# take care® FLEXIBLE BENEFIT PLAN

# SAVE 25% TO 40% ON EVERYDAY ITEMS



* 7		4 4 4	
Young count	e with two	children	(annual expenses)
Tourig Coupi	e with two	Cilliaicii	(aiiiiuai expenses)

☐ Co-pays to doctors & pharmacies	\$210
□ Drugs (over-the-counter & prescription)	720
☐ Eye exams & LASIK	160
☐ Prescribed sunglasses & eyeglasses	400
☐ Dental cleanings, fillings & x-rays	320
☐ Sealants, crowns & bridges	200
☐ Braces, spacers & retainers	1,500
☐ Chiropractor & podiatrist fees	910
☐ After-school care, day camp & pre-K	4,080
TOTAL BUDGETED ANNUAL EXPENSES	\$ 8,500

## \*Annual Savings of \$2,125 to \$3,400

#### Single parent with one child (annual expenses) 135 ☐ Co-pays to doctors & pharmacies 540 ☐ Drugs (over-the-counter & prescription) ☐ Eye exams & LASIK 80 200 ☐ Prescribed sunglasses & eyeglasses 160 ☐ Dental cleanings, fillings & x-rays 125 ☐ Quit-smoking program 5,000 ☐ Before and after-school care & day camp \$ 6,240 TOTAL BUDGETED ANNUAL EXPENSES

\*Annual Savings of \$1,560 to \$2,496

Mature couple with dependent elder (annual	expenses)
☐ Co-pays to doctors & pharmacies	\$360
☐ Drugs (over-the-counter & prescription)	1,260
☐ Prescribed sunglasses & eyeglasses	800
☐ Eye exams, surgery & LASIK	2,120
☐ Dental cleanings, fillings & x-rays	240
☐ Dentures, sealants, crowns & bridges	1,200
☐ Chiropractor & podiatrist fees	910
□ Physical therapy	1,560
□ Quit-smoking program	125
☐ Weight-loss program (for specific disease)	520
☐ Elder daycare for dependent adult	5,000
TOTAL BUDGETED ANNUAL EXPENSES	\$ 14,095

\*Annual Savings of \$3,524 to \$5,638

Here's an example of how a typical employee's take-home pay will increase as a result of participating in the take care plan. An employee makes \$2,000 each month and decides to participate in her employer's plan. She pays her insurance premiums and health and daycare expenses through the plan with tax-free dollars – and she saves \$100 each month!

## Her monthly paycheck without the plan

Salary FICA, federal & state taxes Insurance premium Health & daycare expenses	\$2,000 -\$500 -\$100 -\$300	1345 _ <b>\$</b> 1,100.00
Net pay without the plan	\$1,100	1053

## Her monthly paycheck with the plan

Salary Insurance premium* Health & daycare expenses* Adjusted earnings FICA, federal & state taxes	\$2,000 -\$100 -\$300 \$1,600 -\$400	1345 \$\bigs_{1,200.00}\$ \$\saved \$\sinc\$100
Net pay with the plan *Paid through the plan	\$1,200	1053

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After you've decided how much money you want to set aside from each paycheck and how you want

to spend it, enroll in the plan. Then when you're ready to use the money in your flex account, simply swipe your take care. Visa® flex benefits card for qualified purchases. When you use your take care card

for qualified purchases, the money is instantly deducted from your flex benefit account. You won't have to reach into your pocket to pay for qualified expenses, file a claim, and then wait to get reimbursed. If your provider does not accept the take care card, you may pay your provider directly, then submit a receipt with a claim form and wait for a reimbursement check or have the money deposited directly into your bank account.

<sup>\*</sup>Annual savings are determined by multiplying your total budgeted expenses by the percentage of payroll taxes you pay. In these examples, the smallest savings is based on a 25% tax rate and the largest savings is based on a 40% tax rate.

# Swipe your take care flex benefits card first to pay everyday expenses your health plan doesn't cover!



You won't have to remember what items are eligible to be paid from your flex account(s), because your take care flex benefits card does it for you! Your take care card knows which items in your shopping cart are eligible to be paid from your take care flex benefits account. So make sure you give the cashier your take care card first when paying for prescriptions and/or over-the-counter healthcare items at the drug store, grocery store, or "super" store.

