



CCH Healthcare NC LLC
Flexible Benefits Plan Employee Guide
1/1/2017 – 12/31/2017

Healthcare

Healthcare FSA eligible expenses:		Prescriptions, copays, coinsurance, deductibles, vision care, dental expenses for incurred by you or your eligible dependents. Over-the-Counter (OTC) medications are only eligible with a valid prescription. A complete list of expenses eligible under the medical FSA is available at www.flexfacts.com . Click on the FSA Eligible Expense Table link at the bottom of the page and enter in Access Code "flex2011".
Healthcare FSA ineligible items:		Cosmetic procedures, vitamins/supplements and food under a weight-loss program (may be reimbursable with a doctor's letter of medical necessity or prescription).
Plan year dates:	1/1/2017 – 12/31/2017	The plan year is the time period during which you may incur your expenses.
Maximum annual election:	\$2,600	The maximum amount you can deduct from your paycheck over the course of the plan year. Your full annual election is available as of the first day of the plan year.
Claim run-out date:	3/31/2018	The day which all of your manual claims must be submitted. All claims must have incurred during the plan year

Dependent Day Care

Dependent Day Care FSA eligible expenses:		Expenses incurred for the care of a child age 12 and under; or a disabled dependent incapable of self-care that allow the employee (and spouse, if applicable) to work. Additional restrictions may apply.
Dependent Day Care FSA ineligible expenses:		Overnight camp, care provided by your dependent under the age of 18, babysitting when you are not working, care of your dependent who does not spend at least 8 hours per day in your home.
Plan year dates:	1/1/2017 – 12/31/2017	The plan year is the time period during which you may incur your expenses.
Maximum annual election:	\$5,000	The maximum amount you can deduct from your paycheck over the course of the plan year. Your funds will be available as they are deducted from your paycheck. Additional Restrictions may apply.
Claim run-out date:	3/31/2018	The day which all of your manual claims must be submitted. All claims must have incurred during the plan year.

Contact Us

Our customer service representatives are ready to help with any questions you may have. Please feel free to contact us using one of these methods:

- Call our customer service department toll free at 877-94-FACTS (32287) or local at 732-640-5951 between the hours of 8:30 AM and 8:30 PM Monday through Thursday and Friday from 8:30 AM to 5:30 PM EST, excluding holidays.
- Send an email support@flexfacts.com
- Send a fax to 877-747-8564
- By mail at 1200 River Ave, Suite 5C, Lakewood, NJ 08701

Filing a Claim

The easiest way to use your funds is by using your Flex Facts debit card at the point of service. The card can be used at any medical or dependent care facility that accepts MasterCard. You can also use your card at most pharmacies. When you use your card funds are automatically deducted from your account to pay for eligible expenses.

Please note that you should retain all of your receipts. The IRS requires that we request copies of receipts for certain claims. If you are required to send in receipts an e-mail or letter will be sent to you the business day after you use your card.

If you are not able to use your card at the point of service you can file a claim online, by fax or by mail.

- To file electronically log into your account, click on the “Request Reimbursement” link under “My Accounts” on the top left hand side of the screen then follow the on-line instructions.
 - To file via fax or mail complete a Claim Form and send it along with a copy of the receipt/invoice to:
 - Flex Facts Claims Department, 1200 River Ave, Suite 5C, Lakewood, NJ 08701,
- Fax 877-747-8564
- You can download the claim form at www.flexfacts.com or request a copy from your human resources representative.

Manual claims are reimbursed via direct deposit or manual check. To speed up the reimbursement process please sign up for direct deposit by logging into your account as described below.

If you should terminate employment for any reason your card will be deactivated. You will have 90 days following the date of termination to submit manual claims that incurred while you were an active participant in the plan.

Accessing Your Account On-Line

Once your enrollment is received and entered into the system you will be able to access your account information on-line:

1. Go to www.flexfacts.com
2. Click on the “Participant Login” button on the top right hand side of the screen.
3. Your first time logging into your account you will have to click on the “Register” button.
4. Set up your username and password
 - a. Note that your password must be at least 8 characters long, cannot have the same character repeated three times in a row, and must include at least three of the following: capital letter, lower case letter, number or one special character (. , ! @ etc...)
5. Enter in the information requested. You will need the following information:
 - a. Your employee ID is your Social Security Number(no dashes) Unless your employer uses a different type of employee identifying number
 - b. Your Registration ID (Card Number from Drop Down) is your Flex Facts Debit Card Number
 - c. You then must click on the link to "View Terms of Use" and it will bring up a separate page, after reviewing, mark the box to accept the terms and then click Register

Once you log into your account you can access your account information including balances and claims history.

* You can download a Mobile App for your Smartphone at the Apple iTunes store (iPhone) or the Google Play Store (Android) by searching for FlexFacts or scanning the QR codes below. Once you download the app you can also create an online account using the above instructions. If you have already created an account online you must use the same User ID and Password. The App can be used to view account balances, view transaction history and to upload claims by taking a picture from your Smartphone.



iPhone



Google