

# Flexible Spending Accounts

*An Informational Booklet for Employees*



**FSA's Just  
Got a Little  
Easier!**

brought to you by:



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**Flexible Spending Accounts (FSAs)** provide you with an important tax advantage that can help you pay health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can actually lower your taxable income.

Essentially, the Internal Revenue Service set up FSAs as a means to provide a tax break to employees and their employers. As an employee, you agree to set aside a portion of your pre-tax salary in an account, and that money is deducted from your paycheck over the course of the year. The amount you contribute to the FSA is not subject to Social Security (FICA), federal, state, or local income taxes - effectively adjusting your annual taxable salary. The taxes you pay each paycheck and collectively each plan year can be reduced significantly, depending on your tax bracket. And, as a result of the personal tax savings you realize, your spendable income will increase. The example to the right illustrates how a flexible spending account can save you money.

	Without FSAs	With FSAs
Gross Income:	\$30,000	\$30,000
FSA Contributions:	\$0	-\$5,300
Gross Income:	\$30,000	\$24,700
Estimated taxes:		
Federal:	-\$2,550*	-\$1,755*
State:	-\$900*	-\$741*
FICA:	-\$2,295	-\$1,890
After-tax earnings:	\$24,255	\$20,314
Eligible out-of-pocket:		
Medical and dependent care expenses:	-5,300	0
Remaining spendable income:	\$18,955	\$20,314
Spendable income increase:		\$1,359

Bob and Jane’s combined gross income is \$30,000. They have two children and file their income taxes jointly. Since Bob and Jane expect to spend \$2,000 in adult orthodontia and \$3,300 for daycare next plan year, they decide to direct a total of \$5,300 into their FSAs.



\*Assumes standard deductions and four exemptions.

### Advantages of having a Flexible Spending Account

- ◆ Money goes into your account tax-free
- ◆ Money comes out of your account tax-free when used for qualified expenses
- ◆ Your full annual election is available to use on the first day of the plan year (medical expenses only).

*A word of caution: funds not used by the end of your plan year are forfeited so be conservative when selecting your election.*

**NOTE: The Patient Protection and Affordable Care Act imposed a new maximum \$2,550 limit on the contribution or election amount for health care flexible spending accounts. The new requirement applies to all FSA plans renewing on or after January 1, 2015. The limit for dependent care FSA will remain at \$5,000. See your plan materials for your actual limit.**

**The Health Care Reimbursement FSA** lets you pay for certain IRS-approved medical care expenses not covered by your insurance plan with pre-tax dollars. For example, cash that you now spend on deductibles, copayments, or other out-of-pocket medical expenses can instead be placed in the Health Care Reimbursement FSA pre-tax, to pay for these expenses.

**Eligible Health Care Expenses** for the Health Care Reimbursement FSA include more than just your deductible and copayments. Generally, any medically necessary health care expense that you can deduct on your tax return is considered an eligible expense. Some examples include:

- ◆ Hearing services, including hearing aids and batteries
- ◆ Vision services, including contact lenses, contact lens solution, eye examinations, and eyeglasses
- ◆ Dental services and orthodontia
- ◆ Chiropractic services
- ◆ Acupuncture
- ◆ Prescription contraceptives

For more information about eligible medical expenses, please refer to the attached list of examples of eligible and ineligible expenses, or refer to *IRS Publication 502, Medical and Dental Expenses* available at <http://www.irs.gov/publications/p502/index.html>.

**The Dependent Care FSA** lets you use pre-tax dollars towards qualified dependent care. The annual maximum amount you may contribute to the Dependent Care FSA is \$5,000 (or \$2,500 if married and filing separately) per calendar year.

If you elect to contribute to the Dependent Care FSA, you may be reimbursed for:

- ◆ The cost of child or adult dependent care
- ◆ The cost for an individual to provide care either in or out of your house
- ◆ Nursery schools and preschools (excluding kindergarten)



## Who is eligible for dependent care services?

In order for dependent care services to be eligible, they must be for the care of a tax dependent child under age 13 who lives with you, or a tax dependent parent, spouse, or child who lives with you and is incapable of caring for himself or herself. The care must be needed so that you and your spouse (if applicable) can go to work. Care must be given during normal working hours - Saturday night babysitting does not qualify - and cannot be provided by another of your dependents.



## Is the FSA program right for me?

Flexible Spending Accounts are beneficial for anyone who has out-of-pocket medical, dental, vision, hearing, or dependent care expenses beyond what his or her insurance plan covers.

