



## Flexible Spending Account (FSA) Enrollment Kit

- Significant savings
- 24/7 web access
- Fast, efficient, convenient
- The benefit that benefits everyone



# The FSA Plan

## A Flexible Spending Account (FSA)

is an employee benefit plan established under IRC Section 125 that allows you to pay for everyday health care, dependent care expenses and certain individual premium expenses with pre-tax dollars.

An FSA saves you money by reducing your taxable income. The FSA amount you elect will be subtracted from your gross income. Federal, state and FICA taxes are then calculated on the lower amount. When you (or your spouse or dependents) incur an eligible expense, you'll receive reimbursement from the funds you've set aside from your paycheck.

### Health Care Component:

This account helps you save money on everyday out-of-pocket medical expenses such as medical copays, coinsurance, prescription drugs, orthodontics, vision expenses, hearing aids, dental services, eligible over-the-counter (OTC) items and more. Qualifying dependents for FSA purposes include children through the end of the year in which they turn 26.

### Limited Purpose FSA:

A limited-purpose FSA is much like a general-purpose health FSA. The main difference is that the limited-purpose account is set up to reimburse only eligible FSA dental and vision expenses. These plans allow you to contribute to an HSA as well.

### Dependent Care Component (\$5000 maximum):

This account helps you save money on daycare expenses for dependent children and adults so you can work. Qualifying dependents include children under age 13, whom you claim as a dependent on your federal income tax return (special rules apply for divorced parents), a disabled spouse and any other dependent on your tax return who resides with you and is physically or mentally disabled.

## Plan Ahead for your FSA!

Planning ahead is important when signing up for your company's FSA Plan and understanding the benefits offered is critical.

### Estimate Your Expenses:

You can maximize your FSA account by planning ahead carefully and using this helpful tool. You may also use the FSA calculator on our website, [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com). Some common items to consider are also listed in the chart:

Health Care Account	Annual Expense
Deductibles	\$
Co-pays	\$
Dental Expenses not covered by insurance	\$
Orthodontia	\$
Vision Expenses (Exams, Glasses, Lenses)	\$
Hearing Expenses (Exams, Hearing Aids)	\$
Prescription Drugs	\$
Eligible Over-the-Counter Items	\$
Diabetic Supplies	\$
Therapy (Physical Therapy, Speech, Chiro)	\$
Medical Mileage	\$
Other	\$
Total Estimated Health Care Expenses	\$
Dependent Care Account	Annual Expense
Payment to Dependent Care Facility	\$
Payment to Dependent Care Individual	\$
Payment to Adult Care Provider	\$
Total Estimated Dependent Care Expenses	\$
Total Health Care PLUS Dependent Care	\$

### Know the Details:

Be sure to budget for each account expense separately. Elections to and reimbursements from these accounts cannot be blended. Also, a use-it-or-lose-it provision may apply, so plan ahead carefully.

You must re-enroll in this Plan each year. You cannot change your election during a Plan year unless you incur a qualifying life event, such as marriage/divorce, birth/adoption.

Read your Summary Plan Description (SPD) carefully to understand the specific terms of your Plan. The Plan Document governs your rights and benefits under each Plan and is available through your employer.



## Claims Processing and Customer Service

### Filing a Claim:

Submit your claims online to receive the fastest reimbursement for an eligible out-of-pocket expense. Supporting receipts and documentation can be scanned and attached to your online claim, or you can email, fax or mail the required paperwork. Another option is to download a paper Reimbursement Request form. Complete the form by itemizing your expenses and following the instructions found directly on the form. Reimbursement Request forms and required documentation can either be mailed or faxed for processing.

Claims deadlines apply. Be sure to carefully read your Summary Plan Description (SPD) to understand the terms and deadlines associated with your Plan.

### Customer Service:

Most of your questions can be answered by visiting the website. You can also call 800-327-7130 and utilize our automated interactive voice response system to check your balance, the status of a claim, or contributions when it's most convenient for you. Or, if you prefer to

Speak with a customer service representative, you can call that same number Monday-Thursday from 8am EST to 5pm EST and Friday from 9am EST to 5pm EST. You can also email our Customer Service department at [lbs.customerservice@lifetimebenefitsolutions.com](mailto:lbs.customerservice@lifetimebenefitsolutions.com).

## Go Direct or Go Green

Receive your reimbursement quicker, and avoid the \$30 check minimum and a trip to the bank by completing a Direct Deposit form online.

Provide or update your email address online and help us go green. You'll receive only plan related information such as account statements, claim related information and Request for Information (RFI) letters (for Card participants).

## Mobile App

Our mobile app enables you to easily and securely access your health care spending accounts. You can view account balances and detail, submit claims, and capture and upload pictures of your receipts anytime, anywhere on iPhone, Android or tablet devices.

