



Section 125 Flexible Benefits Plan

Participant Guidelines

Health Flexible Spending Account

Dependent Care Account

Limited Purpose Flexible Spending Account

Welcome!



First Financial Administrators has been selected as your Section 125 plan provider!

- There are three types of FSAs available: Health, Dependent Care and Limited Purpose.
- Participation in an FSA program allows a portion of your salary to be redirected to provide reimbursement for an eligible expense on a tax-exempt basis.
- Participation in FSAs can save you money by reducing your taxable income because taxes will be calculated after the elected amount is deducted from your salary.
- If applicable, your taxable income will be reduced for Social Security purposes; therefore, there may be a corresponding reduction in Social Security benefits.
- Once you have elected your annual amount, you cannot change it unless you experience a change in family status. (See Election Irrevocability section in this guide.)
- You can check your account balance, deposit history and claims status anytime using our mobile app or website.
- We send monthly account notifications that reflect your current available balance. Keep in mind you can view your latest account details by logging into either the FF Mobile Account app or ffga.com.

If you have questions or concerns along the way, feel free to contact us. We are happy to help!

FILING A CLAIM

Remember: You must have completed the service before submitting a claim!

1. Submit an online claim form through our FF Mobile Account app.
2. If you prefer to file manually, be sure to print, sign and date the claim form and follow these steps:
 - a. Attach legible receipt(s) for the service provided or an Explanation of Benefits (EOB) showing:
 - b. Date of purchase or date service was incurred
 - c. Amount you were required to pay after insurance
 - d. Detailed description of the product or service
 - e. Merchant or provider name
 - f. Dates of service and tax ID for Dependent Care charges (only expenses for services already incurred will qualify for reimbursement.)
 - g. Patient name (if applicable)
3. For convenient direct deposit, complete the automatic deposit information on our portal and enter your banking details. You also can use your benefits debit card for funds to be directly withdrawn from your account.

Contact Us

First Financial Administrators, Inc.

Toll-free Phone
866-853-3539

Claims Processing Center

PO Box 161968
Altamonte Springs, FL 32716

Fax
800-298-7785



General IRS Rules & Information



Election Irrevocability

Elections may be changed mid-year only if you experience a qualified change in status (as permitted by your plan) that affects eligibility. Otherwise, changes may be made at the beginning of the Section 125 Plan Year.

Qualified changes in status may include:

- Change in employee's legal marital status
- Change in number of tax dependents
- Change in employment status that affects eligibility
- Dependent satisfies or ceases to satisfy eligibility requirements
- Change in residence that affects eligibility
- Judgment, decree or court order dictating provision of coverage
- Entitlement of Medicare or Medicaid (Health FSA only)
- Change in cost of the benefit (Dependent Care FSA only)
 - Addition or elimination of benefit option
 - Change in coverage of spouse or dependent under his or her employer's plan
 - Significant curtailment of coverage

If a change in status occurs, you may make changes consistent with the qualifying event or as otherwise defined by your plan document. See your plan sponsor for further details about making changes.

Contribution Limits

Health and Limited Purpose FSA

The IRS determines the maximum benefits that may be elected, but can be limited by the plan sponsor.

2025 FSA Limit: \$3,300.00

2026 FSA Limit: \$3,400.00

Dependent Care FSA

This reimbursement (when aggregated with all other dependent care reimbursements during the same calendar year) may not exceed the limits set by the IRS. Please contact your FFGA Account Representative for the maximum benefit amount allowed under this type of account.

2025 DCA Limit: \$5,000.00

2026 DCA Limit: \$7,500.00

Use-or-lose Rule

Money remaining in your FSA account(s) will not be returned to you at the end of the plan year. Any amount remaining after the end of the runoff, if your employer offers one, will be forfeited. It is important for you to carefully estimate your out-of-pocket expenses for the upcoming plan year because of the use-or-lose rule.

