabetic Supplies		
Immunizations (flu shots, etc.)		
Laboratory Fees		
Maternity Expenses		
Over-the-Counter Drugs		
Prescription Drugs		
Psychiatric/Psychologist Fees		
Other:		
<b>Dental Expenses not Covered by Insurance</b>		
Check Ups/Cleanings		
Copays/Coinsurance		
Crowns/Bridges/Dentures		
Deductibles		
Fillings		
Oral Surgery		
Orthodontia (braces)		
Root Canals		
Other:		
<b>Vision Expenses not Covered by Insurance</b>		
Contact Lenses		
Contact Cleaners/Solutions		
Copays/Coinsurance		
Corrective Eye Surgery		
Deductibles		
Eye Exams		
Eyeglasses		
Other:		
<b>Total Out-of-Pocket Expenses:</b>		

**When deciding how much to set aside for next year's medical expenses, think about the following:**

- Does anyone in your family have any medical, dental or vision expenses that will not be covered by insurance?
- Does anyone in your family need prescription eyeglasses, contact lenses and contact solutions or cleaners?
- Is anyone in your family currently in orthodontics (braces) or do you expect anyone to begin treatment in the next year?
- Does anyone in your family have an ongoing illness that requires frequent doctor visits and/or medication?

*\*Election amount may not exceed your plan's cap or the maximum contribution amount allowed by the IRS, whichever is less.*

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