It's easy to determine if a FSA will save you money. At enrollment time, you will need to determine your annual election amount. Estimate the expenses that you know will occur during the year. These include out-of-pocket expenses for yourself and anyone claimed as a dependent on your taxes. If you had \$100 or more in recurring or predictable expenses, the accounts can help you stretch your dollars.

## How do the accounts work?

If you decide to enroll in one or both of the accounts, your contributions are taken out of each paycheck - before taxes - in equal installments throughout the plan year. These dollars are then placed into your FSA. When you have an eligible health care or dependent care expense, you must submit a claim form along with an itemized receipt to be reimbursed from your account.

The Health Care Reimbursement FSA will reimburse you for the full amount of your annual election (less any reimbursement already received), at any time during the plan year, **regardless of the amount actually in your account**. The Dependent Care FSA will only reimburse you for the amount that is in your account at the time you make a claim.

## Whose expenses can be reimbursed?

**Health Care FSA** - Money in the FSA can be used to reimburse yourself for medical and dental expenses incurred by you, your spouse or eligible dependents (children (up to age 26), siblings, parents and other dependents as defined in your plan documents).

## Can I change the amount to be deducted at any time?

You must decide during your enrollment period how much money you want to set aside for dependent care assistance on a pre-tax basis. This amount cannot be changed during the plan year unless you have a change on account of and consistent with a change in family status such as:

- ◆ marriage or divorce
- ◆ birth or adoption of child
- ◆ death of spouse or child
- ◆ significant change in your spouse's employment status

## Is there a cost for additional debit cards?

If additional debit cards are requested or replacement cards are needed, there is a \$10 charge. New cards are automatically re-issued every five years.

**Important: Use it or Lose It!** If you decide to contribute to the Health Care Reimbursement FSA or the Dependent Care FSA, you must carefully determine your annual election amount and your spending during the plan year. According to IRS regulations, the money you set aside must be used for expenses incurred during the plan year in which you make the election. Any funds left in the account at the end of the year will be forfeited.

**Important: Debit Cards & OTC Medications:** FSA debit cards used at the point of sale when used to purchase OTC medicines and drugs other than insulin, will require a physician's prescription for the sale to be approved.

## Eligible Expenses

### BABY/CHILD TO AGE 13

- ✦ Lactation Consultant\*
- ✦ Lead-Based Paint Removal
- ✦ Special Formula\*
- ✦ Tuition: Special School/Teacher for Disability or Learning Disability\*
- ✦ Well Baby/Well Child Care

### DENTAL

- ✦ Dental X-Rays
- ✦ Dentures and Bridges
- ✦ Exams and Teeth Cleaning
- ✦ Extractions and Fillings
- ✦ Oral Surgery
- ✦ Orthodontia
- ✦ Periodontal Services

### EYES

- ✦ Eye Exams
- ✦ Eyeglasses
- ✦ Laser Eye Surgeries
- ✦ Prescription Sunglasses
- ✦ Radial Keratotomy

### HEARING

- ✦ Blood Tests and Metabolism Tests
- ✦ Body Scans
- ✦ Cardiograms
- ✦ Laboratory Fees
- ✦ X-Rays

### MEDICAL EQUIPMENT/SUPPLIES

- ✦ Air Purification Equipment\*
- ✦ Arches and Orthotic Inserts
- ✦ Contraceptive Devices
- ✦ Crutches, Walkers, Wheel Chairs
- ✦ Exercise Equipment\*
- ✦ Hospital Beds\*
- ✦ Mattresses\*
- ✦ Medic Alert Bracelet or Necklace
- ✦ Nebulizers
- ✦ Orthopedic Shoes\*
- ✦ Oxygen\*
- ✦ Post-Mastectomy Clothing
- ✦ Prosthetics
- ✦ Syringes
- ✦ Wigs\*

### MEDICAL PROCEDURES/SERVICES

- ✦ Acupuncture
- ✦ Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- ✦ Ambulance
- ✦ Fertility Enhancement and Treatment
- ✦ Hair Loss Treatment\*
- ✦ Hospital Services
- ✦ Immunization
- ✦ In Vitro Fertilization
- ✦ Physical Examination (not employment related)
- ✦ Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- ✦ Service Animals
- ✦ Sterilization/Sterilization Reversal
- ✦ Transplants (including organ donor)
- ✦ Transportation\*

