

Medical Flex Spending Account

By participating in the Medical Flex Spending Account (Med-FSA), you can save 20% to 40%* on your family's out-of-pocket medical, dental & vision expenses.

The tax savings* add up when you participate in the Med-FSA:

- **Copayments?** If your family spends \$80 a month, the Med-FSA can save you \$200 to \$400 a year.
- **Prescription Medications?** If you spend \$25 a month, the Med-FSA can save you \$60 to \$120 a year.
- **Contact Lenses & Supplies?** If you spend \$50 a month, the Med-FSA can save you \$120 to \$240 a year.
- **Orthodontia?** If you're paying \$200 a month for Orthodontia, the Med-FSA can save you \$480 to \$960 a year.

That's like getting 2 to 4 months of your medical, dental & vision services FREE each year!*

How do I make my Med-FSA election? Your election is your estimate of your out-of-pocket medical, dental and vision expenses for the year. You can include the expenses of your eligible dependents, even if they are not covered under your employer's group plans. To make your election, think about what you paid this year:

- How much does your family spend for routine medical expenses, such as exams, flu shots and doctor visits?
- Do you take daily prescription medications? How about your spouse and dependent children?
- Will you or your family need glasses, contact lenses or dental work next year?

What expenses are eligible? Eligible expenses are medically necessary treatments, services, equipment, or supplies that prevent or treat illness or disease. The following are a few examples of eligible expenses:

Acupuncture
Chiropractic Treatments
Co-pays & Coinsurance
Contact Lenses & Supplies
C-PAP Devices & Supplies
Deductible Amounts
Dental Treatments
Doctor Visits
Eye Exams
Fertility Treatments

For more information on the expenses that are eligible for the Med-FSA, please go to our website and click on this picture.

www.FlexToday.com



Immunizations & Flu Shots
Insulin & Supplies
Hearing aids & Batteries
Lasik Vision Surgery
Medical Information Plans
Orthodontia Treatments
Orthotics & Orthopedics
Prescribed Medications
Prescription Glasses
Well-Child Care

When are my expenses eligible? Your expenses must be incurred in the Plan Year while you are an active participant. An expense is "incurred" when you receive the service, not when you pay the bill.

How do I get reimbursed? You make a claim and send it along with "independent, third-party" documentation of your expenses, such as copies of Explanation of Benefits (EOB) forms from your health plan or detailed bills prepared by your care provider which include the name of the care provider, the dates the services were provided, the type of services provided and the person who received the services. You can only be reimbursed for expenses you actually owe and will not be paid by insurance or any other benefit plan.

Can I change my elections? The IRS requires that your elections be enforced for the full year unless you have a "Change in Status" situation, such as marriage, divorce, death, birth, etc. Your election change must directly relate to the Change in Status and you must submit an election change request within 30 days of the event.

It is important that you carefully estimate the expenses that you and your family will incur during the Plan Year. If you do not use the funds you contributed during the year, any balance left in your accounts will be forfeited. Please read the Summary Plan Description (SPD). The SPD is a detailed description of the Plan including the benefits, the eligibility requirements and the claims filing deadlines. This brochure is not intended to provide tax advice. *Tax savings shown are estimates based upon national averages of personal tax rates. Your actual tax savings will depend upon your personal situation and factors such as your income, your family situation, number of dependents and location. Contact your tax advisor regarding your personal situation.