

take care® OF YOURSELF

Enroll in a (FSA)

with the

FLEXIBLE SPENDING ACCOUNT!

including the Take Care Debit Card



Reduce taxes and increase your take-home pay



Custom Benefit Services, Inc.

A Flexible Spending Account helps your paycheck buy more!

Sometimes referred to as a cafeteria plan, flex plan, or a Section 125 plan, a Flexible Spending Account lets you set aside a certain amount of your paycheck into an account before paying income taxes. During the year, you have access to this account for reimbursement of expenses for which you regularly pay, such as healthcare and dependent daycare.

When you use tax-free dollars to pay for these expenses, you realize an increase in your spending power and substantial tax savings.

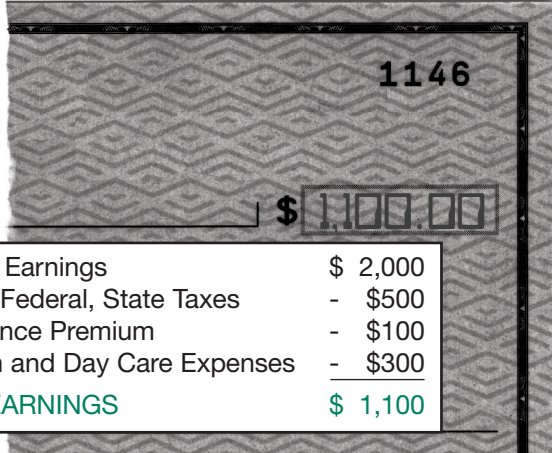
Reimbursable expenses can include:

- Deductibles, co-pays, and prescription drugs
- Expenses not covered by insurance
- Dental services & orthodontics
- Eyeglasses, contacts, solutions & eye surgery. **No warranties.**
- Weight-loss programs associated with a specific disease (physicians medical necessity letter required)
- Chiropractic services
- Psychiatric care & psychologist's fees
- Smoking cessation programs
- Adult & child daycare services
- And more!

Here's how it works...

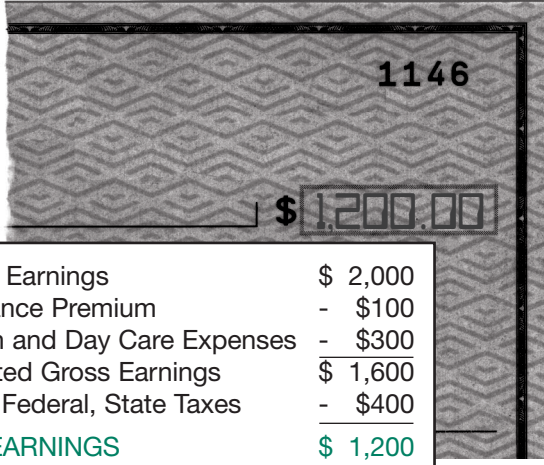
Example: An employee makes \$2,000 each month and decides to participate in his employer's Flexible Spending Account. As a result, his insurance premiums and health and daycare expenses are paid with tax-free dollars, giving him an additional \$100 each month!

Without the Plan



Gross Earnings	\$ 2,000
FICA, Federal, State Taxes	- \$500
Insurance Premium	- \$100
Health and Day Care Expenses	- \$300
NET EARNINGS	\$ 1,100

With the Plan



Gross Earnings	\$ 2,000
Insurance Premium	- \$100
Health and Day Care Expenses	- \$300
Adjusted Gross Earnings	\$ 1,600
FICA, Federal, State Taxes	- \$400
NET EARNINGS	\$ 1,200

Procedures for Purchasing Over-the-Counter Drugs

1.) FSA Take Care Debit Card may be used to purchase OTC medication and drugs with a doctor's prescription and purchased at pharmacy counter only.

2.) A refund claim submission of OTC medication and drugs, either a doctor's prescription or a doctor's letter of medical necessity is required. Letter must reflect the biological condition being treated.