Your employer may have chosen one of the following options for your plan:

- 1. Carryover Option:** This option allows you the opportunity to roll over a certain amount of unclaimed Health FSA funds into the following plan year. The amount is set by the IRS and could change each year, so check your EBC or plan documents for the current limit.
 - 2025 Carryover Limit: \$660.00
 - 2026 Carryover Limit: \$680.00
- 2. Grace Period Option:** This option gives you the opportunity to continue to incur eligible expenses if you have unused funds in your account on the plan year end date for up to 2.5 months. If the money is not used during the 2.5 months it will be forfeited.

Termination of Employment

Health and Limited Purpose FSA

Upon termination, your salary reductions will end. However, you may still file claims for dates of service that were incurred within your employment period. You have limited time to submit claims. Please contact FFGA to determine the last day to submit claims if you are terminating.

Dependent Care FSA

If you have not received reimbursement for all contributions made to your Dependent Care FSA upon termination, you have limited time to submit claims. Please contact FFGA to determine the last day to submit claims if you are terminating.

COBRA

COBRA does not apply to Dependent Care FSAs. However, it may apply to your Health FSA and allow you to continue participation and receive reimbursement for medical expenses incurred after your employment termination if:

- The plan sponsor is subject to COBRA and
- You have contributed more for the Health FSA than you have received in Health FSA benefits.

Note: Under COBRA you must elect coverage within 60 days and continue to submit contributions to the plan to continue coverage under your Health FSA for the current year.



General IRS Rules & Information



Almost every person has a number of necessary and predictable expenses that are not paid by their insurance plans. You can save money by putting that amount directly into your Health FSA. The FSA will help you pay for these predictable expenses with your pre-tax dollars.

Eligible Expenses

Health Flexible Spending Account

With a Health FSA, you can reimburse yourself for out-of-pocket health, dental and vision care expenses, plus over-the-counter medications and menstrual products for yourself, your spouse and all of your eligible dependents. The services must be incurred while you are actively participating in the FSA plan. The eligible expenses may be reimbursed regardless of whether you, your spouse or dependents are covered by your employer's medical, dental or health plan.

Expenses for medical care will be limited to expenses incurred primarily for the prevention or improvement of a physical or mental defect or illness. An expense that is merely beneficial to your general health is not an eligible expense. It must be an expense to treat an existing medical condition.

To browse a full list of eligible FSA expenses and shop for approved items, please click [here](#).

Limited Purpose FSA

If you or your spouse participate in a Qualified High Deductible Health Plan and contribute to a Health Savings Account (HSA), you are eligible to participate in the Limited Purpose FSA if offered by your employer. A Limited Purpose FSA is designed to allow HSA participants an opportunity to set aside pre-tax funds to pay for certain out-of-pocket vision and dental services.

Eligible expenses include vision expenses such as eye exams, eyeglasses, contact lenses, contact lens solutions and enzymes, and dental expenses, such as dental care and orthodontia expenses, as long as either the service has been incurred or an eligible item purchased during the period of coverage. These expenses can be incurred for you, your spouse and eligible dependent(s). When determining your contributions, please remember that your Limited Purpose FSA can only be used for dental and vision expenses.

Ineligible Expenses

Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations.

- **Expenses Not Yet Incurred** - Expenses that have been paid, but not yet incurred (i.e. prepayment of service), cannot be reimbursed until the service is rendered. Expenses don't necessarily have to be paid, but merely incurred.
- **Premiums For Insurance** - Premiums and payments to insurance policies are not eligible for reimbursement.
- **Expenses Paid By Another Plan Or Third Party** - Expenses that have already been paid by an insurance company or other reimbursement plan cannot be reimbursed by your FSA plan.
- **Expenses Incurred After Termination/Separation From Your Employer** - If you are no longer participating in the FSA plan through your employer (termination, resignation, etc.) any claims incurred after your participation ends are not eligible for reimbursement.

