

Wesleyan University - Flexible Spending Account FAQ Sheet General Questions

- Q: When will the change to the FSA carrier occur?
- A: Effective January 1, 2026, Wesleyan will transition its Flexible Spending Account (FSA) services from Flores & Associates to HealthEquity.
- Q: With the change in vendor, is it necessary for me to re-enroll during the open enrollment period?
- A: If you are currently participating in a Flexible Spending Account (FSA), it is essential to re-enroll during the open enrollment period to maintain your participation for the upcoming plan year. Please be aware that FSAs do not automatically renew, even if you are making contributions this year.
- Q: What are the 2026 FSA contribution limits?
- A: The IRS has released the FSA contribution limits for the 2026 plan year.
1. HealthCare FSA: maximum annual contribution is \$3,400.
 2. Dependent Care FSA: maximum annual contribution is \$7,500 per household (\$3,750 for married individuals filing separately or single not head of household).
- Q: How will I know if an expense is eligible for MERA reimbursement?
- A: A wide range of expenses qualifies for reimbursement, including but not limited to medical, vision, and dental costs. For a detailed list of eligible expenses, you can visit healthequity.com/fsa-qme or search at www.fsastore.com. Additionally, if you download the HealthEquity mobile app, you can utilize a barcode scanning feature to verify the eligibility of products for your FSA.
- Q: How will I know if an expense is eligible for Dependent Care FSA (DCFSA) reimbursement?
- A: Expenses related to the care of children under 13 or adult IRS-qualified dependents who cannot care for themselves are generally considered eligible costs. This allows you (and your spouse, if applicable), to work, seek employment, or pursue full-time education. For further details on what qualifies as eligible expenses, please visit [healthequity.com/dcfsa-\(dash\)qme](https://healthequity.com/dcfsa-(dash)qme).

Claims & Reimbursements

- Q: Can I still submit claims to Flores & Associates for the 2025 plan year?
- A: You have until April 15th, 2026, to submit for any last-minute reimbursements. Claims must have a date of service of January 1, 2025, through March 15, 2026, to be eligible for reimbursement from your 2025 fund balance.
- Q: Will my debit card with Flores still work? For how long?
- A: Flores debit cards will continue to be active until March 15, 2026.

Q: How do I submit my claims to Flores?

A: You have until April 15, 2026, to submit claims for services through the manual claim submission process available on the Flores & Associates web portal or mobile app. For further details, please refer to the [Wesleyan 2026 Benefits Guide](#).

Q: Will my 2025 FSA funds roll over into my HealthEquity account?

A: Your 2025 funds will not be transferred to your HealthEquity account. FSA funds operate on a use-it-or-lose-it basis, which means you need to utilize your FSA balance by March 15, 2026, and submit any reimbursement requests to Flores & Associates by April 15, 2026. Any funds that remain unclaimed after this deadline will be lost.

Q: What are the deadlines for incurring and submitting expenses for the 2026 plan year with HealthEquity?

A: For the 2026 plan year, you may incur expenses for services rendered between January 1, 2026, and March 15, 2027, provided that you submit your reimbursement requests by April 15, 2027.

Q: What documentation is required for reimbursements with the new vendor?

A: MERA Account

1. If debit card is used, depending upon the expense placed on the debit card, it is possible that Health Equity may request receipts or documentation to process the expense from your account. Please be sure to submit information, should it be requested, to ensure your debit card expense is processed timely and accurately.
2. File a claim online: log into your account at www.healthequity.com to submit your claim electronically
3. File claim via fax or mail: Claim details may be entered online, and a completed form may be printed and faxed or mailed with documentation.
 1. Fax: 877-353-9236
 2. US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512
4. File claim via EZ Receipts App (available on the Apple App Store or Google Play).

If a debit card is not used, documentation submitted via portal or mobile app must detail the healthcare expenses and include five key data points:

1. Name of provider
2. Name of patient
3. Description of service(s)
4. Date(s) of service
5. Cost of the service

Dependent Care Account

1. File a claim online: log into your account at www.healthequity.com to submit your claim electronically.

2. File a claim via fax or mail: Claim details may be entered online, and a complete claim form may be printed and faxed or mailed with documentation.
 - a. Fax: 877-353-9236
 - b. US Mail: Claims Administrator
P.O. Box 14053
Lexington, KY 40512
3. File claim via EZ Receipts App (available on the Apple App Store or Google Play).

Documentation needed for dependent care FSA reimbursement includes:

1. Name of provider
2. Dependent Name and Relationship to Account Holder
3. Type of Service
4. Service Date(s)
5. Amount Billed
6. Provider signature *is not required*, but can replace need for other proof of service

Account Access & Support

Q: How do I set up my Health Equity portal?

A: Setting up your HealthEquity member portal is easy. Follow these steps for logging into the portal for the first time:

1. **Go to my.healthequity.com**
 - Under ‘are you a member logging in for the first time?’ click ‘create username and password.’
2. **Verification code**
 - You will be prompted to do a verification step by entering the code on the screen.
3. **Find your account**
 - Enter the information requested on the “Find your account” screen.
4. **Verify your identity**
 - Enter the information asked for on the “verify your identity” screen.
5. **Set up a login**
 - You will be prompted on the “Set up your login” screen to pick a user/login name and a password.
6. **Enter email**
 - On the “Your email settings” screen
7. **Agree to terms of service**
 - Click the box to agree to the terms of the website and save the agreement.

Q: Who do I contact for help with my FSA after the transition?

A: If you require assistance with your FSA following the transition, you can reach out to a HealthEquity member service representative at 1-866-346-5800, available 24/7. Alternatively, you can utilize your online or mobile account to engage in a live chat with member services.

Q: Will there be training or resources available to me regarding the transition?

A: We invite you to attend the HealthEquity presentation on November 5, 2026, at 10 am. This session will offer important information regarding the upcoming changes to the FSA vendor. For further details, please refer to the [Wesleyan 2026 Benefits Guide](#).

Q: How will I receive and activate my new HealthEquity debit card?

A: Once you complete your FSA enrollment, you will receive a debit card from HealthEquity in the mail. To activate your card, you can either call the number provided on the sticker or set up an account through the mobile app or web portal at www.healthequity.com/login.

Q: Will I receive a debit card if I elect the Dependent Care FSA?

A: A debit card is not available for the Dependent Care FSA. Instead, you will need to pay for eligible expenses out-of-pocket and subsequently submit claims to receive reimbursement.

Q: How do I check my HealthEquity account balances?

A: You can easily check your account balance and access your FSA contributions and claims through the HealthEquity EZ Receipts mobile app, available for download on both the Apple App Store and Google Play.