Exception: Insulin, medical devices (crutches, blood sugar monitors, etc.) and items such as bandages, contact lens solution, denture bond, etc. will not require a prescription, but you must submit a Claim Form with a receipt to be reimbursed. Since January 1, 2011, the Take Care Debit Card cannot be used for these items. See a list of qualified items at www.myflexonline.com. You will also be notified if the Take Care Debit Card is approved for these items in the future.

The IRS has posted additional details, including a helpful FAQ about the OTC rule change on its Affordable Care Act website at: <https://www.irs.gov/uac/affordable-care-act-questions-and-answers-on-over-the-counter-medicines-and-drugs>.

It's as easy as...

1 Carefully read this material and choose which options make sense for you to participate in.

2 Determine how much you expect to spend during the year for each option.

3 Enroll: See Step III below. If new hire, complete election form and return to Human Resources Office.

Step I: Your Options

There are several accounts you can participate in with the Flexible Spending Account.

I: Healthcare Reimbursement Account

This account reimburses you for healthcare expenses not covered by insurance incurred by you, your spouse and dependents as defined by IRS Publication 502. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified healthcare services provided that are not covered by insurance.

Common expenses that qualify for reimbursement are doctor visits, deductibles, co-payments, prescriptions, mental health care, dental services and orthodontics, chiropractor services, eye exams, glasses and contacts.

II: Dependent Care Reimbursement Account

This account reimburses you for daycare expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis. To qualify, your dependents must be:

- a child under the age of 13, or
- a child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include adult and child daycare centers, preschool and before/after school care.

Please note: A dependent care credit is available on your annual tax return. Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. You will also receive your tax savings throughout the year, rather than once a year when you file your taxes. Contact your plan administrator for further information.

Maximum Contribution

Medical Reimbursement – \$2550.00 per year (IRS may increase/decrease this amount periodically).

Dependent Care Reimbursement

Married filing jointly – \$5,000.00

Single or married filing separate – \$2,500.00

Step II: Determining Your Reimbursable Expenses

By completing the following information, you can calculate your annual reimbursable expenses. Take into consideration the services to be provided during the upcoming plan year for you, your spouse and your dependents as defined by IRS Publication 502.

Healthcare Expenses

Medical (1)*

Deductibles \$ _____
 Co-payments \$ _____
 Doctor visits \$ _____
 Prescriptions \$ _____
 Medications \$ _____
 Other \$ _____
Total \$ _____

Vision (2)

Exams \$ _____
 Eye Surgery \$ _____
 Lenses/Frames \$ _____
 Contacts \$ _____
 Solutions \$ _____
 Other \$ _____
Total \$ _____

Dental (3)*

Routine Check-ups \$ _____
 Fillings/Crowns \$ _____
 Orthodontics \$ _____
 Other \$ _____
Total \$ _____

Dependent Daycare Expenses

Children \$ _____
 Adults \$ _____
Total \$ _____

Estimated Annual Expenses and Tax Savings

Total Healthcare Expenses (add 1 + 2 + 3) \$ _____
 Total Dependent Daycare Expenses \$ _____
 Total Adoption Expenses \$ _____
 Total Other Reimbursable Expenses \$ _____
 Total Expenses \$ _____
 Tax Bracket Percentage (see below) _____ %
 Annual Tax Savings \$ _____
(multiply total expenses by tax bracket percentage)

Savings Amount Per Paycheck

\$ _____
(divide total expenses by number of paychecks you receive each year - 52, 26, 24, 12)

Tax Estimate Table

Based on a combination of social security, federal, and state income taxes.

If your annual household earnings are:	Estimated tax rate is:
Less than \$30,000	25%
\$30,000 to \$40,000	29%
\$40,000 to \$70,000	31%
Greater than \$70,000	33%

These tax rates are estimates based on national averages and may not reflect your actual tax rate.

* Cosmetic procedures like teeth bleaching and face lifts are not eligible expenses for reimbursement.

