Flex Plan

Maximize Your Benefits. Take Home More Money.

If your Annual Flex Elections were **$4,700.00**

This Could Be Yours! **$1,205.55**

Tax Savings estimated at 15% Federal, 7.65% Social Security/ Medicare and State/Local taxes at 4%. Actual Savings will vary by individual and location.

See our detailed example inside.

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Medical Flex Spending (Med-FSA)

The Medical Flex Spending Account (Med-FSA) allows you to use pre-tax dollars to pay for most medical, dental and vision expenses and you can include the expenses of your eligible dependents, even if they are not covered under your employer's group insurance plan. Eligible expenses for the Med-FSA are services, supplies and treatments that are medically necessary and prevent or treat illness or disease.

Med-FSA contributions limited to $2,850

Health Savings Account?

If you or your spouse make or receive Health Savings Account contributions, you'll need to participate in a Limited Purpose Med-FSA to extend your tax savings with the Flex Plan. The Limited Purpose Med-FSA is compatible with your Health Savings Account (HSA) and allows you to set aside money pre-tax to pay for Dental, Vision and certain Preventive Care Expenses. This allows you to build your HSA balances for your future expenses. For more information on the Limited Purpose Med-FSA, ask for the brochure.

Your Med-FSA election is your estimate of the medical, dental and vision expenses for you and your family for the plan year.

Med-FSA Annual Election Worksheet			Your Estimated Annual Expenses
MEDICAL	Exams, Doctor Visits and Flu Shots/Immunizations. Co-payments, Coinsurance and Deductibles.	$	0.00
DENTAL	Dental Exams, Cleanings, Bridges, Crowns, Dentures, Fillings, Implants, Sealants and Orthodontia Treatment.	$	0.00
VISION	Prescription Glasses and Sunglasses, Contacts and Contact Lens Supplies and Vision Correction Surgery.	$	0.00
PHARMACY	Prescribed & OTC Medications. Hand Sanitizers. Insulin & Diabetic Supplies. Birth Control & Condoms. Medical Test Kits, including Pregnancy & Ovulation.	$	0.00
SPECIAL	Chiropractic, Acupuncture & Physical Therapy Services. Prescribed Gym Memberships & Weight Loss Programs. Fertility Treatments, Learning Disability Treatments. CPAP machines, CPAP supplies and CPAP cleaning products.	$	0.00
	YOUR ANNUAL MEDICAL EXPENSES	**$**	0.00

Estimated Tax Savings **$ 0.00** Up To **$ 0.00**

What is not eligible?

Expenses that are not medically-necessary are not eligible such as missed appointment and late payment fees, premiums and cosmetic services (Botox, Teeth bleaching and hair restoration).

Some expenses may be eligible if prescribed by a Physician (MD, ND, DO, PA, NP, etc.) to treat a specific medical condition, such as Face Masks, Gloves, Vitamins and Supplements.

Other expenses are not eligible, even if prescribed such as Marriage Counseling, Imported Medications, Marijuana, Food or Food replacement products and Toothbrushes.

Examples of eligible medical, dental and vision expenses

- Acupuncture
- Adaptive Equipment (canes, etc.)
- Ambulance Services
- Birth Control & Condoms
- Breast Pumps & Lactation Supplies
- Co-payments & Coinsurance
- Contact lenses & supplies
- Crutches and Canes
- Dental treatments

  Cleanings, Dentures, Extractions, Fillings, Root Canals, X-Ray

- Eyeglasses & Eye Exams
- Hearing Aids & Batteries
- Fertility Enhancement
- Immunizations/vaccinations
- Insulin and related supplies
- Learning Disability expenses
- Medical Service Provider fees

  Acupuncturists, Chiropractors, Optometrists, Oral Surgeon, Orthodontist, Podiatrists, Physicians, Psychiatrists

- Medical Supplies
- Menstrual Supplies
- Orthodontia Treatments
- Orthotic Devices
- Over-the-Counter Medications
- Physical & Speech therapy
- Prescription medications
- Reconstructive surgery
- Smoking cessation treatments
- Speech & Occupational Therapy
- Travel to obtain medical care
- Vision Correction Surgery
- Weight Loss Programs (no foods)

Over the Counter Medications & Menstrual Supplies Are Now Eligible

More Information

Dependent Care Assistance Plan (DCAP)

What is eligible day care?

Expenses that are for the care of your "qualified dependent" incurred during the plan year after you become a participant as long as those expenses allow you (and your spouse , if married) to be gainfully employed. This includes preschool, sitters, day care centers and day camps. If your care provider works in your home, you are considered to be a Household Employer and are required to report and withhold payroll taxes. Your day care provider must comply with all state and local regulations.

Who are "qualified dependents"?

A child under the age of 13 or any age if permanently and totally disabled. For divorced or separated parents, the child is treated as a qualifying person only for one custodial parent, even if custody is shared. For more information on the "qualified dependent" requirements, please refer to IRS Publications 501 and 503.

