



A Turn For The Better

90 Degree Benefits Flexible Benefit Plan Offering

 The Right Turn For Your Benefits

Step 1

> Your Options

There are several accounts you can participate in with the Flexible Benefit Plan.

I. Flexible Spending Account

This account reimburses you for medical, dental & vision expenses not covered by insurance. 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 not covered by insurance.

Common expenses that qualify for reimbursement are – doctor visits, deductibles, co-payments, prescriptions, 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 dependent 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.

III. Additional Benefit

Your employer may have included benefits in addition to the programs described above. Your Human Resources Department will send notification, along with this enrollment brochure, if any such additional benefits are being offered at this time.

IV. Premium Savings Account

This account allows you to pay for your employer-provided health coverage and other insurance premiums with tax-free dollars. Be sure to let your employer know if you do not want your premiums paid tax-free.



Plan restrictions may apply. Check with your plan administrator.

Step 2

> Determining Your Reimbursable Expenses

By completing the following information, you can calculate your annual reimbursement expenses. Take into consideration the services to be provided during the upcoming year for you and your dependents. You and your dependents may enroll in this plan, even if not covered under your employer's health plan.

HEALTHCARE EXPENSES

MEDICAL (1)*

Deductibles	\$
Co-payments	\$
Doctor visits	\$
Prescriptions	\$
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	\$

Other Reimbursable Expenses **

TOTAL	\$
--------------	----

Estimated Annual Expenses and Tax Savings

Total Healthcare Expenses (add 1 + 2 + 3)	\$
Total Dependent Daycare Expenses	\$
Total Other Reimbursable Expenses	\$

TOTAL Expenses

\$

Deductions Per Paycheck

(Divided total expenses by number of paychecks 52,26,24,12)

TOTAL

\$

Savings Example:

Annual Election	\$2400.00
Tax Bracket (Contact your tax advisor)	25%
Estimated Annual Tax Savings	\$600.00

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

** An "Additional Benefit" may not be offered by your employer. Check with your Human Resources Department.



Plan restrictions may apply. Check with your plan administrator.

Step 3

➤ Complete the Participation Form

Your Human Resource Department will provide instructions to enroll in the plan.

The following health care expenses qualify for reimbursement under a Flexible Spending Account (FSA) plan.*

The items noted as (Rx) require a prescription or physician's letter listing a medical condition making the item necessary. The items noted as (LOMN) require a letter of medical necessity from your physician.

Only health care expenses not reimbursed by insurance can be claimed.

Acupuncture (excluding remedies and treatments prescribed by acupuncturist)	Drug and medical supplies (syringes, needles, etc.)	Oral surgery	Smoking cessation over-the-counter drugs
Airplane ear protection (LOMN)	Endodontist fees	Orthodontic fees	Smoking cessation products
Alcoholism treatment	Eye examination fees	Orthopedic devices	Smoking cessation programs
Ambulance	Eye surgery (cataracts, LASIK, etc.)	Osteopath fees	Special school for disabled child (LOMN)
Artificial limbs/teeth	Eyeglasses prescribed by your doctor	Over-the-Counter drugs that are medically necessary like allergy medications, aspirin, or antacids	Special supplements (LOMN)
Bedpans and ring cushions (LOMN)	Foot Spa (LOMN)	Oxygen	Special teeth cleaning system (LOMN)
Boost®/Pedicure® (LOMN)	Hearing devices and batteries	Oxygen (LOMN)	Surgical fees
by disease (LOMN)	Herbs (LOMN)	Pain relievers, including menstrual and migraine relief products	Therapeutic support gloves (LOMN)
Chiropractors	Home healthcare	Periodontist fees	Vitamins (LOMN)
Christian Science practitioner's fees	Hospital bills	Physician fees (cosmetic procedures not eligible)	Vitamins (LOMN)
Co-payments (doctor, dental, vision, pharmacy)	Incontinence supplies	Podiatrist fees	Weight loss over -the-counter drugs (Rx)
Contact lenses and solutions	Insulin	Prescribed medicines	Weight loss programs (LOMN)
Costs for physical or mental illness confinement	Laboratory fees	Psychiatric care	Weight loss programs and fees pertaining to a specific disease (LOMN)
Crutches	Laser eye surgery	Psychologist and psychiatrist fees	Wheelchair
Deductibles	Massagers (LOMN)	Radiology	Wigs for hair loss caused
Dental fees (cosmetic procedures not eligible)	Massages(LOMN)	Reconstructive surgery in connection with birth defect, disease, or accident. (LOMN)	X-rays and MRI
Dentures	Medicated lotions and sunscreen	Routine physicals and other non-diagnostic services or treatments	
Diagnostic fees	Menstrual products	Sleep aids	
Dietary Supplements and vitamins (LOMN)	Minerals (LOMN)		
	Obstetrics and fertility		
	Office visits		
	Oral care products		

