



## 2024 FSA OPEN ENROLLMENT OCTOBER 30 – NOVEMBER 10, 2023

Open Enrollment for the 2024 Flexible Spending Account (FSA) Plans begins on October 30, 2023 and ends on November 10, 2023. If you want an FSA in 2024, you must enroll before the deadline even if you're currently participating.

FSA elections are made on a year-to-year basis. Any elections made during Open Enrollment are effective and irrevocable as of January 1, 2024 (unless you have a qualified change in status and make a corresponding change within 30 days). Remember to be conservative in your election because **if you don't use it, you lose it.**



## WHAT YOU NEED TO KNOW ABOUT THE HEALTH CARE FSA

- It lets you pay for eligible out-of-pocket medical, dental, vision, mental health and prescription copays with pre-tax dollars.
- With the exception below, expenses must be incurred to alleviate or prevent an illness or physical defect and the expense must not have been reimbursed under any plan other than this FSA.
  - Due to a change in the law resulting from COVID-19, the Health Care FSA can reimburse expenses for *all* over-the-counter medications whether or not they are prescribed by a physician and also for menstrual care products if they were purchased on or after January 1, 2020.
- You can also use this FSA to pay for health care expenses that are not otherwise reimbursable under the medical plan such as medical & dental plan deductibles, laser eye surgery to correct vision, contact lenses and lens solution.
- Go to <https://www.payflex.com/individuals/common-eligible-expenses/health-care> for a list of eligible health care expenses.

**You can direct \$100 - \$3,050 on a pre-tax basis to your 2024 Health Care FSA**

## WHAT YOU NEED TO KNOW ABOUT THE DEPENDENT CARE FSA

- It lets you pay for eligible dependent care expenses such as day care, nursery school and daytime babysitters with pre-tax dollars for children whom you claim as tax-dependents less than 13 years of age.
- You may also use this FSA for others whom you claim as tax-dependents who require full-time care due to a physical or mental incapacity and who reside with you for more than half the year, such as a disabled spouse or parent.
- Go to <https://www.payflex.com/individuals/common-eligible-expenses/dependent-care> for a list of eligible dependent care expenses.

**You can direct \$100 - \$5,000<sup>1</sup> on a pre-tax basis to your 2024 Dependent Care FSA**

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**REMEMBER** You can't change your FSA contributions as you go along. You must decide how much to contribute for the year before each year begins unless you have a qualified change in status and make a corresponding change within 30 days (refer to the [Summary Plan Description](#) for a list of qualified changes in status). You also can't transfer funds from your dependent care to your health care FSA and vice versa. If you leave the Company during the year, FSA claims will be reimbursed only for services performed on or before your termination date (unless you elect to extend participation through COBRA).

## FOR MORE INFORMATION

Since the FSAs are governed according to IRS guidelines, it's important to understand the rules before you sign up. The [Summary Plan Description](#) is posted on the benefits website. For copies of IRS Publication 502 ("Medical and Dental Expenses") and IRS Publication 503 ("Child and Dependent Care Expenses"), visit the IRS website at [www.irs.gov](http://www.irs.gov). Please note that IRS Publications 502 and 503 provide some general guidelines that may contain information not applicable for the FSAs such as listing health care premiums and long-term care expenses – those are not reimbursable under an FSA. For additional information, please call PayFlex at (888) 678-8242 or visit their website at [www.payflex.com](http://www.payflex.com).

## HOW TO ENROLL

**Step 1: VISIT** [tpbenefits.com](http://tpbenefits.com)

**Step 2: COMPLETE** the [FSA Enrollment Form](#)

**Step 3: SUBMIT** the FSA Enrollment Form no later than November 10, 2023 via the [Secure Web Link for Employee Forms](#) posted on the [benefits website](#).

**EMAIL SCANS WILL NOT BE ACCEPTED.** If you send via US Mail, please be advised that there may be a delay in processing your enrollment

**PayFlex**  
[www.payflex.com](http://www.payflex.com)  
(888) 678-8242

[Summary Plan  
Description](#)

[Notice of Privacy  
Practices](#)

<sup>1</sup> Your contribution is limited to \$2,500 if you are married and filing separate tax returns or, if your spouse also contributes to a Dependent Care FSA, your combined contribution can't go over \$5,000. In addition, you can't contribute more than your earned income or your spouse's earned income to your FSA. If your spouse is a full-time student or is incapable of self-care, your spouse will be deemed to have qualifying earnings each month he or she is a full-time student or incapacitated. Also note that if you are what the IRS considers a "highly compensated employee" (employees with earnings of \$150,000 or more in 2023, officers and 5% owners), the Plan will limit your contribution to \$1,000. Furthermore, certain non-discrimination rules may prevent you from contributing the maximum amount otherwise allowable and a portion of employee contributions may be returned to some Plan participants.

The information contained herein presents only the highlights of the Flexible Spending Account Plan available to eligible production employees effective January 1, 2024. It is not intended as a complete description of the program. Although every effort has been made to ensure that this information is accurate, the provisions of the legal documents that describe the program will govern in the case of any discrepancy. The plan sponsor, or any successor, reserves the right to amend, modify, suspend or terminate any program in whole or in part, at any time and for any reason. Please note that this program does not create an employment contract between you and the Company nor give you any right, express or implied, of continued employment with the Company.