



YOUR CAFETERIA PLAN SERVICE SPECIALISTS!

myCafeteriaPlan
432 East Pearl Street
Miamisburg, OH 45342

Phone: 937.865.6500
Fax: 937.865.6502
Claims@myCafeteriaPlan.com

Contact your Benefits Department about joining today and take advantage of this powerful PRE-TAX benefit!

- 24-hr Online Access
- Fast Payment of Claims
- Personalized Service
- Mail, Fax, & Email Claims
- Downloadable Forms
- Fillable Forms

Eligible Expenses for your Cafeteria Plan - Medical FSA

Medical, dental, and vision expenses for you, your spouse, and dependents include:

- Acupuncture • Ambulance • Artificial limbs • Braille books and magazines (the excess cost above regular book price) • Chiropractors' fees (for treatment of a specific medical condition) • Christian Science practitioners' fees • Coinsurance • Contacts • Contact Lens Solution • Copayments • Crutches • Dentists' fees (for treatment other than cosmetic services) • Dentures • Diabetic supplies • Eye exams • Eyeglasses • Fees associated with organ donations • Fees associated with medical records transfer to a new doctor • Gynecologists' fees • Health insurance deductibles (which are associated with specific costs) • Hearing aids/batteries • Hearing trained animal • Immunizations/vaccinations • Insulin • Laboratory fees
- Language training for disabled person • Laser/Lasik eye surgery • Legal fees associated with the treatment of a mentally ill person • Mileage related specifically to an eligible medical visit • Obstetrical fees
- Orthopedic shoes • Physical therapists' fees • Prescription drugs • Prescription eyeglasses and/or contact lenses • Psychiatrists' fees • Psychologists' fees • Psychotherapists' fees • Radial keratotomy/ortho keratology • Routine physicals • Seeing-eye dog (purchase, training & care) • Skilled nurses' fees
- Smoking cessation treatments and prescriptions • Sterilization fees • Treatment for substance addiction • Transportation expenses (for medical reasons) • Wheelchair
- **Over-the-counter (OTC)* items such as Antacids, Aspirin, Cough Syrups, and Pain Relievers**

* IRS now allows over-the-counter (OTC) medications to be reimbursed through your Flexible Spending Account (FSA). To qualify, these medications such as antacids, aspirin, cough syrups, and pain relievers must be used to treat a medical condition or alleviate pain. To submit claims for OTC items, be sure item is clearly identified on the receipt, if it is NOT, please submit the receipt and cut out the box top and submit with a completed claim form to verify the claim.

Medical Expenses Not Allowed

- Expenses already reimbursed by insurance or other third party
- Expenses incurred outside of the plan year or eligible participation date
- Cosmetics • Cosmetic Surgery • Dancing Lessons • Electrolysis • Exercise Equipment or Programs
- Face Lifts • Hair Removal • Hair Transplant • Herbs and Herbal Treatments • Massage Therapy to relieve stress or depression • Rogaine • Teeth Whitening • Varicose Vein/Spider Vein Treatments • Vitamins

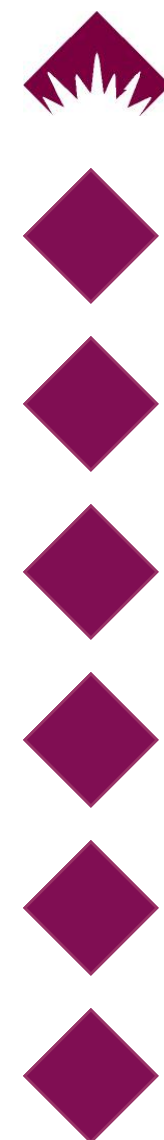
NOTE: All claims are eligible for reimbursement once the service has been performed, NOT when the service is paid. Medical FSA: Another benefit in the medical FSA plan is that claim requests will be paid up to your annual elections at any time during the plan year, regardless of the amount you have contributed to the plan. This plan allows you to budget for the year, but pay the expenses when the service is rendered. **Daycare FSA:** Claims will only be reimbursed up to the amount you have contributed to date and have available in your daycare FSA account. Most daycare providers require payment up front, which means you will pay the first period of service (weekly, bi-weekly, or monthly) and be one payment behind throughout the plan year, receiving the first period's payment at the end of the year. Medical FSA and Daycare FSA accounts MUST be managed as separate accounts and cannot be commingled.

Visit us online at www.myCafeteriaPlan.com

© 2001 myCafeteriaPlan.com



YOUR CAFETERIA PLAN SERVICE SPECIALISTS!



Sample Company, Inc. is offering you the opportunity to take advantage of this powerful pre-tax benefit!

Pay Less in Taxes

More Take Home Pay



www.myCafeteriaPlan.com

© 2001 myCafeteriaPlan.com

MCP1004

Save Taxes in the «Company Name» Cafeteria Plan!

WHAT IS A PRE-TAX SECTION 125 CAFETERIA PLAN?

Section 125 of the IRS Code allows «Company Name» to offer you a pre-tax benefit, which allows you to plan and be reimbursed for medical, dental, vision, child and elder dependent care costs with tax-free dollars. Participating in your company's pre-tax Cafeteria Plan will save you 25% to 40% in federal and state taxes (depending on your tax bracket) on every dollar you run through the plan. Basically, you are placing monies from each paycheck in an account for you to use for your annual out-of-pocket medical, dental, and vision expenses. Commonly referred to as a Medial Flexible Spending Account (FSA) and Daycare Flexible Spending Account (FSA).

