



The
Power of
Options

is offering you the opportunity to take advantage
of a powerful pre-tax benefit



The Power of Options

Your employer has chosen to offer you the power and flexibility of a pre-tax benefit called a “Cafeteria Plan”. Here’s what you need to know to make the most of it!

Understanding the Plan

A Cafeteria Plan is a benefit provided by your employer which allows you to contribute a certain amount of your gross income to a designated account or accounts before taxes are calculated. These accounts are generally known as “Flexible Spending Accounts (FSAs)” and are for medical and/or dependent care expenses not covered by your insurance, from which you can be reimbursed throughout the plan year or claim period as you incur the expenses. An FSA functions like a checking account in that the cafeteria plan administrator (myCafeteriaPlan) actually writes you checks for the medical and dependent care expenses that you submit.

Recognizing the Benefits

There are at least two significant ways to benefit from a Cafeteria Plan. The first is by taking advantage of the tax savings. By reducing your gross income, you pay less in taxes, take home more pay, and have the freedom to choose how your money is used or invested. For example, let’s say your adjusted monthly salary is \$3,000, resulting in a tax deduction of \$750/month. By participating in a Cafeteria Plan, your Federal, Social Security, and (in some locations) State income taxes are reduced, resulting in savings of between 25% and 40% on every dollar contributed to the plan.

The second benefit is the “cash flow” increase built into the medical FSA (not the dependent care FSA). This means that no matter how much money you have actually contributed

to the plan at any given point, you can still be reimbursed up to your entire annual election. So a major medical expense at the beginning of the claim period can be reimbursed even though few, if any, deposits have been made into the account at that time. This applies to the medical FSA only.

Utilizing the Plan

In order to take advantage of the benefits of a Cafeteria Plan, it is important to know how to prepare and what to expect during the reimbursement process. Your company offers the following account types:

- Medical FSA
- Dependent Care FSA

This brochure covers the information you need to determine your annual election, submit medical and dependent care claims, and track your account status. Here’s a quick guide to the contents:

- General plan informationpage 1-3
- Dependent Care informationpage 3-4
- Claim submissionpage 4
- Glossarypage 5
- List of Eligible Expensespage 5
- Annual Election worksheetpage 6

	Income Before Cafeteria Plan	Income After Cafeteria Plan
Adjusted Monthly Salary	\$3,000	\$3,000
Before-Tax Medical Expenses	– 0	100
Before-Tax Dependent Care Expenses	– 0	300
Taxable Salary	\$3,000	\$2,600
Taxes – Federal & Social Security (25%)	– 750	650
After-Tax Medical Expenses	– 100	0
After-Tax Dependent Care Expenses	– 300	0
Net Monthly Salary	\$1,850	\$1,950
Monthly Savings	\$0	\$100
Yearly Savings	\$1,200!	

About the Plan

How much money can I put into the plan?

For each account (medical or dependent care), there is an annual election maximum. The Medical FSA limit is established by your employer and can be found in the Summary Plan Description (SPD). The limit for a Dependent Care FSA is determined by your tax filing status and is either: \$2,500 for Married Filing Separately; or \$5,000 for Single Head of Household or Married Filing Jointly. Please note: if your spouse is a participant in the same or another cafeteria plan, the total of your elections cannot exceed \$5,000.

Account	Annual Limit
Medical FSA	As stated in Summary Plan Description
Dependent Care FSA	\$2,500 or \$5,000

Can I change my election during the plan year?

You can only change your election if you have a qualifying change of status event. Qualifying events include:

- A change in the participant's legal married status
- A change in the participant's number of dependents
- A change in the work schedule of the participant, the participant's spouse, or the participant's dependent

To find out if a specific event qualifies as a change of status, visit the myCafeteriaPlan website (www.myCafeteriaPlan.com) or contact a myCafeteriaPlan representative.

What if there is money left in my account at the end of the claim period after all my eligible expenses are reimbursed?

Any funds remaining after all eligible reimbursements have been made is forfeit to the cafeteria plan. In order to prevent the loss of funds, it is important to plan carefully so that your annual election matches your actual expenses as closely as possible. Of course, it is impossible to project with 100% accuracy, so you may come up short or have a little money left at the end of the claim period.

However, it is important to realize that loss of funds does not necessarily indicate a loss out-of-pocket. In most cases, even when participants claim less than their election, they still save money by participating in the plan. For example, if your calculated annual tax savings is \$1,200 (based on a \$4,800 election) and you only use \$4,600, you've still saved money – in this example, \$1,000.





The Power of Options

About the Plan

When will I be reimbursed for claims I submit?

Your company's claims will be reimbursed on regularly scheduled processing days. You can obtain the processing/reimbursement schedule by contacting a myCafeteriaPlan representative or your Human Resources department.

myCafeteriaPlan has a submission deadline of noon (12pm EST) on the day prior to your company's processing date. In other words, any claims received by noon (12pm EST) the day before the processing date will be reimbursed (if eligible) on that date.

How do I track my account(s) online?