Common Eligible Expenses	Common Ineligible Expenses
• Co-Payments • Co-Insurance • Deductibles • Over-the Counter Drugs • Dental Treatment • Orthodontia • Lab Fees • X-Rays • Vision Expenses • Lasik Surgery • Physical Therapy • Chiropractor Services • Acupuncture • Eye Contact Solution • Eye Drops • Menstrual Products	• Cosmetic Surgery • Teeth Whitening • Veneers • Botox • Non Prescribed Vitamins and Supplements • Toiletries • Medical Insurance Premiums • Health Club Membership

Examples of Eligible Medical Care Expenses

The following lists are examples of the types of expenses that may or may not be reimbursed. These lists are not intended to be complete, as other expenses also may be eligible or ineligible under federal tax law or under your employer’s plan. To be eligible under a Health FSA, the medical expense(s) must be incurred for medical care that is not reimbursed from any other source. Medical care means the drug or service is needed to treat or diagnose an existing health condition. First Financial Administrators, Inc., may request additional information from you to substantiate that an expense is for health care.

Over-the-counter Expenses

Over-the-counter (OTC) items are eligible for your Health FSA. OTC medicines no longer require a prescription, and menstrual products are now HSA and FSA eligible.

Common Eligible Expenses			Ineligible Expenses
• Acupuncture • Alcohol and drug rehabilitation expenses • Ambulance • Anesthetist • Artificial limbs and teeth • Birth control pills • Blood donor (expense) • Chiroprapist • Chiropractor • Christian Science practitioners • Certain corrective surgery • Contact lens solution and cleaner • Co-payment for health insurance • Dental care and dentures • Drugs and medical supplies • Examinations	• Eye exam, eyeglasses and contacts • Gynecologist • Hearing aids and batteries • Home health care • Hospital and skilled nursing facility expenses • Laboratory fees • Lip-reading lessons • Midwife • Nursing care • Obstetrical expense • Oculist • Operations and related treatments • Optometrist • Orthodontist** • Osteopath • Outpatient clinic • Over-the-counter medications	• Pediatrician • Physician • Podiatrist • Practical nurse • Prescription drugs • Psychiatrist • Psychologist • Rental or purchase of medical equipment, including special equipment for use by handicapped persons • Sanitarium • Stop-smoking programs and drugs • Support or corrective devices • Surgery • Therapy • Transportation expenses • Weight loss for obesity* • X-ray	• Dancing or swimming lessons • Medications purchased outside the U.S. • Expenses reimbursed under any health plan or other source • Health club dues • Face creams, moisturizers, etc. • Hair removal treatment/waxes • Vacation • Cosmetic surgery • Teeth whitening • Vitamins taken for overall health • OTC medications not for medical care • Toothpaste/toothbrushes • Mouth washes, oral anesthetics, etc.

For a detailed list of IRS approved over-the-counter items, please click [here](#).

General IRS Rules & Information



The following rules apply to both Health and Dependent Care FSAs.

Dependent Care FSA

The Dependent Care FSA allows you to pay for day care expenses for your qualified dependent/child with pre-tax dollars while you (and your spouse) are either working, seeking employment or attending school as a full-time student for at least five months during the year.

For 2025, the maximum annual contribution is \$5,000 per household or \$2,500 if married and filing separately. For 2026, these limits will increase to \$7,500 and \$3,750 for those married filing separately.

Dependent Care FSA is funded through pre-tax contributions through payroll. Most day care providers will expect their initial payment prior to the funds being available in the account as this is not a pre-funded account, please plan accordingly when enrolling.

Eligibility Requirements

Eligible dependents must be claimed as an exemption on your tax return. These dependents can include step-children, grandchildren, adopted children or foster children. In a divorce situation, you must have custody of the child in order for the child to be considered an eligible dependent. Under IRS regulations, eligible dependents are further defined as: under the age of 13, and/or physically or mentally unable to care for themselves, such as a disabled spouse, disabled child or elderly parents who live with you.