### OVER-THE-COUNTER MEDICINES & SUPPLIES (OTC)

### **OTC** Antiseptics

Boric acid powder

First aid wipes & benzocaine swabs Hydrogen peroxide & rubbing alcohol

Sublimed sulfur powder

Washes & ointments for cuts and scrapes

### **OTC** Asthma Medications

Bronchodilator & expectorant tablets

Bronchial asthma inhalers

### OTC Cold, Flu, and Allergy Medications

Cold, cough, and flu relief

Homeopathic sinus medications

Medicated chest rub

Nasal decongestant (drops, inhaler, spray, or strips)

Sinus & allergy nasal spray

Vapor patch cough suppressant

### **OTC** Diabetes

Diabetic lancets, needles, syringes, and supplies

Diabetic test strips

Glucose meters & tablets

### OTC Ear/Eye Care

Airplane ear protection Ear drops for swimmers Ear water-drying aid

Ear wax removal drops

Homeopathic earache tablets

Contact lens solutions & cases

### **OTC** Health Aids

Anti-fungal treatments

Denture adhesive

Diuretics & water pills

Hemorrhoid relief

Incontinence supplies

Lice control

First-aid bandages, gloves, and masks

Motion sickness tablets

Respiratory stimulant ammonia

Sleeping aids

### **OTC** Pain Relief

Arthritis pain reliever

Baby teething gel

Pain relievers, aspirin and non-aspirin

Throat pain medications

### **OTC** Personal Test Kits

Cholesterol tests & monitors

Colorectal cancer screening tests

Home drug tests

Ovulation indicators

### OTC Skin Care

Acne medications

Cold sore & fever blister medications

Corn & callus removal medications

Diaper rash ointment

Eczema cream

### **OTC Stomach Care**

Anti-diarrhea medications

Gas prevention

Ipecac syrup

Laxatives

Pinworm treatment

Upset stomach medications

Prescriptions & Co-Pays

### Doctor Fees & Co-Pays

Doctor office visits, co-pays, and deductibles

Emergency room co-pays

Out patient surgery co-pays

Inpatient admission co-pays

Routine check ups

Non-diagnostic services or treatments

Diagnostic & lab fees

Psychologist & psychiatrist fees

Obstetrics & fertility fees

Chiropractor & podiatrist fees

Physician & osteopath fees

Acupuncture fees Christian Science practitioner's fees

Radiology, X-Rays, and MRI

Surgical fees

Reconstructive surgery in connection with birth defects, disease, or accident

### VISION SERVICES & SUPPLIES

Office visits & routine eye exams

Prescribed sunglasses & eyeglasses

Contact lenses, solutions, and supplies

Corrective eye surgery

LASIK & cataract surgery Optometrist & ophthalmologist fees DENTAL SERVICES & SUPPLIES

Dentist, dental co-pays & deductibles

Office visits & routine check-ups

Cleanings, x-rays, sealants, and fillings

Dentures, crowns, and bridges Braces, spacers, and retainers

Wisdom teeth, implants, and oral surgery

Orthodontist & periodontist

Endodontist & oral surgeon Antiseptic mouthwash

## HEALTH IMPROVEMENT PROGRAMS

Physical & speech therapy

Weight-loss programs (for specific disease)

Quit smoking programs, patches, and gums

Alcoholism & drug treatment

Body scans

Gastric bypass surgery

Reconstructive surgery associated with birth defect, disease, or accident

### HEALTH-RELATED EXPENSES & EQUIPMENT

Generally, these items require a doctor's prescription to qualify. Oxygen, humidifiers, and vaporizers

Blood pressure monitors

Hot and cold compress packs & wraps

Pill boxes & thermometers

Shower protection for casts, prostheses, etc.