Step III: To Enroll

Please see your employers online enrollment instructions.

Your Take Care Debit Card is the easiest way to access your Flexible Spending Account!

What you can purchase with your take care Debit Card:

- ✔ Over-the-counter medicines and drugs with a doctor's prescription and purchased at pharmacy counter only;
- ✔ Doctor, dental, and pharmacy co-pays and expenses not covered by your health plan;
- ✔ Child and elder dependent care expenses, and much more!



How it works

When you swipe your Take Care Debit Card to pay for qualified plan expenses for the current plan year, the money is taken directly from your Flexible Spending Account(s). No need to pay for qualified plan expenses with a personal check, cash, or credit card and then submit a claim to get reimbursed from your plan account. It's that simple!

- ✔ Swipe your Take Care Debit Card when you're ready to pay for your purchases. Note: Select the "Credit" payment option and sign the sales receipt or select the "Debit" payment option and provide your pin.
- ✔ Remember to save all itemized receipts for your tax records or for purchase verification – you may be asked to provide receipts for certain purchases. **No verification may result in a suspended card and after 60 or 90 days (based on employers guidelines) will result in a balance due on account and must be paid back to the Plan.**

Swipe and Save all receipts

- ✔ Rx expenses at participating retailers may not require a receipt.

Participating Retailers

- ✔ CVS/Pharmacy
- ✔ Target Stores
- ✔ Walgreens
- ✔ Walmart
- ✔ Publix

To view an updated list of participating retailers, visit www.myflexonline.com, then hover over **Card Center** tab at top. Click **Flex Benefits Card**. See "View Retailers" highlighted in blue in middle of page.



How to Verify Swiped Expenses

- ✔ **Swipe & Save** – It's important to keep all receipts for purchases made with your Take Care Debit Card. **You may be requested to verify a purchase made with your card.**
- ✔ **Verifying Swiped Expenses** – If card swipes need to be verified, you will receive a "Take Care" e-mail. The e-mail provides a link to the myflexonline.com site where the participant may create a Card Use Verification Form. Hover over **Claims & Payment** at top. Click **Verify Card Use** tab. Click **Payment Selector** box next to swipe(s). Then follow prompts to either upload receipt electronically or click **Fax Mail Receipts** to print form. **Submit signed form with receipts by fax: (352) 291-6690 or mail to Custom Benefit Services, Inc., P.O. Box 4078, Ocala, Florida 34478.**

Note: Should there be a time when your Take Care Debit Card is not accepted, you may pay the qualified expense with personal funds, then submit a claim with the appropriate receipt(s) and you will receive a reimbursement from your account.

MyFlex Online

Access your Flexible Spending Account(s) anytime, anywhere. It's as easy as One, Two, Three!

- New enrollees during Annual Enrollment will have access after your Flex Account has been updated with new plan year election.
- New enrollees throughout the Plan Year will have access after first contribution to flex account.

Go to MyFlexOnline.com, then:

Step One

- Click on the New User Registration link on the right side of the page.

Step Two

- Complete the required information
- Click on Next; you'll be asked to verify information about your employment, and then you will create a User ID and Password.

Step Three

Once you've established your User ID and Password, you will be able to:

- Upload claims electronically.
- Check claim status.
- Receive electronic account updates.
- Review your account balance.
- And much, much more, 24/7!

Access your account on your mobile phone; enter MyFlexOnline.com into your phone's internet browser, or use the MyFlexMobile app.

Download the free MyFlexMobile app to your iPhone or Android smartphone, log in to your MyFlexOnline account, and:

- File a claim.
- Snap a photo of receipts and submit them instantly for payment.
- View transactions and account and card balances.
- Sign up for text messages or email alerts about your account(s).

take care®

Electronic Online Claim Forms can be obtained and tracking of claim processing can be viewed on www.myflexonline.com. To access website, user name and password are required.