### MEDICATIONS

- ✦ Insulin
- ✦ Prescription Drugs

### OBSTETRICS

- ✦ Breast Pumps and Lactation Supplies
- ✦ Doulas\*
- ✦ Lamaze Class
- ✦ OB/GYN Exams
- ✦ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- ✦ Pre and Postnatal Treatments

### PRACTITIONERS

- ✦ Allergist
- ✦ Chiropractor
- ✦ Christian Science Practitioner
- ✦ Dermatologist
- ✦ Homeopath
- ✦ Naturopath\*
- ✦ Optometrist
- ✦ Osteopath
- ✦ Physician
- ✦ Psychiatrist or Psychologist

### THERAPY

- ✦ Alcohol and Drug Addiction
- ✦ Counseling (not marital or career)
- ✦ Hypnosis
- ✦ Massage\*
- ✦ Occupational
- ✦ Physical
- ✦ Smoking Cessation Programs\*
- ✦ Speech
- ✦ Weight Loss Programs\*

**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact Kapnick Insurance Group.

## Ineligible Expenses

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>✦ Contact Lens or Eyeglass Insurance</li> <li>✦ Cosmetic Surgery/Procedures</li> <li>✦ Electrolysis</li> </ul> | <ul style="list-style-type: none"> <li>✦ Insurance Premiums and Interest (FSA Ineligible Only)</li> <li>✦ LTD Premiums (FSA Ineligible Only)</li> <li>✦ Marriage or Career Counseling</li> </ul> | <ul style="list-style-type: none"> <li>✦ Personal Trainers</li> <li>✦ Sunscreen (spf less than 30)</li> <li>✦ Swimming Lessons</li> </ul> |
|---|--|---|

**Please Note:** The IRS does not allow Over-the-Counter (OTC) medications or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

## Ineligible Over-the-Counter Medications and Drugs (unless prescribed in accordance with state laws)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>✦ Acid controllers</li> <li>✦ Acne medications</li> <li>✦ Allergy &amp; sinus</li> <li>✦ Antibiotic products</li> <li>✦ Antifungal (foot)</li> <li>✦ Antiparasitic treatments</li> <li>✦ Antiseptic &amp; wound cleaners</li> <li>✦ Anti-diarrheals</li> <li>✦ Anti-gas</li> <li>✦ Anti-itch &amp; insect bites</li> <li>✦ Baby rash ointments &amp; creams</li> <li>✦ Baby teething pain</li> <li>✦ Cold sore remedies</li> <li>✦ Contraceptives</li> </ul> | <ul style="list-style-type: none"> <li>✦ Cough, cold &amp; flu</li> <li>✦ Denture pain relief</li> <li>✦ Digestive aids</li> <li>✦ Ear care</li> <li>✦ Eye care</li> <li>✦ Feminine antifungal &amp; anti-itch</li> <li>✦ Fiber laxatives (bulk forming)</li> <li>✦ First aid burn remedies</li> <li>✦ Foot care treatment</li> <li>✦ Hemorrhoidal preps</li> <li>✦ Homeopathic remedies</li> <li>✦ Incontinence protection &amp; treatment products</li> <li>✦ Laxatives (non-fiber)</li> </ul> | <ul style="list-style-type: none"> <li>✦ Medicated nasal spray, drops &amp; inhalers</li> <li>✦ Medicated respiratory treatments &amp; vapor products</li> <li>✦ Motion sickness</li> <li>✦ Oral remedies or treatments</li> <li>✦ Pain relief (includes aspirin)</li> <li>✦ Skin treatments</li> <li>✦ Sleep aids &amp; sedatives</li> <li>✦ Smoking deterrents</li> <li>✦ Stomach remedies</li> <li>✦ Unmedicated nasal sprays, drops &amp; inhalers</li> <li>✦ Unmedicated vapor products</li> </ul> |
|---|--|---|

**Please Note:** OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefit card for these items:

## Eligible Over-the-Counter Items (product categories are listed in bold face; common examples are listed in regular face)