Pregnancy tests Home blood tests

Anti-itch lotions & medications

Bunion & blister treatments

Bunion & blister treatments

Medicated bath products

Wart removal medications

Acid reducers & heartburn relief

Antacid gum, liquid, and tablets

Therapeutic support gloves

Elevated toilet seat Special schooling for disabled child

Artificial limbs & braces

Arches & orthopedic shoes

Wigs for hair loss caused by disease

Shower bars & safety handles

Hearing devices & batteries

Crutches & canes

Wheelchairs, walkers, and shower chairs

Medical alert bracelet & fees

Ambulance expenses

Bedpans & ring cushions Travel to doctors or healthcare facilities

### Dependent Care Expenses\* SO YOU CAN WORK

Nanny & babysitter through age 12

Pre-K or nursery school Before- or after-school care through age 12

Day camp through age 12 Daycare for a disabled adult or child

Elder daycare for parent or dependent

\*Check your summary plan description to verify which items, in addition to healthcare related items, your plan covers.

See mytakecareplan.com for additional details

# take care® OF YOURSELF WORKSHEET

# Visit mytakecareplan.com for the complete list of covered items

Now that you know about the many ways you can use your pre-tax earnings and your take care flex benefits card to keep more of what you earn, take a moment to fill out this worksheet to determine how much money you'll save *annually*, by participating in your employer's flex benefit plan.

Simply check off the items you wish to save for and estimate how much you'll spend in the *upcoming year* on those products and services. Fill in the estimate in the space next to each item. Then add up each category and place those totals in the corresponding section below the checklist.

Use the easy calculator at mytakecareplan.com

R EXPENSES NOT COVERED BY INSU	RANCE	SO YOU CAN WORK (estimated annual)	
Co-pays to doctors & pharmacies	\$	☐ Nanny & babysitter thru age 12	\$
Over-the-counter drugs (except vitamins)	\$	Pre-K or nursery school	\$
Prescription drugs	\$	☐ Before & after-school care thru age 12	\$
Office visits & checkups	\$	Day camp thru age 12	\$
Prescribed sunglasses & eyeglasses	\$	<ul> <li>Daycare for a disabled adult or child</li> </ul>	\$
Contact lenses, solutions & supplies	\$	☐ Elder daycare for parent or dependent	\$
Eye exams, surgery & LASIK	\$		
Dental cleanings, fillings & x-rays	\$	TOTAL	2 \$
Sealants, crowns, bridges & dentures	\$		
Braces, spacers & retainers	\$	ADOPTION EXPENSES (estin	mated annual)
Wisdom teeth, implants & oral surgery	\$	☐ Home study fees	\$
Psychologist & psychiatrist fees	\$	☐ Court costs & attorney fees	\$
Obstetrics & fertility	\$	☐ Agency fees & application fees	\$
Lab tests & body scans	\$	☐ Medical services & counseling	\$
Chiropractic & podiatrist fees	\$	☐ Travel & lodging expenses	\$
Oxygen, insulin, syringes & supplies	\$	Other fees & expenses	\$
Hearing aids, batteries & exams	\$	·	
Artificial limbs & braces	\$	TOTAL	3 \$
Arches & orthopedic shoes	\$		
Walkers, canes & wheelchairs	\$	INSURANCE PREMIUMS	
Physical & speech therapy	\$	DEDUCTED FROM YOUR PAYCHECK (es	timated annual)
$Weight\text{-}loss\ program\ (prescribed\ by\ doctor)$	\$	☐ Health insurance (your share only)	\$
Quit-smoking program & medications	\$	Other (your share only)	\$
Alcoholism & drug treatment	\$		
Medical alert bracelet & fees	\$	TOTAL	4 \$
$Reconstructive\ surgery\ (\textit{birth defect, disease})$	\$		
Wigs for hair loss caused by disease	\$		
Special schooling for disabled child	\$		
Travel & mileage to doctor or hospital	\$		

ESTIMATED ANNUAL EXPE	ENSES AND TAX SAVINGS
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1 + 2 + 3 + 4 = \$

Save between 25% and 40% on FICA, federal & state income tax (in applicable states).

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.

YOU SAVE

\$

36%

# IMPORTANT INFORMATION

### What is the take care® Flexible Benefit Plan?

It's 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 use funds in the account to pay for qualified expenses with the untaxed dollars. You are not taxed on the dollars you use in your take care account(s).

### If I set aside part of my pay, won't I make less money?

NO. For every dollar you set aside to pay qualified expenses, you save FICA, federal income tax and (where applicable) state withholding. Your net take-home pay will increase by the taxes you save. Plus, when you pay a qualified expense or receive a cash reimbursement, it's TAX FREE.