Eligible Expenses

Eligible dependent care expenses include what you must pay for the care of a dependent so that you and your spouse can work. The care may be provided in your home or at a licensed center outside of your home. If the care is in your home, the service cannot be provided by another child of yours under the age of 19, by your spouse or by your dependents.

Ineligible Expenses

Some expenses that you incur during your plan year may not be eligible for reimbursement under current IRS regulations, including:

Educational costs

Weekends/evening-out babysitters

Away camps (if your child spends the night at camp away from home)

Transportation, books, clothing, food, activities, entertainment and registration fees if shown separately on your bill

For more information on detailed expenses please refer to IRS Publication 503:

<https://www.irs.gov/publications/p503>



Claims Information



The Reimbursement Process

Reimbursements

The Health and Limited Purpose FSAs are pre-funded, which means you are eligible to receive reimbursement up to your elected annual contribution from the beginning of your FSA plan year. The Health FSA funds that are reimbursed to you will be recovered as your deductions are taken from your paycheck throughout the plan year. Dependent Care FSAs are not pre-funded. Therefore, you will only receive reimbursement up to your year-to-date contributions from payroll deductions. The remainder of the reimbursement request is paid when additional funds are received from payroll deductions.

Payment Method Choice

You may either pay with your benefits debit card at the time you incur the expense or pay the provider out-of-pocket and file the claim online either through the FF Mobile Account app or with a paper claim form. The benefits card can be used for your Health, Limited Purpose and Dependent Care FSAs.

Manual Claims

To obtain reimbursement from your FSA, you must complete a paper claim form and attach all itemized receipts from the service provider. Canceled checks, bankcard/credit card receipts and credit card statements are not acceptable forms of documentation. The receipt must come from the service provider or the Explanation of Benefits from your medical health carrier and must include the following information:

1. Date of purchase or date service was incurred
2. Amount you were required to pay after insurance
3. Detailed description of the product or service
4. Merchant or provider name
5. Dates of service and tax ID for Dependent Care charges (only expenses for services already incurred will qualify for reimbursement)
6. Patient name (if applicable)

REMEMBER: You must sign and date all claim forms! We recommend submitting an Explanation of Benefits (EOB) from your insurance company, if available.

Expenses not yet incurred - Expenses that have been paid, but not yet incurred (i.e. Prepayment of service), cannot be reimbursed until the service is rendered. Expenses don't necessarily have to be PAID, but merely incurred. (ex: pre-payment for surgery, birthing pre-payment). Orthodontics are an exception to this rule.

Orthodontics: A treatment plan or contract showing the total cost, duration and monthly payment must be provided. Proof of payment must be submitted and must be equal to the amount indicated in the contract.

Claims Processing and Payments

All claim reimbursements are handled with strict adherence to IRS adjudication and reporting regulations. Your reimbursement check will be mailed to your mailing address on file. You may also elect to receive payment via direct deposit.

Some services or products may require a Letter of Medical Necessity (LOMN). The LOMN must be provided by a physician you was seen in person and may not be generated online or by self-attestation.

The Internal Revenue Service requires all transactions utilizing FSA funds must be fully adjudicated with the appropriate documentation.

To view account information online, visit www.ffga.com.



Benefits Debit Card



Benefits Debit Card

Benefits debit cards can be issued to spouses and dependent children (ages 18 to 26) for no additional fee. Cards are good for three years from the issue date as long as you participate each consecutive plan year. Each card is printed with an expiration date. Claims also can be submitted directly for reimbursement. If funds remain in your account after the end of the plan year, you may use the debit card during the grace period or the carryover timeframe (if your employer has elected to participate in one of these options). If your employer offers a grace period, the system will deduct all remaining funds from your old plan year during the 2.5 month grace period and then deduct any balance from the new plan year if you continue to participate. New cards (not replacement cards) are only activated with the upcoming plan year. They are not activated to use money from the prior plan year.