- |   |  |   |
|---|--|---|
| <ul style="list-style-type: none"> <li>✦ <b>Baby Electrolytes and Dehydration</b><br/>Pedialyte, Enfalyte</li> <li>✦ <b>Contraceptives</b><br/>Unmedicated condoms</li> <li>✦ <b>Denture Adhesives, Repair and Cleaners</b><br/>PoliGrip, Benzodent, Plate Weld, Efferdent</li> <li>✦ <b>Diabetes Testing and Aids</b><br/>Ascecia, One Touch, Diabetic Tussin insulin syringes; glucose products</li> <li>✦ <b>Diagnostic Products</b><br/>Thermometers, blood pressure monitors, cholesterol testing</li> <li>✦ <b>Ear Care</b><br/>Unmedicated ear drops, syringes, ear wax removal</li> </ul> | <ul style="list-style-type: none"> <li>✦ <b>Elastic/Athletic Treatments</b><br/>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</li> <li>✦ <b>Eye Care</b><br/>Contact lens care</li> <li>✦ <b>Family Planning</b><br/>Pregnancy and ovulation kits</li> <li>✦ <b>First Aid Dressing and Supplies</b><br/>Band Aid, 3M Nexcare, non-sport tapes</li> <li>✦ <b>Foot Care Treatment</b><br/>Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles</li> <li>✦ <b>Glucosamine and/or Chondroitin</b><br/>Osto-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</li> </ul> | <ul style="list-style-type: none"> <li>✦ <b>Hearing Aid/Medical Batteries</b></li> <li>✦ <b>Home Health Care</b> (limited segments)<br/>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints &amp; casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs</li> <li>✦ <b>Incontinence Products</b><br/>Attends, Depend, GoodNites for Juvenile incontinence, Prevail</li> <li>✦ <b>Prenatal Vitamins</b><br/>Stuart Prenatal, Nature's Bounty Prenatal Vitamins</li> <li>✦ <b>Reading Glasses and Maintenance Accessories</b></li> </ul> |
|---|--|---|

**For additional information, please contact your Plan Administrator.**

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The Dependent Care Reimbursement Account has been made available to you by your employer through Sections 125 and 129 of the Internal Revenue Code.

Dependent Care Reimbursement permits you to be reimbursed, on a pre-tax basis, for the cost of child care expenses (the child must be under 13 years of age), or for the care of an incapacitated spouse or dependent when those services make it possible for you (and your spouse) to work. To be eligible to use this account, you must be at work during the time your eligible dependents are receiving the care.

You qualify to use this account if:

- ✦ you are a single parent; or
- ✦ you have a working spouse; or
- ✦ your spouse is a full-time student for at least five months during the year while you are working; or
- ✦ your spouse is disabled and unable to provide for his or her own care.

The Dependent Care Reimbursement Account has been designed to meet IRS guidelines. Your expenses will be eligible for reimbursement if the services would be considered an eligible credit under the Internal Revenue Code.

Expenses may be reimbursed for services provided:

- ✦ Inside or outside your home by anyone *other than*
  1. your spouse,
  2. someone who is your dependent for income tax purposes,
  3. one of your children under the age 19; or
- ✦ in a dependent care center or a child care center (if the center cares for more than six children, it must comply with all applicable state and local regulations); or
- ✦ by a housekeeper whose services include, in part, providing care for an eligible dependent; or
- ✦ Day camp expenses (overnight camp is **not** eligible)

A taxpayer must provide the name, address and taxpayer identification number of the dependent care provider. If the provider is exempt from federal income taxation under Code Section 501 (c)3, the taxpayer is not required to report this number.



To make sure your situation and the type of care being provided meet IRS requirements, refer to IRS Publication 503 and Form 2441 which is available at your local post office, public library, or IRS office. They are also located on the web at [www.irs.gov](http://www.irs.gov).

The maximum amount you may contribute from your salary to the Dependent Care Reimbursement Account is the lesser of:

- ✦ one-half of your taxable income, or
- ✦ if you're married, your spouse's taxable income, or
- ✦ the maximum amount shown on your election form (if applicable)

Section 125 states that any money you have not used for reimbursement by the end of the plan year must be forfeited. So be sure to plan carefully. Budget only for those expenses you know will be incurred.

It may not always be to your best advantage to make use of your Reimbursement Account. For some people, the Federal Child Tax Credit may be a better option. For others, the Reimbursement Account is preferable. With whatever approach taken, you cannot use the same expenses for both the tax credit and Reimbursement Account. Further, the amount which taxpayer may take into account in calculating the Federal Child Tax Credit under Code Section 21 will be reduced, dollar-for-dollar, by any amounts excluded from income through the Reimbursement Account.