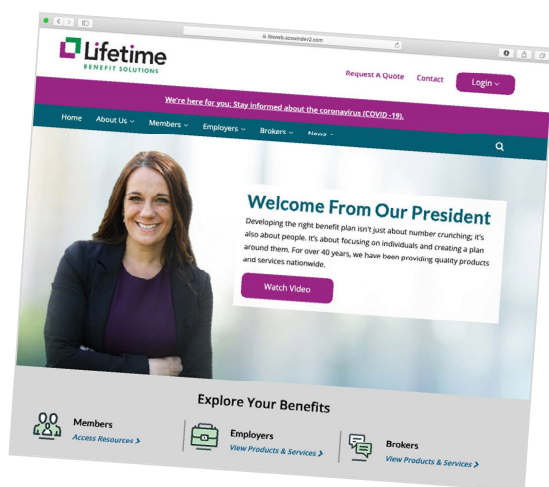
## Web Access

View your account online 24/7 via [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com).

### While online, you can:

- Submit claims for reimbursement
- View claims history
- Sign up for Direct Deposit
- Check your available balance
- Access forms such as Direct Deposit, Certification of Medical Necessity, Release of Information and various Reimbursement Request forms
- Enter your email address to receive important Plan related materials
- Use our online services, such as our online calculator to estimate your out-of-pocket expenses and our online eligible expense listing

To access your account online, visit [LifetimeBenefitSolutions.com](http://LifetimeBenefitSolutions.com) and click on the Login button in the upper right hand corner of your screen, and select Members. From there, you can choose the Spending Accounts Login, which will bring you to the correct portal. Your initial username will be the first letter of your first name, your last name, followed by the last four digits of your Social Security Number. Your password will be the first letter of your first name (lower case) followed by your five digit zip code.





## The Health Spending Card

The Health Spending Card is a convenient payment method...you simply swipe the card without incurring an out-of-pocket expense! Behind the scenes, the provider is paid and the amount is deducted from your account balance. You don't have to file a claim form for reimbursement—the payment function is fully automated.

### Cashless but Not Paperless:

Each time you use your Health Spending Card, you must be able to prove you used it to pay for a Plan eligible item or service. Fortunately, technology behind the Health Spending Card automatically substantiates the vast majority of your transactions. You will receive a letter asking you to send in copies of your receipt and necessary documentation for those transactions that can't be automatically substantiated with supporting technology.

### Paying for Services with the Card:

Paying a doctor's office copay is an example of paying for services with the card. However, in some cases, services provided at a medical, dental or vision office cannot be auto-substantiated. In these cases, you will receive an RFI letter asking for copies of your receipt and necessary documentation.

### Important Health Spending Card Tips:

- Keep all receipts associated with your Health Spending Card in a central location, and promptly reply when asked for a copy.
- The IRS states that services are eligible for reimbursement after the services have been rendered. Prepaying for services such as weight loss or fitness memberships is not allowed.
- The Health Spending Card will be mailed directly to your home address. Read all information enclosed with the card and sign the card to agree to the terms.
- If a merchant will not accept the card, just pay out of pocket and submit for reimbursement.

Remember—the Health Spending Card is cashless, but not always paperless!  
Be prepared to submit copies of your receipts and other documentation when requested.



*All information about purchases may apply depending on what the Plan allows on the card.*

## Qualifying Health Care Expenses

Acupuncture	Drug overdose, treatment of	Occlusal guards to prevent teeth grinding	Surgery
Alcoholism treatment	Eye examinations, eye glasses, equipment and materials	Operations	Taxes on medical services and products
Ambulance	Fluoridation services	Optometrist	Telephone for hearing impaired persons
Artificial limbs	Guide dog; other service animal	Organ donors	Television for hearing impaired persons
Artificial teeth	Hospital services	Orthodontia	Therapy
Asthma treatments	Immunizations	Osteopath fees	Transplants
Body scans	Laboratory fees	Oxygen Physical exams	Transportation expenses for person to receive medical care
Braille books and magazines	Laser eye surgery; Lasik	Preventive care screenings	Tuition evidencing separate breakdown for medical expenses
Breast reconstruction surgery following mastectomy	Lodging at a hospital or similar institution	Prosthesis	Vaccines
Chelation therapy	Mastectomy-related special bras	Psychiatric care	Vision correction procedures
Chiropractors	Medical alert bracelet or necklace	Radial keratotomy	Wheelchair
Co-insurance amounts	Medical information plan charges	Screening tests	X-ray fees
Co-payments	Medical records charges	Seeing eye dog	
Deductibles	Obstetrical expenses	Sleep deprivation treatment	
Dental sealants		Smoking cessation programs	
Dental treatment		Speech therapy	
Diagnostic items/services		Stop smoking program	
Drug addiction treatment		Supplies to treat medical condition	

## Potentially Qualifying Health Care Expenses

A Certification of Medical Necessity Form must be completed by your physician.