HOW DOES PARTICIPATING REDUCE YOUR TAXES & INCREASE YOUR NET SPENDABLE INCOME?

When you participate in «Company Name»'s Cafeteria Plan (FSA), you decrease your taxable income because contributions are taken out before taxes are computed. That means Uncle Sam doesn't tax you on the monies you set aside and run through the plan. You can then be reimbursed for out-of-pocket medical expenses and/or dependent care expenses with this tax-free money. Let's look at an example using the table below: Jane earns \$3,000 a month and has unreimbursed medical expenses of \$200 a month. Before joining the Cafeteria Plan her unreimbursed medical expenses are paid with after-tax-money. Once joining the plan, she benefits from this pre-tax benefit, her taxable salary is reduced, her taxes decrease, and she receives more take home pay.



Pay Uncle Sam Less Taxes!

Employee Savings Table	Income Before Plan	Income After Plan
Gross Salary	\$3,000.00	\$3,000.00
Unreimbursed medical expenses	- 0	- 200.00
Taxable Salary	3,000.00	2,800.00
Taxes	- 750.00	- 700.00
After-tax Medical Costs	- 200.00	- 0
Net Spendable Income	\$2,050.00	\$2,100.00
By participating, your take-home pay INCREASES		\$50.00/month

WHAT EXPENSES CAN BE PAID THROUGH YOUR CAFETERIA (FSA) PLAN?

Qualified unreimbursed medical, dental, vision, and daycare expenses for you, your spouse, and your dependents that occur during the plan year while you are a participant in the plan. Examples include prescriptions, office co-pays, deductibles, eye exams, eyeglasses, contacts, contact lens solution, orthodontics, and more...You will find a sample listing of eligible reimbursement expenses on the back of this brochure. For more details visit the "Customer Service" section of our website at www.myCafeteriaPlan.com.

HOW DO I USE THE MONEY FROM MY MEDICAL FSA AND/OR DAYCARE FSA ACCOUNT?

It's easy - simply submit a completed claim form by mail, fax, or email attaching your supporting documentation. Supporting documentation for claims must include the provider's name, address, dates of service, service rendered, and the person for whom the service was performed. You may receive a claim form from your HR Department or download one from our web site at www.myCafeteriaPlan.com. For dependent care claims provide the same information or have your provider sign each claim form and provide a tax ID number. For a medical account, we will issue a reimbursement check for the claim amount up to your full annual election amount. For a dependent care account, a reimbursement check will be issued up to the amount you have contributed to date and have available in your plan. Per IRS regulations any monies left in your account at the end of the plan year, cannot be carried forward or returned. Therefore, refer to the worksheet on the opposite page to plan your annual election carefully and accurately.

CAN I CHANGE MY ELECTION DURING THE PLAN YEAR?

According to IRS regulations you may only join the plan during open enrollment or when you initially become eligible to join the plan. You can only set your election amount before the plan year starts (during open enrollment). You may only change your annual election amount if you have a qualified "change in status". Examples include a change in legal marital status, number of dependents, or termination of employment by either spouse. There may be other events that qualify and current IRS regulations will govern if an event qualifies for a change in status.

HOW CAN I FIND OUT THE BALANCE/STATUS OF MY ACCOUNT?

You may view your individual account information 24-hours a day on the Internet at our www.myCafeteriaPlan.com website or by calling our offices at 937.865.6500 or toll-free at 800.865.6543. Each time a claim is paid you'll receive an account summary attached to your check. If you ever have any questions/comments a friendly member of our staff will be glad to assist you.

Your Cafeteria Plan (FSA) Worksheet

This worksheet will help you estimate your annual unreimbursed medical, dental, vision, and dependent daycare costs. This list is not intended to be comprehensive, but it contains some of the more common eligible qualifying expenses for you, your spouse, and dependents. Please review this list along with the list of other sample eligible expenses on the back page of this brochure.

Medical	Medical Doctor's fees	_____	
	Annual Physical Examinations	_____	
	Dental Examinations	_____	
Dental	Orthodontic Work	_____	
	Dentures	_____	
	Eye Examinations	_____	
Vision	Eyeglasses	_____	
	Lasik Eye Surgery	_____	
	Contact Lenses and Solution	_____	
Other Miscellaneous	Prescription Drugs	_____	
	X-rays	_____	
	Lab Fees	_____	
	Hospital Services	_____	
	Ambulance Services	_____	
	Surgery	_____	
	Hearing Aids	_____	
	Nursing Home Costs	_____	
	Chiropractors	_____	
	Psychiatrists	_____	
	Psychologists	_____	
	Acupuncturists	_____	
	Eligible over-the-counter items	_____	
	Total Estimated Annual Expenses		(Line A) <input type="text"/>
	Number of Pay Periods		(Line B) <input type="text"/>
Amount of Reduction Per Pay Period		(Line A/B) <input type="text"/>	
Daycare/Eldercare Worksheet	Day Care	_____	
	Nursery School	_____	
	Baby Sitter (while you're working)	_____	
	Elder Care	_____	
Total Estimated Annual Expenses		(Line C) <input type="text"/>	
Amount of Reduction Per Pay Period		(Line C/B) <input type="text"/>	

