



# HEALTH FSA OVERVIEW

**Annual Maximum Contribution = \$3,200**  
**Plan Year December 1, 2024 - November 30, 2025**



## WHAT IS A HEALTH FSA?

A Health FSA is a pre-tax employee benefit plan option that allows you to set aside salary before any taxes are taken out. You can use these funds to pay for qualified out of pocket medical expenses incurred by yourself and your tax dependents (regardless of your enrollment in your employer health plan). This plan can save you up to 30% on qualified expenses.

## EXAMPLES OF FSA ELIGIBLE ITEMS

- ✔ Co-pays & Deductibles
- ✔ Dental, Vision, and Orthodontic expenses
- ✔ Durable Medical Equipment
- ✔ Feminine Care Products
- ✔ Over-the-Counter items
- ✔ Personal Protective Equipment (PPE)
- ✔ Prescription Drug Costs

## DUAL PURPOSE EXPENSE EXAMPLES

Dual purpose expenses are items or services you may use for your general health that also qualify to be reimbursed if prescribed by a Doctor for the purpose of treating a specific medical condition. Below are a few examples of dual purpose expenses:

- Massage Therapy
- Supplements
- Vitamins

 **FSAstore**® [Explore Eligible Items Here](#)

## SPENDING ACCOUNT TIMELINES

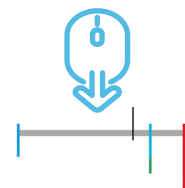
Spending accounts have deadlines for spending that may change based on your individual circumstances. You can view your Summary Plan Description or your online account details for information about your plan's spending and submission deadlines. Simply follow the steps below:



1. Login to your portal on your computer or mobile device



2. Click on your FSA details



3. Scroll down to view your Plan Dates timelines



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HELPFUL TUTORIALS & RESOURCES



# DEPENDENT CARE ASSISTANCE PLAN OVERVIEW

**Annual Maximum Contribution = \$5,000**  
**Plan Year December 1, 2024 - November 30, 2025**



## OVERVIEW

The Dependent Care Assistance Plan (DCAP) is an employer sponsored benefit that allows you to set aside a portion of your income on a pre-tax basis and use that money to pay for eligible daycare related expenses.

To qualify for this program, you must meet your employer's benefit eligibility requirements. You must also have a tax-dependent that is under the age of 13 or is deemed medically incapable of caring for themselves. Lastly, expenses must be incurred in order for you to maintain or seek gainful employment.

## EXAMPLES OF QUALIFIED EXPENSES

- ✓ Childcare (including before and after school care)
- ✓ In home daycare services (including nanny services)
- ✓ Summer day camp

## EXAMPLES OF EXPENSES THAT ARE NOT QUALIFIED

- ✓ School tuition (children who are 5 or older)
- ✓ Sports programs
- ✓ Food expenses (unless inseparable from care)



[Explore Full list of Eligible & Ineligible Items Here](#)

## WHAT HAPPENS IF I TERMINATE MY EMPLOYMENT?

If you terminate your employment during the plan year or you otherwise cease to be eligible under the plan, your active participation in the plan, as well as your pre-tax contributions, will end automatically. In limited scenarios, your Dependent Care Assistance Plan may include a "spend-down" provision that allows you to submit dependent care expenses incurred after your termination, assuming you continue to have eligible daycare expenses. This feature is not available in all plans. View your Summary Plan Description or your online account details for information about your spending and submission deadlines.

## SPENDING ACCOUNT TIMELINES

Spending accounts have deadlines for spending that may change based on your individual circumstances. You can view your Summary Plan Description or your online account details for information about your plan's spending and submission deadlines. Simply follow the steps below:



1. Login to your portal on your computer or mobile



2. Click on your FSA details



3. Scroll down to view your Plan Dates timelines



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Have Questions?  
Contact Participant Services  
1-800-633-8818, option 1  
[flex@goigoe.com](mailto:flex@goigoe.com)

## Flexible Benefit Plan Highlights for County Sanitation Districts of LA County

Plan Year: 12/1/2024 through 11/30/2025

Run Out Period: 2/28/2026 (Manual Claims can be submitted up through this date)

### Existing Eligibility and Claim Submittal Deadlines:

Expense eligibility and claim submittal deadlines can vary by plan. We encourage you to visit our website, [www.goigoe.com](http://www.goigoe.com), to view expense eligibility. We also encourage you to set up an online account so that you can access a personalized timeline for expense eligibility and claim submittal.

Generally speaking, eligible expenses must be incurred during your active participation within the plan and/or within the Plan Year dates shown above (whichever period of time is shorter). If the plan you elect has the grace period feature, claims may be incurred through the Grace Period end date as shown in the Available Spending Accounts section (if applicable).

Claims for all plans must be submitted prior to the Run Out Period listed above. PLEASE NOTE: Should you lose eligibility to a plan within the Plan Year, claims must be incurred on or prior to your loss of eligibility and must be submitted by the Termination Submittal Deadlines as listed in the Available Spending Accounts section. If you lose eligibility for this program (for example, if your employment ends), this will impact how much time you have to incur expenses, charge expenses on your benefit card, and/or submit claims for reimbursement. For your convenience, a personalized spending and submittal timeline is available online via your personal account and on the Igoe Mobile App.

## Available Spending Accounts

### Medical Care Reimbursement Account

Reimburses certain out of pocket medical care expenses for you and your tax dependents  
Carryover Amount Allowed: \$640.00

Term Submittal Deadline: 90 days following the date of termination

Maximum Election Allowed: \$3,200.00

### Dependent Care Reimbursement Account

Reimburses certain day care related expenses

Grace Period End Date: 2/15/2026 (Claims can be incurred up through this date)

Term Submittal Deadline: Last day of February following the close of the Plan Year

Maximum Election Allowed: \$5,000.00



Have Questions?  
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1-800-633-8818, option 1  
[flex@goigoe.com](mailto:flex@goigoe.com)

## Online Registration

Go to [www.goigoe.com](http://www.goigoe.com). Click on the Participants tab and then click on the Sign In button. On the next page click the Register button.

### Step 1 (Establish Your Login Credentials)

1. Enter the required registration information
2. Enter your Registration ID: Ensure Employer ID Is selected from the dropdown and enter **IGOCOSAN** in the field below.
3. Enter Employee ID: Your Employee ID is the **Employee ID assigned to you by your employer**.
4. Accept Terms of Use and click the Next button.

### Step 2 (Security Questions)

- Select 4 different security questions and supply answers to each of them.

### Step 3 (Confirm Email)

- Confirm your email address

### Step 4 (Verify and Submit)

- Verify your information and make any necessary edits. Click Submit to register.

### Your registration allows you to:

- Monitor your real time election and balance details
- Keep track Of your spending timelines
- Securely enter claims and attach saved receipts or use Igoe Mobile to take photos of receipts and submit a claim
- Review transaction details
- Manage account communication options
- Report your Benefit Card lost/stolen
- Securely enter and update your Direct Deposit details
- Access eligible expense lists and more!

Download our Igoe Mobile App from the Apple or Android Google Play store to manage your account and submit claims on the fly.

