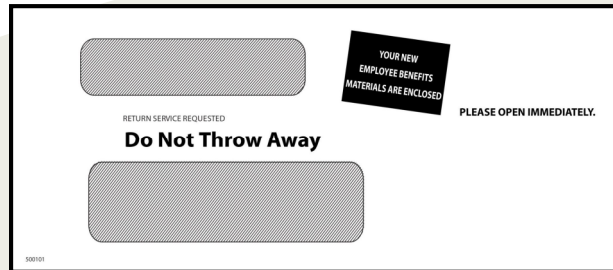


An FSA or HRA can be used for healthcare costs, such as doctor co-pays, LASIK surgery, eyeglasses, contact lenses, orthodontics, certain over-the-counter medicines, prescriptions, and much more.

## Put the power of healthcare savings into your own hands

Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs), are great ways for you to take advantage of a pre-tax benefit account offered through your employer. These accounts are a simple way for you to save on out-of-pocket healthcare costs not covered by your insurance plan. With healthcare costs continuing to rise, why wouldn't you participate in an FSA or HRA?



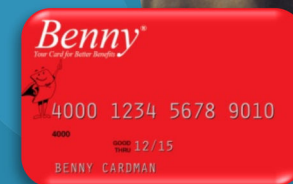
## Save your card and card materials!

One Dodge Street  
Wynantskill, NY 12198  
(518) 283-8500 (800) 698-4753  
(518) 880-4143 fax  
[www.benetechadvantage.com](http://www.benetechadvantage.com)



Important Information About Your Prepaid Benefits Card

## Enrolling in a Flexible Spending Account or Health Reimbursement Arrangement



When you enroll in an **FSA** or **HRA** plan, every dollar you set aside in your plan saves you on taxes and increases your spendable income! You'll then enjoy the benefits of using these pre-tax funds for health-related, out-of-pocket costs not covered by your insurance.

Your Prepaid Benefits Card is loaded with the value of your annual **FSA** or **HRA** election amount (less any amounts you have already spent in this plan year)\*. Using your Card helps you keep cash in your wallet and makes accessing your **FSA/HRA** funds easy. The Card can be used, instead of cash, to pay for qualified health care expenses.

## The Benefits of your Benefits Card

You'll simply swipe your Card each time you incur a qualified health care expense and the amount of your purchase will be deducted from your FSA/HRA – automatically. You can also fill in your Card number on bills you receive from providers to pay the amount you owe for service dates within the plan year. You'll have no claim forms to complete and you won't have to wait to get a check in the mail.

You can check balances or account details anytime – online or with a quick phone call. It's that easy!



**Remember, the card will not work at gas stations or restaurants – only at health care related providers.**

### IT'S IMPORTANT TO SAVE YOUR RECEIPTS!

Your Prepaid Benefits Card will definitely improve your cash flow. However, be aware that the IRS requires the Card be used only for eligible expenses. Most of the time, we can verify the eligibility of the expense automatically. **Yet, there are instances when you'll receive a letter/notification asking you to furnish an itemized receipt to verify the expense.** When you receive such a request, make sure you submit the receipts as soon as possible to avoid having your Card suspended until receipts have been submitted and approved.

### WHAT IS AN ITEMIZED STATEMENT

An itemized statement must include: merchant or provider name, services received or item purchased, date of service, and amount of the expense. Cancelled checks, handwritten receipts, card transaction receipts or previous balance receipts cannot be used to verify an expense.

### QUALIFIED HEALTH CARE EXPENSE ARE:

- Prescription and health plan copayments, deductibles and coinsurance
- "Amount Due" on medical and dental statements
- Orthodontics
- Mail-order or online prescription invoices
- Vision services and eyeglasses
- LASIK surgery
- Eligible over-the-counter (OTC) items

## Dependent Care FSA

You can use your dependent care FSA to cover the same types of expenses that the IRS recognizes through dependent care tax credits. \*Annual election amounts are NOT pre-loaded under Dependent Care, but are rather only available once funded via payroll contributions. Typical covered expenses include the following:

- Day care for child under the age of 13
- After-school caregivers
- Care for a disabled spouse or a dependent incapable of caring for self
- Care-related services (such as a visiting nurse)
- Summer day camps



Know Your Benefits

## Know Your Health Care FSA/HRA Eligible and Ineligible Expenses

**Maximize the Value of Your Reimbursement Account** - Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) dollars can be used for a variety of out-of-pocket health care expenses that qualify as federal income tax deductions under Section 213(d) of the Internal Revenue Code ("IRC").

- Health Care FSA dollars can be used to reimburse you for medical and dental expenses incurred by you, your spouse or eligible dependents (children, siblings, parents and other dependents which are defined in your Plan Documents).
- HRA dollars can only be used to pay for eligible medical expenses incurred by employees and their dependents enrolled in the HRA.

**IMPORTANT:** The IRS defines which medical expenses are eligible under a tax-deferred account. Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Health Care FSA or HRA plan. If you are unsure of what your Health Care FSA and/or HRA dollars may be used for, please contact your Plan Administrator.

Here is a sample list of expenses currently eligible and not eligible by the Internal Revenue Service ("IRS") as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.

For a complete up-to-date list of FSA Eligible Products & Services please reference the [FSASore.com](http://FSASore.com) [Eligibility Checker Tool](#).

### Sample List of 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 and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

#### 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\*

#### 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

## Sample List of Eligible Expenses

### HEARING

- Hearing Aids and Batteries
- Hearing Exams

### LAB EXAMS/TESTS

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

### 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\*

### THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs\*
- 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 your Plan Administrator.

**Please Note:** Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

## Sample List of Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Marriage or Career Counseling
- Swimming Lessons
- Personal Trainers
- Sunscreen (spf less than 30)

*Note: This list is not meant to be all-inclusive.*

**Please Note:** Currently, the IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA 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.

### Sample List of Ineligible Over-the-Counter Medicines 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>■ Antiphrastic treatments</li> <li>■ Antiseptics &amp; wound cleansers</li> <li>■ Anti-diarrhea's</li> <li>■ Anti-gas</li> <li>■ Anti-itch &amp; insect bite</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> </ul> | <ul style="list-style-type: none"> <li>■ Laxatives (non-fiber)</li> <li>■ Medicated nasal sprays, 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 vapor products</li> </ul> |
|---|---|--|

- As of January 1, 2011 eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will **only** be eligible for reimbursement from your Health Care FSA with a physician's prescription that includes his or her address and license number, as stated in [IRS Notice 2010-59](#). The only exception is insulin - which will not require a prescription.

OTC items that are not medicines or drugs remain eligible for purchase with FSAs and HRAs. You can use your benefits card for these items.

### Sample List of 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 Cleansers</b><br/>PoliGrip, Benzodent, Plate Weld, Efferdent</li> <li>■ <b>Diabetes Testing and Aids</b><br/>Ascencia, 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>Elastics/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 Dressings 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 &amp;/or Chondroitin</b><br/>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</li> <li>■ <b>Hearing Aid/Medical Batteries</b></li> </ul> | <ul style="list-style-type: none"> <li>■ <b>Home Health Care (limited segments)</b><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>Nasal Care</b><br/>Saline Nasal Spray</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 a complete up-to-date list of FSA Eligible Products & Services please reference the [FSASore.com Eligibility Checker Tool](#).