Procedures for Filing Claims

In order for a claim to be processed, the following information must be provided:

1. Receipt/Statement/Insurance EOB must show name of Provider.
2. Receipt/Statement/Insurance EOB must show date of service.
3. Receipt/Statement/Insurance EOB must show type of services and charges incurred.
4. Name of individual/patient receiving services.
5. Dependent day care claims – claim form may be signed by Provider in lieu of submitting receipt. Expenses must be itemized showing weekly or monthly cost. Books and food are not eligible.

In order to be an eligible expense, services must have been rendered. Prepayment of treatment will not be reimbursed until the services are rendered. Contract fee notice or treatment form is not considered a receipt. Credit card slips, cancelled checks, bank statements and credit card statements cannot be accepted as a receipt.

***Please note:** Certain expenses, (i.e., vitamins/supplements, massage therapy, weight loss program, and over-the-counter items) will require a doctor's prescription or letter of medical necessity.

Important

To avoid delays in claim processing, **all expenses must be itemized on claim form and the claim form must be signed by employee.**

INELIGIBLE EXPENSES

- Prescriptions from outside USA (ordered/shipped)
- Vision warranties and service contracts
- Insurance premiums
- Cosmetic/elective procedures that are not medically necessary to correct or prevent a medical condition.

For a complete list of qualified expenses, please visit our website at www.myflexonline.com.

24-Hour Account Access

The MyFlex website has everything you need to manage your Flexible Benefit Account

- Verify your election
- View your account balance
- Obtain electronic Online Claim Form
- Obtain electronic Card Use Verification Form
- How and where to file claims
- View qualified and non-qualified expenses
- How to contact us
- Track claims and disbursements – **Claims & Payments** tab/**View Claim Activity**

To access your account go to www.myflexonline.com

Instructions for Filing Claims

OPTION 1: TO TRACK PROCESSING OF CLAIM REQUEST ONLINE:

- Visit employee website: www.myflexonline.com to obtain an **Online Claim Form**.
- Hover over **Claims & Payments** tab at top. Click **Submit a Claim**. Click **NEXT**.
- Itemize expenses online. After all expenses have been entered, click **NEXT**.
- Review claim and **click NEXT**.
- Click on **Upload Receipt Now** to submit electronically or click **Fax Mail Receipt** to **submit copy of signed form and receipts by fax: (352) 291-6690, or mail to Custom Benefit Services, Inc., P.O. Box 4078, Ocala, Florida 34478.**
- To track processing, hover over **Claims and Payments** tab at top. Then click **View Claim Activity**.

OPTION 2: MANUAL COMPLETION:

- Contact Human Resources or Custom Benefit Services for paper claim forms and/or assistance.

Direct Deposit Option

Direct Deposit of funds is available on www.myflexonline.com. Once on the site, hover over **Settings** tab at top. Select Direct Deposit.

Extended FSA Claims Deadline (if adopted by employer)

Employees may take up to 2-1/2 months following the end of their plan year to incur expenses against their FSA accounts for medical, dental, and vision care. Even daycare expenses can be included in this new deadline.

This extra breathing room for miscalculation of annual election amounts and submitting claims should avoid forfeiting of unused benefit funds.

Questions & Answers

What is a Flexible Benefits Plan?

A benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then, during the year you can be directly reimbursed from your account for qualified healthcare and daycare expenses.

Why should I participate in the Healthcare Reimbursement Account when I already have health insurance?

This account is used to pay for expenses not covered by insurance. For example — annual physicals, co-payments, eye exams, glasses, orthodontics, prescription drugs, and hospital care, to name a few. Covered expenses also include over-the-counter drugs that are medically necessary, like allergy medications, aspirin, antacids, or non-prescription drugs recommended by your physician.

Can I change my contributions during the year?

Only if you have a change in status such as: marriage, birth, adoption, or a change in your, your spouse's, or your dependent's employment status.

What if I currently take the dependent care credit on my annual tax return?

Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. The amount you deposit in your Dependent Care Reimbursement Account reduces the amount, dollar for dollar, that you can claim as a credit on your tax return. Contact your plan administrator for further information.