What expenses are not eligible?

Day Care expenses while you (or your spouse) are not working are generally not eligible unless the absence from work is temporary, such as a short-term vacation or illness. Overnight camp, school tuition (kindergarten and up), after-school tutoring and expenses such as field trips, food, sports clinics, swimming lessons and clothing are not eligible. Day care expenses are not eligible if paid to anyone you claim as a tax dependent or your child under age 19, even if they are not your tax dependent.

Premium Only Plan (POP)

How does the POP work?

The Premium Only Plan (POP) allows your portion of your group insurance premiums to be deducted from your paycheck tax-free. If the costs of your insurance premiums change during the year, your contributions will change automatically. If the premium costs increase, you may change to another, less expensive plan if available from your employer but you cannot drop coverage during the plan year. There's no paperwork with the POP ... you just get the Tax Savings!

What are the contribution limits?

The DCAP contribution limit is $5,000 if you are single or head of household. Married couples who file joint tax returns are limited to $5,000, and married couples that file taxes separately are limited to $2,500. Your DCAP contributions cannot be greater than your taxable income or that of your spouse, if married. Other requirements and contribution limits apply if your spouse is a full-time student or if your spouse is disabled and unable to care for him/herself and/or for the children.

Do I report my Day Care?

Yes, the IRS requires that you report your DCAP participation with your annual tax return (1040 Form 2441).

DCAP and the Tax Credit

The Federal Day Care Tax Credit expense limit is $3,000 for one dependent or $6,000 for two or more dependents. If you have two dependents in day care and pay $6,000 or more per year, you can participate in the DCAP for $5,000 and take the Tax Credit on the "extra" $1,000* of day care expenses. Most families with adjusted gross earnings of more than $40,000 find greater tax savings with the DCAP than the Tax Credit. Contact your accountant for more information.

Click Here For More Information About DCAP

Flex Plan Tax Savings Illustration

Medical, dental & vision expenses	$500.00
Day Care expenses while you work	$3,000.00
Group Insurance Premiums	$1,200.00
Annual Flex Elections	**$4,700.00**
Federal Income Tax Savings	$705.00
Social Security/Medicare Tax Savings	$359.55
State/Local Income Tax Savings	$141.00
This Could Be Yours!	**$1,205.55**

Tax Savings estimated at the 15% Federal, 7.65% Social Security/Medicare and State/Local taxes at 4%. Actual Savings will vary by individual and location.

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General Information

Who are my Eligible Dependents?

To be eligible, your dependents must be a "Qualifying Dependent" based upon a series of tests including relationship, age, support and residence. Generally speaking, domestic partner arrangements do not qualify. For assistance determining if your dependents are considered "Qualifying Dependents", ask your employer for the Dependent Eligibility flier or refer to IRS Publication 501.

Can I change my elections during the year?

The IRS requires that your elections be enforced for the entire plan year unless you have a "Change In Status," such as marriage, divorce, death, employment changes, birth and adoption. The election change must directly relate to the event and you must request the change within 30 days of the Change In Status event.

How do I get reimbursed?

You create a claim form and send it along with your supporting documentation. The documentation can be copies of Explanation of Benefits (EOB) forms from your health plan or detailed bills from your care provider with the name of the provider, the name of the patient, the dates of the service(s), and the amount you actually owe for those services.

Receipts must be imprinted or have the provider's address stamp. "Generic" cash receipts, charge card receipts, check copies, "payments on account", and "prior balance" billing statements are not usually sufficient.

- Expenses must be incurred (services received) during the plan year while you were an active participant.
- An expense is "incurred" when you receive the service, not when you pay the bill.
- Prepayments, including pre-paid Orthodontia, are not eligible until you receive the service(s).
- You can only be reimbursed for expenses you owe and will not be paid by insurance or any other benefit plan.
- We cannot return originals or copies of claims so keep copies of your claims for your personal records.

The Flex Plan Saves You Money

Are there other requirements?

The Flex Plan is not a savings account. Your elections are separate and contributions to a benefit can only be used for that benefit. Your claims must be made timely, within 60* to 90* days after the end of the plan year or your termination date, whichever is earlier. If you do not submit claims or use your benefits to pay for eligible expenses on a timely basis, any remaining balances will be forfeited. You can send claims as often as you'd like but should submit claims at least monthly.

Your plan may have different deadlines and options. If your employer offers the carryover option, you may be able to carryover up to $550 from the Med-FSA benefit to the next plan year. If your employer offers the grace period option, you may have additional time after the end of the year to incur expenses.

For more information about your benefits and account status, please log into your account by going to FlexToday.com. For specific information about the plan including eligibility and claims deadlines, please refer to the Summary Plan Description provided by your employer.

The Flex Plan is a TAX SAVINGS PLAN not a Savings Account

It is important that you submit claims regularly or at least every three months.

Presented by the Contract Administrator of your Benefit Plan:

FLEXTODAY

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