# Dependent Care Credit vs. Dependent Care FSA

Adjusted Gross Income		2013 Tax Rates Single, Head of Household					
		1 Eligible Dependent \$3,000 Day Care Expenses		1 Eligible Dependent \$5,000 Day Care Expenses		1 Eligible Dependent \$6,000 Day Care Expenses*	
Over	But Not Over	Difference	Best Option	Difference	Best Option	Difference	Best Option
\$0	\$12,400	(\$521)	Credit	(\$168)	FSA	(\$868)	Credit
\$12,400	\$15,000	(\$371)	Credit	\$83	FSA	(\$618)	Credit
\$15,000	\$17,000	(\$341)	Credit	\$113	FSA	(\$568)	Credit
\$17,000	\$19,000	(\$311)	Credit	\$143	FSA	(\$518)	Credit
\$19,000	\$21,000	(\$281)	Credit	\$173	FSA	(\$468)	Credit
\$21,000	\$23,000	(\$251)	Credit	\$203	FSA	(\$418)	Credit
\$23,000	\$25,000	(\$221)	Credit	\$233	FSA	(\$368)	Credit
\$25,000	\$27,000	(\$191)	Credit	\$263	FSA	(\$318)	Credit
\$27,000	\$29,000	(\$161)	Credit	\$293	FSA	(\$268)	Credit
\$29,000	\$31,000	(\$131)	Credit	\$323	FSA	(\$218)	Credit
\$31,000	\$33,000	(\$101)	Credit	\$353	FSA	(\$168)	Credit
\$33,000	\$35,000	(\$71)	Credit	\$383	FSA	(\$118)	Credit
\$35,000	\$37,000	(\$41)	Credit	\$413	FSA	(\$68)	Credit
\$37,000	\$39,000	(\$11)	Credit	\$443	FSA	(\$18)	Credit
\$39,000	\$41,000	\$20	FSA	\$473	FSA	\$33	FSA
\$41,000	\$43,000	\$50	FSA	\$503	FSA	\$83	FSA
\$43,000	\$47,350	\$80	FSA	\$533	FSA	\$133	FSA
\$47,350	\$110,100	\$380	FSA	\$1,033	FSA	\$633	FSA
\$110,100	\$122,300	\$194	FSA	\$723	FSA	\$323	FSA
\$122,300	\$198,050	\$284	FSA	\$873	FSA	\$473	FSA

\*FSA tax savings percentage applied to \$5,000

Adjusted Gross Income		2013 Tax Rates Married, Filing Jointly					
		1 Eligible Dependent \$3,000 Day Care Expenses		1 Eligible Dependent \$5,000 Day Care Expenses		1 Eligible Dependent \$6,000 Day Care Expenses*	
Over	But Not Over	Difference	Best Option	Difference	Best Option	Difference	Best Option
\$0	\$15,000	(\$521)	Credit	(\$168)	Credit	(\$868)	Credit
\$15,000	\$17,000	(\$491)	Credit	(\$138)	Credit	(\$818)	Credit
\$17,000	\$17,400	(\$461)	Credit	(\$108)	Credit	(\$768)	Credit
\$17,400	\$19,000	(\$311)	Credit	\$143	FSA	(\$518)	Credit
\$19,000	\$21,000	(\$281)	Credit	\$173	FSA	(\$468)	Credit
\$21,000	\$23,000	(\$251)	Credit	\$203	FSA	(\$418)	Credit
\$23,000	\$25,000	(\$221)	Credit	\$233	FSA	(\$368)	Credit
\$25,000	\$27,000	(\$191)	Credit	\$263	FSA	(\$318)	Credit
\$27,000	\$29,000	(\$161)	Credit	\$293	FSA	(\$268)	Credit
\$29,000	\$31,000	(\$131)	Credit	\$323	FSA	(\$218)	Credit
\$31,000	\$33,000	(\$101)	Credit	\$353	FSA	(\$168)	Credit
\$33,000	\$35,000	(\$71)	Credit	\$383	FSA	(\$118)	Credit
\$35,000	\$37,000	(\$41)	Credit	\$413	FSA	(\$68)	Credit
\$37,000	\$39,000	(\$11)	Credit	\$443	FSA	(\$18)	Credit
\$39,000	\$41,000	\$20	FSA	\$473	FSA	\$33	FSA
\$41,000	\$43,000	\$50	FSA	\$503	FSA	\$83	FSA
\$43,000	\$70,700	\$80	FSA	\$533	FSA	\$133	FSA
\$70,700	\$110,100	\$380	FSA	\$1,033	FSA	\$633	FSA
\$110,100	\$142,700	\$194	FSA	\$723	FSA	\$323	FSA
\$142,700	\$217,450	\$284	FSA	\$873	FSA	\$473	FSA

\*125 tax savings percentage applied to \$5,000.

