

# Your Allied Flexible Spending Account

## WHAT IS FLEXIBLE SPENDING?

A Flexible Spending Account, or an FSA, is a special account that allows you to set aside pre-tax money directly from your company paycheck to cover certain out-of-pocket costs.

There are two types of FSAs:

### HEALTHCARE FSA

Covers out-of-pocket healthcare expenses, such as copayments, deductibles, some drugs, and more.

### DEPENDENT CARE FSA

Covers costs associated with caring for children, a disabled spouse, elderly parents, or other dependents while working or attending school full-time.

## WHAT CAN FLEX BE USED FOR?

- Deductibles
- Preventative care
- Coinsurance
- Menstrual products
- Contact lenses
- Co-payments
- Over-the-Counter
- Prescription medications
- Physical exams
- Orthodontia
- Chiropractic care
- Eye glasses
- Physical therapy
- Dental exams

*For a complete list of FSA eligible expenses, refer to IRS Publication 502 or the FSA Store.*

## HOW IT WORKS

Once you are enrolled in the Healthcare Flex plan, you will receive an Allied Flex Debit Card. This debit card should be used to pay for any covered FSA expenses, and will automatically deduct funds from your Allied Flex Account. All spending activity, account balances and claims can be easily viewed by logging into your Member Portal Account on [AlliedBenefit.com](http://AlliedBenefit.com).



- Flex debit cards are automatically issued to all participants at no cost.
- Flex debit cards are good for three years.
- Expiration dates will be present on all cards. Additional debit cards for dependents over 17 years old may be requested at no cost.

## FLEX PLAN HIGHLIGHTS

### HEALTH FLEXIBLE SPENDING ACCOUNTS

**\$3,200** individual IRS annual election maximum.

**\$640 rollover provision** - IRS rule allowing you to carry over up to \$640 of unused funds remaining at year to be used for qualified medical expenses incurred the following year. Unused funds over \$640 will be forfeited.

### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS

**\$5,000** household IRS annual election maximum.

**Grace Period** - your employer has adopted the IRS rule allowing you to submit claims incurred two and a half (2 ½) months after the plan year ends (March 15, 2026).

### CLAIM SUBMISSIONS

**All 2025 Flex claims must be submitted by March 31, 2026.**

**Use it or Lose it Rule:** IRS regulations require that any money left in the account after this deadline will revert back to the plan.

Fill out the [Reimbursement Form](#).

**Submit via:**


Email: [flexclaims@alliedbenefit.com](mailto:flexclaims@alliedbenefit.com) Fax: 312-416-2870

**Or mail to:**

Allied Benefit Systems, LLC  
P.O. Box 211651  
Eagan, MN 55121

There is also a Direct Deposit Reimbursement option available for all claim submissions. Fill out the [Direct Deposit Enrollment Form](#) to get started.

### CONTACT ALLIED

 **Tel: (800) 288-2078**

Press 2, star (\*), the listen carefully for the flex prompt.

 **Email: [flexquestions@alliedbenefit.com](mailto:flexquestions@alliedbenefit.com)**