The IRS requires proof that the expense is eligible. Some merchants use an Inventory Information Approval System (IIAS) to confirm approved over-the-counter medications, products or services. However, if the merchant you used does not use the IIAS, you will need to submit documentation to First Financial Administrators, Inc. You are required to save your itemized receipts for medical and day care expenses, and all of the explanation of benefits (EOBs) you receive from health, pharmacy, vision and/or dental plans.

If a receipt is not provided within 90 days of purchase to substantiate your purchase, your card will be suspended until the necessary receipt or Explanation of Benefits from your insurance provider is received.

Benefits Card Claim Substantiation

What do you do if you received a request to submit document? It's easy using our FF Mobile Account App! Login and click on the "Claims" icon. Select the pending claim and choose "Add receipt." Upload or take a photo of the documentation right from your mobile device.

Your receipt or EOB must include:

- Date of purchase or date service was incurred
- Amount you were required to pay after insurance
- Detailed description of the product or service
- Merchant or provider name
- Dates of service and tax ID for Dependent Day Care charges (only expenses for services already incurred will qualify for reimbursement)
- Patient name (if applicable)

You may also submit your documentation using one of the following methods:

- Online: Via the FF Mobile Account app or online portal at www.ffga.com
- Mail: Send to First Financial Administrators, Inc., at PO Box 161968, Altamonte Springs, FL 32716
- Email: Scan a copy or photo of the receipt to First_Financial_Receipts@Alegeus.com
- Fax: Send to 800-298-7785

Where to use your debit card for eligible expenses:

- Pharmacies – always use your debit card at the pharmacy counter only!
- In-Store pharmacies – If "merchant code" is programmed "pharmacy," the expense will be authorized. However, if the MasterCard transaction code is programmed "grocery/retail," the transaction may be denied. The debit card may not work and the expense may be declined in some grocery/discount stores.
- Physician offices
- Specialist physician offices
- Dental offices
- Over-the-counter drugs
- Menstrual products
- Vision care providers
- Medical facilities
- Medical clinics
- Hospitals (including emergency rooms)