NOTE: State and local tax savings were not taken into consideration. State and local taxes vary in percentages and dependent care credit availability.

These charts, although believed to be accurate, is intended for illustrative purposes only and is not intended to constitute legal or accounting advice. These charts do not substitute for personalized professional tax advice. Each person's tax situation and status is unique. Prior to enrolling in the Dependent Care FSA, each person is urged to obtain personalized professional tax assistance and advice concerning their individual filing status and potential tax liabilities.

## Child Care Expenses

### **Allowable expenses:**

- After school programs
- Babysitting (someone else's home) (licensed provider with Tax ID)
- Babysitting (in your home) (licensed provider with Tax ID)
- Before school programs
- Child care
- Nursery school
- Pre-school
- Sick child care
- Summer day camp

### **Expenses specifically disallowed by the IRS or courts:**

- Dance lessons
- Educational services (other than pre-school)
- Kindergarten
- Language classes
- Piano lessons
- Private school tuition (for kindergarten and up)
- Sleep-away camp
- Transportation to and from eligible care
- Tutoring



## Adult Care Expenses

### **Allowable expenses:**

- Adult day care
- Elder care (in your home) (licensed provider with Tax ID)
- Elder care (outside your home) (licensed provider with Tax ID)
- Senior day care

### **Expenses specifically disallowed by the IRS or courts:**

- Day nursing care\*
- Medical care\*
- Nursing home care\*
- Transportation to and from eligible care

\*May be eligible for reimbursement under the Medical Spending Account.



## Healthcare Expenses

for expenses not covered by insurance

- Copays to doctor \$ \_\_\_\_\_
- Eligible over-the-counter items \$ \_\_\_\_\_
- Prescription drugs \$ \_\_\_\_\_
- Office visits & checkups \$ \_\_\_\_\_
- Prescribed eyeglasses \$ \_\_\_\_\_
- Contact lenses & supplies \$ \_\_\_\_\_
- Eye exams, surgery & LASIK \$ \_\_\_\_\_
- Dental cleanings, fillings & x-rays \$ \_\_\_\_\_
- Sealants, crowns, bridges & dentures \$ \_\_\_\_\_
- Braces, spacers & retainers \$ \_\_\_\_\_
- Wisdom teeth, implants & Oral Surgery \$ \_\_\_\_\_
- Psychologist & psychiatrist fees \$ \_\_\_\_\_
- Obstetrics & fertility \$ \_\_\_\_\_
- Lab tests & body scans \$ \_\_\_\_\_
- Chiropractic & podiatrist fees \$ \_\_\_\_\_
- Oxygen, insulin, syringes & supplies \$ \_\_\_\_\_
- Hearing aids, batteries & exams \$ \_\_\_\_\_
- Artificial limbs & braces \$ \_\_\_\_\_
- Arches & orthopedic shoes \$ \_\_\_\_\_
- Walkers, canes & wheelchairs \$ \_\_\_\_\_
- Physical & speech therapy \$ \_\_\_\_\_
- Weight-loss program (prescribed by doctor) \$ \_\_\_\_\_
- Quit-smoking program & medications \$ \_\_\_\_\_
- Alcoholism & drug treatment \$ \_\_\_\_\_
- Medical alert bracelet & fees \$ \_\_\_\_\_
- Reconstructive surgery (birth defect, disease) \$ \_\_\_\_\_
- Wigs for hair loss caused by disease \$ \_\_\_\_\_
- Special school for disabled child \$ \_\_\_\_\_
- Travel & mileage to doctor or hospital \$ \_\_\_\_\_

**TOTAL #1 \$ \_\_\_\_\_**

### Federal Limits

**Dependent Care:** Married Filing Jointly or Single: \$5,000 maximum allowable per year.  
Married Filing Separately: \$2,500 per person maximum allowable per year.