To login to your account, go to the myCafeteriaPlan Account Login page (www.myCafeteriaPlan.com). There you will be prompted to enter a Username (your 9-digit SSN) and Password (the last four digits of your SSN). Once you are logged in, you can change your Username and Password and change or edit your personal information. You can also check your account balance(s) and verify the status of any claims you submitted.

Please note: when updating your personal information it is important to provide your e-mail address for the fastest and most efficient communication. Be sure, when you input the e-mail address, to choose an "Alternate Verification" question (located at the bottom of the page) so that your Username and Password can be sent to you in case they are lost or forgotten.

In addition to 24-hour account access, myCafeteriaPlan's comprehensive website provides downloadable claim forms, answers to frequently asked questions (FAQ pages), and detailed information about cafeteria plan rules and claim submission. Visit the Employee Home page (www.myCafeteriaPlan.com/employee.htm) for answers to all your cafeteria plan questions. You may want to view the online Cafeteria Plan Presentation available through the Employee Home page or directly at www.myCafeteriaPlan.com/presentation.htm. To view this presentation, enter your company name in the "Username" field and "2save" as the Password.

What expenses are eligible for reimbursement from a Medical FSA?

Any out-of-pocket expenses related to services covered by insurance, including co-pays, deductibles, prescription drugs, and out-patient elective surgery; dental, orthodontic and ophthalmologist's fees and expenses including prescribed treatments and maintenance (such as contact solution); chiropractic, psychiatric, and psychologist's fees and expenses; disability-related expenses; and over-the-counter (non-prescription) drugs such as pain relievers and allergy medications are eligible.

In general, any treatment for a specific medical condition is reimbursable; cosmetic or preventative expenses are not. For example, teeth-whitening and multi-vitamins are not eligible, but prescription sunglasses and non-prescription allergy medicines are.

Insurance premiums are not eligible for reimbursement.

Dependent Care Flexible Spending Accounts (FSAs)

Who is considered a dependent?

Only children under the age of thirteen or adults or children over the age of thirteen who are incapable of self-care are considered dependents. In addition, the dependent must reside with the participant for the majority of the year in order to be eligible for coverage under the dependent care FSA. In general, if you can claim an individual as a dependent on your tax return, then you can claim them under the Cafeteria Plan.

Please note: to be eligible for a Dependent Care FSA, a participant must be employed and, if married, the participant's spouse must also be employed. A change in employment status for either the participant or the participant's spouse may result in a change in or loss of eligibility.

What expenses are eligible for reimbursement from a Dependent Care FSA?

Amounts paid to a daycare provider either in or out of the home are eligible, as long as the provider is not a dependent or relative under the age of 19. Pre-school tuition is reimbursable, but tuition and expenses from grade K-12 schooling are not.

How do I submit medical expenses for reimbursement?

1) Verify that the expense is eligible for reimbursement (see list of Eligible Expenses on page 7)

2) Assemble all supporting documentation

Canceled checks, credit card receipts, and sales slips are not acceptable as documentation for eligible expenses. Cash register and/or pharmacy receipts are acceptable only when they clearly identify a prescription number or over-the-counter (OTC) item. If an OTC item is not clearly identified, the receipt with the marked or highlighted item should be accompanied by the front box cover of that item. FOR ALL OTHER EXPENSES, supporting documentation must include:

- Provider name and address
- Patient/Dependent name
- Date of Service
- Description of Service
- Amount charged

An Explanation of Benefits (EOB) from an insurance company is acceptable and requires no further documentation.

If receipts are smaller than 8.5x11 inches, copy or tape onto an 8.5x11 inch sheet of paper – do not staple receipts to the claim form or to each other!

If you are requesting multiple prescription reimbursements or a pharmacy receipt has been lost:

Request a filled-prescription history from the pharmacist; a prescription history is the most efficient way to request prescription reimbursements.

If a medical provider receipt has been lost: request an Explanation of Benefits (EOB) from the insurance company. No other documentation is required if an EOB is submitted.

For Dependent Care Expenses Only

In addition to the documentation required for all reimbursable expenses, dependent care claim submissions must include:

- Provider's Taxpayer Identification Number (TIN) or Social Security Number (SSN)
- Dependent's age
- Signature of the provider

If the completed claim form is signed by the provider, no other documentation is necessary (the information on the claim form itself is sufficient).

3) Copy the supporting documentation and retain the originals

4) Fill out the appropriate claim form provided by your Human Resources department or obtained from your myCafeteriaPlan online account (www.myCafeteriaPlan.com)

5) Sign the claim form

Remember, myCafeteriaPlan cannot process a claim submission without the participant's signature as authorization.

6) Submit the claim

Send the completed, signed form directly to myCafeteriaPlan by:

Mail: myCafeteriaPlan – Claims
432 East Pearl Street
Miamisburg, OH 45342

Fax: Fax claim form and copies of supporting documentation to:
(937) 865-6502

E-mail: Send claim form and copies of supporting documentation as an attachment to:
claims@myCafeteriaPlan.com



The Power of Options

Glossary

Cafeteria Plan – a reimbursement plan regulated by IRS Section 125. A Cafeteria Plan allows an employer to select a variety of reimbursement options and assistance programs as pre-tax benefits for employees, including Medical and Dependent Care FSAs.