Are there any negatives that I should know about?

Yes. Because you are not paying any social security tax on the portion of your income that has been redirected, your social security benefits may be slightly reduced.

How do I know how much is available in my accounts?

Account information is available 24/7 by going to www.myflexonline.com.

Do I have to wait for the money to be deposited in my account in order to make a claim for reimbursement?

The annual amount you have allocated for the Healthcare Reimbursement Account is available to you at any time throughout the plan year. The amount available to you from your Dependent Care Reimbursement Account is the amount you have contributed to date.

What happens to my accounts if I terminate my employment?

You will be able to request reimbursement for healthcare and daycare expenses for services provided prior to your termination. Check your SPD for any additional rights or benefits provided by your company's plan.

What if I don't use all of the money I set aside in my accounts?

Carefully review your estimated expenses before making the decision to participate. Any contributions that are not used during the plan year may not be paid to you in cash or used in a later plan year.

What if I am not covered under my company's health insurance plan?

Good news! You, your spouse and dependents as defined by IRS Publication 502, can still participate in the Healthcare or Dependent Care Reimbursement Accounts.

How do I benefit by participating?

Your biggest advantage is the tax savings. Every dollar you set aside in your account reduces your income taxes, and you can be reimbursed for qualified expenses that you are already paying for!

Do I have to use the Take Care Debit Card at all times during the plan year?

- Use of the Take Care Debit Card is optional; may also submit a claim for reimbursement.
- Annual card fee (for primary card only) will be assessed to your available account balance.
- Additional cards at no cost.

Custom Benefit Services, Inc.

P.O. Box 4078

Ocala, Florida 34478

Phone (800) 809-8161 • (352) 237-0425 • (352) 369-9453

Fax (352) 291-6690 or (352) 369-9461

www.myflexonline.com

Ordering Your Take Care Debit Card

WHEN DO I ORDER A TAKE CARE DEBIT CARD?

Currently enrolled participants

- If you are enrolled in the current Flex Plan year, look at the front of your Take Care Debit Card to determine when the card expires.

If the card has expired or will be expiring by **December 31st**, and you are opting to use the card in the new Plan year, you may order a card after your Flex account has been updated with new plan election information.

If the card expires **January 31st**, or later, you may order a renewal card up to 60 days prior to the expiration date. (See “How to Order” below).

IF YOU NO LONGER WANT AN ACTIVE DEBIT CARD, YOU MUST NOTIFY CUSTOM BENEFIT SERVICES IN WRITING BEFORE DECEMBER 31ST.

IF YOUR CURRENT CARD IS SUSPENDED, no cards can be ordered.

- If you are enrolled in the current Flex Plan year and have never had a Take Care Debit Card, you may order a new card during the plan year; with consideration of account balance/annual card fee (if applies). (See “How to Order” below).

Not currently enrolled but have been enrolled in a prior Plan Year

You may order a first-time card, a renewal card or additional cards after your Flex account has been updated with new plan year election. If dependent daycare only, a card may be ordered after 1st contribution into plan.

New to the Flex Plan

You may order a first-time card and an additional card after your Flex account has been updated with new plan year election. If dependent daycare only, a card may be ordered after 1st contribution into plan.

HOW DO I ORDER A TAKE CARE DEBIT CARD?

- Set-up/Login to your account on www.MyFlexOnline.com
- Confirm/Update mailing address and email under **Settings** tab. NOTE: If you change your mailing address, you will need to wait for an over-night update before ordering a card.
- Hover over the **Card Center** tab at top.
- Click **Flex Benefits Card**.
- View **FAQs** to understand use of card.
- Click blue **Get Started** tab at bottom (additional card may be ordered simultaneously).
 - Annual card fee (Primary card only) will be assessed to your available account balance (if applies).
 - May opt to order additional cards at no additional fee at any time.
 - All renewal and new card orders will have a 3 year expiration date.
 - If existing card is suspended, no cards may be ordered.