**Plan restrictions may apply. Check with your plan administrator.*

Qualified expenses, *continued*

Antiseptics

Antiseptic mouthwash
Antiseptic wash or ointment for cuts or scrapes
Benzocaine swabs (Rx)
Boric acid powder (Rx)
First aid wipes (Rx)
Hydrogen peroxide (Rx)
Iodine tincture (Rx)
Rubbing alcohol (Rx)
Sublime sulfur powder (Rx)

Asthma and Allergy Medications

Allergy medications
Bronchial asthma inhalers
Bronchodilator/expectorant tablets
Cold relief syrup, tablets and drops
Cough relief syrup, tablets and drops
Flu relief syrup, tablets and drops
Homeopathic sinus medications
Medicated chest rub (Rx)
Nasal decongestant spray, drops or inhaler
Sinus and allergy nasal spray
Sinus medications
Vapor patch cough suppressant (Rx)

Diabetes

Diabetic lancets
Diabetic needles
Diabetic supplies
Diabetic syringes
Diabetic test strips
Glucose meters
Glucose tablets (Rx)

Ear/Eye Care

Airplane ear protection (LOMN)
Contact lens solutions (Rx)
Ear drops for swimmers (Rx)
Ear water-drying aid (Rx)
Earwax removal drops (Rx)
Homeopathic earache tablets (Rx)

Health Aids

Anti-fungal treatments (Rx)
Denture adhesives
Diuretics and water pills (Rx)
Hemorrhoid relief
Lice control
Medicated bandages
Motion sickness tablets (Rx)
Respiratory stimulant ammonia (Rx)
Sleeping aids

Pain Relief

Arthritis pain reliever
Bunion and blister treatments (Rx)
Itch relief
Orajel®
Pain relievers, aspirin and non-aspirin
Throat pain medications

Personal Test Kits

Cholesterol tests
Colorectal cancer screening tests
Home drug tests
Ovulation indicators
Pregnancy tests

Skin Care

Acne medications
Anti-itch lotion
Bunion and blister treatments (Rx)
Cold sore and fever blister medications (Rx)
Corn and callus removal medications (Rx)
Diaper rash ointment
Eczema cream
Medicated bath products

Stomach Care

Acid reducing gum, liquid and tablets
Adhesive or elastic bandages
Anti-diarrhea medications
Blood pressure meter
Cold or hot compresses
Eye drops (Rx)
Foot spa (LOMN)
Gas prevention tablets or drops
Gauze and tape (LOMN)
Gloves and masks (LOMN)
Herbs (Rx)
Ipecac syrup (Rx)
Laxatives
Leg or arm braces
Massagers (LOMN)
Minerals (Rx)
Multivitamins (Rx)
Pinworm treatment (Rx)
Saline nose drops (Rx)
Special supplements (Rx)
Special teeth cleaning system
Thermometers
Upset stomach medications
Vitamins (Rx)



**Plan restrictions may apply. Check with your plan administrator.*



Healthcare expenses that *do not* qualify for reimbursement under FSA plan.*

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement system
- Cosmetic surgery, procedure, and/or medications
- Cosmetics
- Cotton swabs
- Dental bleaching
- Deodorants
- Hair regrowth
- Hair restoration (procedures, drugs or medications)
- Low "carb" food
- Low calorie food
- Mail order prescriptions from another country
- Marriage and family counseling
- Petroleum jelly
- Premiums you or your spouse pay for insurance coverage (Payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan.)
- Shampoo and conditioner
- Skin care
- Spa salts
- Sun tanning products
- Weight loss programs for general health or appearance



**Plan restrictions may apply. Check with your plan administrator.*