Benefits Debit Card

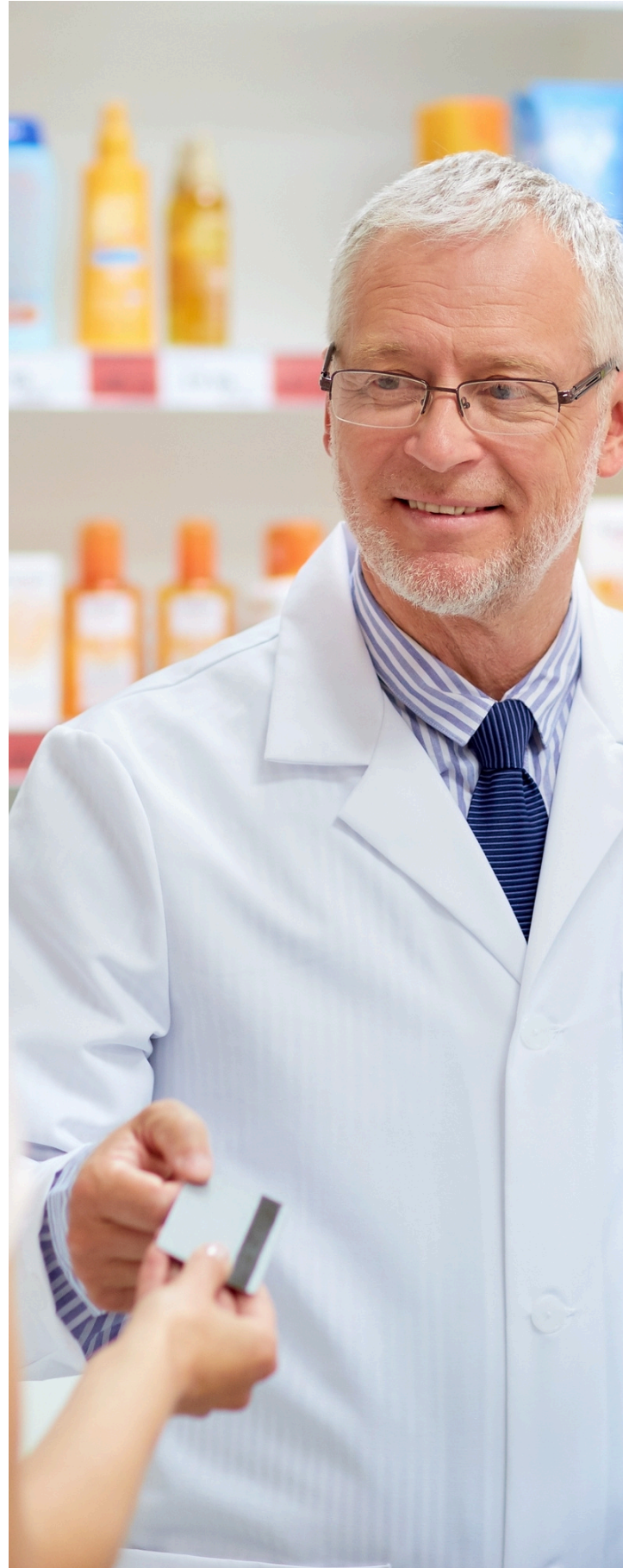


Your Benefits Card cannot be used past your termination date. If you have available funds in your account, a manual claim will be required.

First Financial Administrators, Inc., can provide you with a list of eligible expenses associated with your Health FSA. This card is a signature debit card and does not require a PIN for use. Transactions always must be submitted as "credit." Participants may review Flexible Spending Account balances online at www.ffga.com.

Note: It is important to note that the date of service, not the date of payment, must fall within the dates of the plan year for which you are enrolled. The provider may accept your benefit card for payment and the card swipe may go through as an accepted form of payment, however the expense must fall within the dates of the plan year.

- Your FSA cannot be used for expenses incurred prior to the the plan year beginning or your effective date of coverage (whichever is later).
- Your FSA cannot be used for expenses incurred after the plan year unless your plan offers a grace period provision.



Day Care Submission Guidelines



Documentation

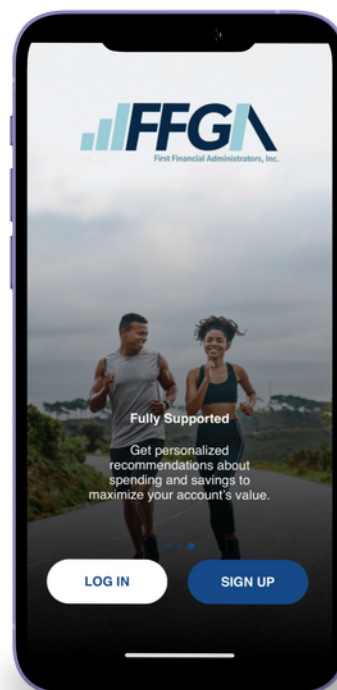
Acceptable documentation to accompany the reimbursement voucher:

- Dependent Care Claim Form must be signed by the provider. The form also must be completed with the provider's tax identification number or Social Security number and dates of service, or
- Dependent Care Claim Form with the receipt from provider, including provider name, provider signature, dates of service, amount for service and tax identification/social security number.

I.R.S. Regulations prevent us from reimbursing dependent care yearly contracts. Monthly submissions are required.

Popular Links:

- [Account Portal](#)
- [FSA Store](#)
- [Health FSA Reimbursement Form](#)
- [DCA Reimbursement Form](#)
- [HIPAA Policy](#)
- FF Mobile Account App - [Google Play](#) | [App Store](#)





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