**Medical Care:** \$2,550 limit on the contribution or election amount for health care flexible spending accounts.



## Dependent Care Expenses

Necessary expenses that allow you to work. (Must be through a "licensed" daycare provider and tax I.D. number must be provided)

- Nanny & babysitter through age 12 \$ \_\_\_\_\_
- Pre-K or nursery school \$ \_\_\_\_\_
- Before & after school care through age 12 \$ \_\_\_\_\_
- Day camp through age 12 \$ \_\_\_\_\_
- Daycare for a disabled adult or child \$ \_\_\_\_\_
- Elder daycare for parent or dependent \$ \_\_\_\_\_

**TOTAL #2 \$ \_\_\_\_\_**

## Estimated Annual Expenses & Tax Savings

#1 \$ \_\_\_\_\_

+ #2 \$ \_\_\_\_\_

= \$ \_\_\_\_\_

Enter your tax: x \_\_\_\_\_ %

**YOU SAVE: \$ \_\_\_\_\_**

Based on national averages, you'll save 25% if your annual household earnings are less than \$30,000, 36% if you earn \$30,000 to \$60,000 or 40% if you earn more than \$60,000. Federal and/or plan limits apply to all options. See your summary plan description for plan limits.

Below are three examples of how the Flexible Spending Account (FSA) can give you tax savings throughout the year.

### EXAMPLE #1: Single parent + one child

<input type="checkbox"/> Copay to doctors & pharmacies	\$135
<input type="checkbox"/> Prescription drugs	\$480
<input type="checkbox"/> Qualified over-the-counter items	\$60
<input type="checkbox"/> Eye exam & LASIK	\$80
<input type="checkbox"/> Prescribed eyeglasses	\$200
<input type="checkbox"/> Dental services	\$160
<input type="checkbox"/> Quit smoking program	\$125
<input type="checkbox"/> Before and after school care & daycamp	\$5,000
<b>(SAVES \$1,560 to \$2,496) Total Budgeting Expenses:</b>	<b>\$6,240</b>

### EXAMPLE #2: Young couple + two children

<input type="checkbox"/> Copay to doctors & pharmacies	\$210
<input type="checkbox"/> Prescription drugs	\$520
<input type="checkbox"/> Qualified over-the-counter items	\$200
<input type="checkbox"/> Eye exam & LASIK	\$160
<input type="checkbox"/> Prescribed eyeglasses	\$400
<input type="checkbox"/> Dental services	\$320
<input type="checkbox"/> Sealants, crowns & bridges	\$200
<input type="checkbox"/> Braces, spacers & retainers	\$1,500
<input type="checkbox"/> Chiropractic & podiatrist fees	\$910
<input type="checkbox"/> After school care, daycamp & pre-K	\$4,080
<b>(SAVES \$2,125 to \$3,400) Total Budgeting Expenses:</b>	<b>\$8,500</b>

### EXAMPLE #3: Mature couple + dependent elder

<input type="checkbox"/> Copay to doctors & pharmacies	\$360.00
<input type="checkbox"/> Prescription drugs	\$960.00
<input type="checkbox"/> Qualified over-the-counter items	\$300.00
<input type="checkbox"/> Eye exam & LASIK	\$800.00
<input type="checkbox"/> Prescribed eyeglasses	\$2,120.00
<input type="checkbox"/> Dental services	\$340.00
<input type="checkbox"/> Dentures, sealants, crowns & bridges	\$1,200.00
<input type="checkbox"/> Chiropractic & podiatrist fees	\$910.00
<input type="checkbox"/> Physical therapy	\$1,560.00
<input type="checkbox"/> Quit smoking program	\$569.00
<input type="checkbox"/> Weight loss program (for specific disease)	\$520.00
<input type="checkbox"/> Elder daycare for dependent adult	\$5,000
<b>(SAVES \$3,635 to \$5,816) Total Budgeting Expenses:</b>	<b>\$14,539.00</b>



Below is an example of how a typical employee's take home pay will increase as a result of participating in the FSA plan. She pays her insurance premiums, health and daycare expenses through the plan with tax-free dollars and she actually saves \$110 each month!



Her paycheck without the plan		Her paycheck with the plan	
Salary	\$2,000	Salary	\$2,000
Insurance Premium	-\$100	Insurance Premium*	-\$100
Health & daycare expenses	-\$300	Health & daycare expenses	-\$300
FICA, federal & state taxes	-\$500	Adjusted earnings	\$1,600
		FICA, federal & state taxes	-\$390
<b>Net pay without the plan</b>	<b>\$1,100</b>	<b>Net pay with the plan</b>	<b>\$1,210</b>
		<b>*SAVED \$110!</b>	

# How Your Prepaid Benny Card Works



We are excited to offer the Benny™ Prepaid Benefits Card for use with our Flexible Spending Account Program.