### Can I change my contributions during the year?

YES, but only in certain situations. For the Health Account and Dependent Care Account, you can change your election if you have a change in status or a change in your employment or the employment of your spouse or a dependent.

### What are the benefits of participating in a Flex Plan?

Your biggest benefit is saving payroll withholding taxes. What that means to you is that you'll save \$25 - \$40 on every \$100 you budget to pay for qualified expenses with the money in your flexible benefit account. That's because you don't pay taxes on the money you set aside each pay period for your flex account. (Your savings are based on the percentage of payroll taxes you would have paid had you not put your money into a flex account.)

### What expenses qualify for payment with my Flex dollars?

Most qualified expenses are for goods or services that you'll buy anyway. They include healthcare costs such as co-pays and doctors' fees; over-the-counter drugs and prescriptions; dental and eye care expenses; and daycare expenses for dependents so you can work, and even adoption expenses.

### How do I pay for qualified expenses?

Your take care® Visa® flex benefits card is the most convenient way to pay. And what's best, you don't have to reach into your pocket when you use the card to pay qualified expenses. By paying with the card, your purchase is deducted from the appropriate balance in your take care account(s).

### Do I need to file claim forms?

Not in most cases. You only need to file a claim when the merchant or provider does not accept your take care® card. It is easy to file a claim. Just complete a claim form, attach a copy of the receipt(s), then send to your plan service provider. You'll receive your TAX-FREE reimbursement in a short time. Even if you use your take care card, you are required to keep receipts. Occasionally, you may be asked to provide documentation of purchases made with your take care card.

### How does money get deposited into my account?

Through regular payroll deductions. It's that simple. Estimate how much you spend annually on the expenses that qualify to be paid from your flex account, then enroll!

### How do I know how much is available for me to spend?

Your balance and other details are always available online or by calling the Flex Hotline.

# Must money be deposited in my account before I pay expenses or file a claim?

NO. The entire annual amount you elect for the Health Flexible Spending Account (FSA) is available on the first day and throughout the plan year. However, funds in the Health Savings Account (HSA), dependent care, and adoption accounts are available only when they are deposited into your account.

### I already have health insurance.

### Why should I participate in the Health Account?

The Health Account is used to pay for expenses not covered by insurance. These include co-pays, over-the-counter medications, glasses, contacts, orthodontics, and prescription drugs, just to name a few.

### I don't use my employer's health insurance. Can I still save?

YES. You can still set aside money through regular payroll deductions (before taxes are taken out) to budget and pay for qualified expenses. Remember, a qualified expense paid from this plan cannot be reimbursed from another plan.

# I take a dependent care credit on Form 1040. Will this Dependent Care Account save more?

The more you earn, the more you'll save. In addition, you'll also save social security tax (FICA) with a Dependent Care Account. So don't wait until April 15 to take the credit. Now you can save taxes on every paycheck. Which is best for you? Visit our web site and use our easy calculator to determine your savings.

## Will the Adoption Assistance Plan save more than taking the credit on my Form 1040?

If you expect to pay more than the annual limit in any one calendar year, you might want to take advantage of both. Take the tax credit on Form 1040 and be reimbursed for additional adoption expenses through this plan. Please note: Although you won't save FICA on contributions to the Adoption Assistance plan, you will save federal and state taxes (where applicable). Consult your tax advisor for details.

### What if I don't use all of the money in my account?

Generally, unused balances may not be paid to you in cash or used in a later year. However, for the Health FSA or Dependent Care Account, your employer may have elected to allow you to incur expenses up to 2-1/2 months after the plan year end and use the remaining plan year balance to reimburse those expenses. If you do not use all the money in your HSA, it may be carried over indefinitely.

### What happens to my account if I terminate employment?

You may request reimbursement from your FSA for qualified expenses incurred prior to your termination. Your HSA account belongs to you and is portable. Check your Summary Plan Description for additional rights provided by your employer's plan.

### Are there any negatives that I should know about?

Because you may not pay social security tax on the amount of gross pay you set aside for qualified expenses, your social security benefits at retirement may be slightly reduced. How-ever most tax advisors recommend taking advantage of current tax-savings opportunities like the take care plan. Also, if disability insurance premiums are paid on a pre-tax basis, any future benefits you receive will be taxable.

take care®

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