Flexible Spending Account (FSA) – an account funded by employee salary reduction for reimbursement of deductible and out-of-pocket medical and dependent care expenses.

Plan Year – the 12-month period established by the employer defined as the boundary for reporting and determining eligibility in the plan.

Summary Plan Description (SPD) – a Cafeteria Plan document that summarizes benefits under the plan.

List of Eligible Expenses

This list is NOT comprehensive and is intended only as a guide to reimbursable deductible and over-the-counter (OTC) expenses. To find out about specific items or items not mentioned here, contact a myCafeteriaPlan representative at (800) 865-6543 or visit www.myCafeteriaPlan.com/employee.htm for more information. Please note: cosmetic services and preventative medicines (such as vitamins) are not covered unless prescribed by a physician (general practitioner).

Medical Expenses Allowed

- Acupuncture
- Ambulance
- Chiropractors' fees
- Coinsurance
- Contacts/Lens solution
- Copayments
- Crutches
- Dentists' fees
- Dentures
- Diabetic supplies
- Eye exams/glasses
- Fees associated with organ donations
- Guide animals (purchase, training & care)
- Health insurance deductibles

- Hearing aids/batteries
- Immunizations/vaccinations
- Insulin
- Laboratory fees
- Language training for disabled person
- Laser/Lasik eye surgery
- Obstetrical fees
- Orthopedic shoes
- Physical therapists' fees
- Prescription drugs
- Psychologists' fees
- Radial keratotomy
- Routine physicals
- Skilled nurses' fees
- Smoking cessation treatments & prescriptions
- Treatment for substance addiction
- Transportation expenses (for medical reasons)
- Wheelchair
- Over-the-counter (OTC) items such as Antacids, Aspirin, Cough Syrups, and Pain Relievers

Medical Expenses Not Allowed

- Cosmetic Surgery
- Dancing Lessons
- Dietary and Nutritional Supplements
- Electrolysis
- Exercise Equipment or Programs
- Face Lifts
- Food for Weight Loss Programs
- Funeral Expenses
- Hair Removal
- Hair Transplant
- Health and Beauty Aids
- Herbs and Herbal Treatments
- Insurance Premiums
- Massage Therapy to Relieve Stress or Depression
- Rogaine
- Teeth Whitening
- Varicose Vein/Spider Vein Treatments
- Vitamins

Medical & Dependent Care Expenses Not Allowed

- Expenses already reimbursed by another form of insurance
- Expenses incurred prior to or after the end of the claim period

Flexible Spending Account (FSA) Worksheet

This worksheet will help you estimate your annual unreimbursed medical, dental, vision, and dependent care costs.*

Medical expenses, such as:	\$
Doctor office co-pays	
Deductibles and coinsurance	
Annual Physical Examinations	
Prescription Drugs	
Over-the-counter (OTC) drugs	
X-rays	
Lab Fees	
Hospital Services	
Ambulance Services	
Surgery	
Hearing Aids	
Chiropractors	
Psychiatrists	
Psychologists	
Other expenses	
Dental expenses, such as:	\$
Doctor office co-pays	
Deductibles and coinsurance	
Orthodontic Work	
Bridges, Crowns, and Dentures	
Vision Care expenses, such as:	\$
Eye Examinations	
Eyeglasses	
Lasik Eye Surgery	
Contact Lenses and Solution	
TOTAL ESTIMATED MEDICAL CARE EXPENSES	\$ (A)
DEPENDENT CARE FSA EXPENSES (Separate account from Medical FSA)	
Daycare expenses, such as:	\$
Licensed daycare facility	
Preschool program	
After-school program	
In-home child and dependent care services	
Day camp expenses	
Other qualified expense as defined by the IRS	
TOTAL ESTIMATED DEPENDENT CARE EXPENSES	\$ (B)
TOTAL ANNUAL FSA EXPENSES (A+B):	\$ (C)
SUMMARY: \$ _____ (C) / _____ (# of pay periods) = \$ _____ (Total Pay Period Deduction)	

The Power of Options



// I think you all are doing a wonderful job. The cafeteria plan has helped me with my medical bills for myself and my son when I don't have money on hand. I think you all should keep up the good work and keep this program going for [my company].

– VB, participant



// I wanted to take a second and say thank you so much for helping get our claim through to us. I am so grateful for the extra time and energy you put into it...
I just really appreciate your diligence, especially this time of year when everyone is so busy.

– MG, participant



// WONDERFUL!!! [myCafeteriaPlan is] working out GREAT!! For example, I faxed some receipts late Friday afternoon, 01/19 and in my mailbox yesterday, Wednesday, 01/24 I had my check!!! Unbelievable!! Thanks much!!

– LM, participant



myCafeteriaPlan • 432 East Pearl Street • Miamisburg, OH 45342

Phone: (937) 865-6500 Fax: (937) 865-6502 Toll Free: (800) 865-6543 Email: info@myCafeteriaPlan.com