

# Stark County Schools C O G

## Plan Highlight Sheet

This Plan Highlight Sheet provides a quick reference to some of the most common information regarding your Flexible Spending Account(s). This information is also referenced throughout the Enrollment Handout provided to you during open enrollment and within the claim kit materials you will be receiving.

If you have any questions or need further assistance, please contact a member of the VFGPS, Inc. customer service team at 1-877-289-0448.

<b>Plan Year:</b>	January 1 <sup>st</sup> – December 31 <sup>st</sup>
<b>Eligibility Guidelines:</b>	Any employee who has satisfied the conditions for coverage under the group health plan.
<b>Waiting Period:</b>	Same as the group health plan.
<b>Benefit Options Available:</b>	Medical Flexible Spending Dependent Care Flexible Spending
<b>Plan Maximums:</b>	Medical Flexible Spending: \$3,500.00 Annually Dependent Care Flexible Spending: \$5,000.00 Annually
<b>Reimbursement Options:</b>	Check or Direct Deposit
<b>Reimbursement Schedule:</b>	1 <sup>st</sup> and 15 <sup>th</sup> of each month
<b>Claim Filing Deadline for Terminated Employee's:</b>	Claims must be submitted no later than 90 days after the end of the plan year.
<b>Claim Filing Deadline at the end of the plan year:</b>	Claims must be submitted no later than 90 days after the end of the plan year.
<b>Website and log on information:</b>	<a href="http://www.vfgps.com">www.vfgps.com</a>  User Name: flexplan      Password: flexplan
<b>Claim Submission:</b>	Mail: VFGPS, Inc. 6200 Rockside Road, Suite 100 P O Box 318082 Cleveland, OH 44131-8082  Fax: 1-216-642-4863
<b>Customer Service:</b>	Phone: 1-877-289-0448 Email: <a href="mailto:csflex@vanfin.com">csflex@vanfin.com</a>

### **NOTE:**

For any Over the Counter (OTC) Expenses, a copy of the original receipt must be submitted for reimbursement. The receipt must include the vendor/merchant name, date of purchase, product name and the amount paid for an item.