AA meetings, transportation to	Dyslexia treatment	Hypnosis	Nutritionist's expenses
Alternative healers	Fitness programs	Lactation consultant	Occupational therapy
Automobile modifications	Gambling problem, treatment	Lamaze classes	Personal trainer fees
Birthing classes	Health club fees	Language training	Psychoanalysis
Blood storage	Home improvements (such as exit ramps, widening doorways, elevator, etc.)	Lead-based paint removal	Psychologist
Books, health related	Hormone replacement therapy	Lodging of a companion	Ultrasound, prenatal
Car modifications		Long-term care services	Varicose veins, treatment of
Childbirth classes		Massage therapy	Veterinary fees (service animals)
Counseling		Mineral supplements	Weight loss programs
		Nursing services	

## Ineligible Health Care Expenses

Appearance improvements	Electrolysis or hair removal	Late fees (e.g., for late payment of bills for medical services)	Recliner chairs
Car seats	Funeral expenses	Maternity clothes	Tanning salons and equipment
Controlled substances in violation of federal law	Hair removal and transplants	Mattresses	Teeth whitening
Cosmetic procedures	Household help	Missed appointment fees	Veneers
Ear piercing	Illegal operations and treatments		

## Qualifying Over-The-Counter (OTC) Items

Acne treatment	Bactine	Cold medicine (Examples: Comtrex, Sudafed)	Diabetic supplies (including Insulin)
Allergy medicine	Bandages (Examples: Band-Aid, Curad, Ace)	Contact lenses, materials and equipment	Diaper rash ointments and creams (Example: Desitin)
Antacids (Examples: Maalox, Prilosec OTC, Zantac)	Blood pressure monitoring devices	Cough suppressants (Examples: Pediacare, Robitussin, cough drops)	Diarrhea medicine (Examples: Imodium, Kaopectate)
Antibiotic ointments (Examples: Bacitracin, Neosporin)	Blood sugar test kits and test strips	Crutches	Eczema treatments
Antihistamines (Examples: Benadryl, Claritin)	Calamine lotion	Decongestants (Examples: Dimetapp, Sudafed)	Expectorants (Examples: Comtrex, Robitussin)
Anti-itch creams (Examples: Benadryl, Cortaid, Ivarest)	Carpal tunnel wrist supports	Dentures, denture adhesives	First aid cream
Arthritis gloves	Claritin, an allergy drug		First aid kits
Aspirin	Cold/hot packs		

Continued

## Qualifying Over-The-Counter (OTC) Items

Gauze pads	Laxatives (Example: Ex-Lax)	Pain relievers (Examples: Advil, Aspirin, Tylenol)	Sunscreen
Glucose monitoring equipment	Medical monitoring and testing devices	Petroleum jelly	Thermometers
Hearing aids	Menstrual pain relievers	Pregnancy test kits	Throat lozenges (Examples: Cepacol, Chloraseptic)
Hemorrhoid treatments Example: Preparation H)	Motion sickness pills (Examples: Bonine, Dramamine)	Reading glasses	Toothache and teething pain relievers (Example: Orajel)
Insect bite creams and ointments (Examples: Benadryl, Cortaid)	Nasal strips or sprays	Sinus medications (Example: Sudafed)	Walkers
Lactose intolerance tablets (Example: Lactaid)	Orthopedic shoe inserts	Support braces	Wart remover treatment
		St. John's Wort	Yeast infection medications
		Sunburn creams and ointments	

This is not a comprehensive list and is subject to change at any time and without notice.

## Potentially Qualifying OTC Expenses

Items in this category require a Certification of Medical Necessity form completed by your physician.

Air conditioner	Dietary supplements	Incontinence supplies	Sunglasses
Air purifier	Fiber supplements	Nutritional supplements	Treadmill
Allergy treatment products; household improvements to treat allergies	Glucosamine	Probiotics Rehydration solution (Example: Pedialyte)	Vitamins
Chondroitin	Herbs	Retin-A Rogaine	Wigs
Compression hose	Holistic or natural healers, and drugs and medicines	Special foods	
	Humidifier		

## Ineligible OTC Expenses

Dental floss	Hair colorants	Safety glasses	Soaps
Deodorant	Mouthwash	Shampoos	Toiletries
Diet foods	Perfume, Cologne	Shaving cream or lotion	Toothbrushes
Face creams	Permanent waves	Skin moisturizers, hand lotion	Toothpaste

## Eligible Menstrual Product Expenses

Tampons	Cups	Other similar products used by individuals with respect to menstruation
Pads	Sponges	
Liners		

Eligibility rules for OTC items may change. The ability to pay for eligible items with the Health Spending Card may vary by merchant and is dependent on the merchant's IIAS system.

This is not a comprehensive list and is subject to change at any time and without notice. Items listed in each category may be reclassified into another category depending on future IRS guidance.

## Eligible Dependent Care Expenses

- Care in your home, someone else's home, or in a daycare center for child care and/or eldercare. Licensing requirements may apply.
- Registration fees for a daycare.
- Before and after school care for children under age 13.
- Education expenses for a child not yet in kindergarten, such as nursery school expenses.
- Expenses paid to a relative are eligible, however, the relative cannot be under age 19 or a tax dependent.
- Day camp (not overnight) expenses if the camp qualifies as a daycare center.
- FICA and FUTA payroll taxes of the daycare provider.

Note: This is not a comprehensive list.