Your Flexible Spending Account will be directly debited for eligible expenses, eliminating “out-of-pocket” cash payments and then waiting for reimbursement. It’s convenient and easy to use eliminating the need to fill out claim forms.

Over 85% of health care FSA expenses are automatically approved when the card is swiped at participating merchants. In most cases, you won’t need to submit receipts or documentation for Benny card use. However, if you should need to submit receipts you will receive a substantiation request via standard mail. Always keep copies of receipts and other supporting documentation.

Benny™ Card Action	Type of Vendor or Type of Service	Helpful Hints
<p><b>No substantiation required.</b></p> <p>The Benny™ card will work without anything further from you. Please keep a copy of documentation just in case.</p>	<p><b>Health care providers with copays:</b></p> <p>Inpatient hospital copay Pharmacy Physician’s office Emergency Room Urgent care Recurring expenses Prescriptions &amp; other qualified over-the-counter items can be purchased.</p>	<p>Indicate expenses are recurring in exact equal amounts for the exact same provider.</p> <p>Examples include Dependent Care and monthly visits to certain types of health care providers.</p>
<p><b>May require supporting documentation</b></p>	<p><b>The Benny™ card can only be used at health care providers like dentists, doctors or vision care providers.</b></p> <p>If you use the Benny™ card, you will be notified if documentation is required for these common expenses:</p> <ul style="list-style-type: none"> <li>▪ Deductibles or coinsurance.</li> <li>▪ Spouse’s insurance out-of-pocket expenses.</li> <li>▪ Caregivers (dependent care).</li> </ul>	<p><b>You will be notified if more information is required.</b></p> <p>Deductible is the employee’s initial out-of-pocket expense. Coinsurance is where the employee pays a percentage versus a flat copay. These may require you to submit supporting documentation. It’s important that you keep all of your supporting documentation.</p> <p>You will be notified if supporting documentation is required.</p> <p>To avoid having your card suspended, please submit requested documentation no later than 30 days after you have been notified.</p>
<p><b>Cannot use the Benny™ card</b></p>	<ul style="list-style-type: none"> <li>▪ Any non-qualified expense.</li> <li>▪ Any non-participating provider, merchant or retailer not mentioned above.</li> </ul>	<p>If an item is a qualified expense for this plan year, you can use another form of payment and submit your claim with supporting documentation.</p> <p>Over-the-counter medications must have a doctor’s prescription submitted with the claim for reimbursement.</p>

**Accessing your Flex Account via the Kapnick website just became easier.**  
Online access is available anytime 24 hours a day, 7 days a week with just 3 easy steps!

## Step 1

Go to <http://KIGFlex.lh1ondemand.com> to get started

## Step 2

Set up your login ID and password

## Step 3

Click login

Your initial login ID and password will be auto generated and will consist of the following **participant information**:

Your **Login ID** will be your first name, initial, last name (lower-case) and the last four digits of your Social Security Number.

Your **password** will be your first name (lower-case) and the last five digits of your Social Security Number.

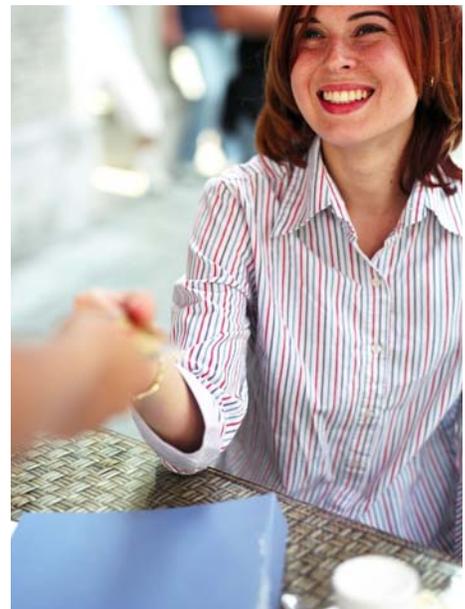
Example: Jane Doe (Social Security Number is 123-45-6789).

**Login ID: jdoe6789**

**Password: jane56789**

For a new account, the first time you log in, you will be prompted to change the password that was assigned by your plan administrator. Usernames cannot be changed.

Login to access your Flexible Spending Account information, activate your card, view your card balance or email a Kapnick representative with claim questions. You can also contact our Customer Service Department at [flex@kapnick.com](mailto:flex@kapnick.com) or 800-550-3539 for additional assistance.



**888.263.4656**  
**[www.kapnick.com](http://www.kapnick.com)**