limited purpose
eflexFSA

The eflex Limited Purpose Flexible Spending Account (LPFSA) is similar to a standard Health FSA. The difference with the LPFSA is that you're limited to claiming only eligible dental and vision related expenses. However, once you meet your health plan deductible, you may use the LPFSA to pay for other health-related expenses in addition to dental and vision care.

Simply determine a dollar amount that your employer will transfer to your LPFSA before calculating taxes each pay period. After the funds are transferred to your LPFSA, your gross income is lower (even though you have the money in another account), so the amount withheld for your income taxes is lower. Use the money in your LPFSA to pay for certain out-of-pocket dental and vision expenses. On the other side of this brochure, you'll find a worksheet to help estimate your out-of-pocket expenses so you can determine just how much pre-tax money you'd like to set aside.

Dependent care is also eligible under the LPFSA. Forms for enrollment and submitting recurring claims are available on the website under the forms section.

It's Simple

The steps for reimbursement under your LPFSA are easy. When you (or your covered family member) incur an eligible expense, just send a copy of your itemized statement, receipt and/or Explanation of Benefits (EOB) from your insurance carrier to eflex along with a completed claim form. We'll process your claim and promptly reimburse you. If you use your eflex Card, there's generally no need to submit a claim form or other documentation (unless we request substantiation). Simply swipe the card as you would any debit or credit card and the funds will automatically be deducted from your LPFSA. However, we recommend that you keep your receipts to ensure you comply with IRS regulations in the event of an audit.

savings
are clear

Web Self-Service and Personal Service Features

We invite you to take advantage of our easy online services 24/7/365. Your personal eflex Web account allows you to view your account status online, view your claims history, submit claims, and sign up for direct deposit. To access your account, visit our Website at www.eflexgroup.com and choose the "Employee" tab and "Account Lookup." You'll then be prompted to enter your username, which is your first initial, last name and the last four digits of your social security number. (Example: John Smith with a SSN of 123-45-1234 is jmith1234). The first time you log into your account, your password will be *eflex4me*; you'll be prompted to create a confidential new password for future use.

Your employer has selected eflexgroup.com (eflex) to administer your plan. Since 2000, eflex has been raising the bar in service for benefits administration.

If at any time you have questions or need assistance, contact eflex Customer Care toll free at 1.877.933.3539 or visit the online live support center at www.eflexgroup.com.

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Examples of Eligible Expenses

- Artificial teeth (if medically necessary)
- Braille books/magazines (eligible for price beyond that of standard books/magazines)
- Contact lenses and lens solution
- Dental expenses (non-cosmetic)
- Guide dog and its upkeep
- Lasik eye surgery
- Orthodontics (including braces and retainers)
- Prescription drugs (prescribed by eye doctor/dentist/orthodontist)
- Transportation expenses related to dental and vision care
- Vision care visits and eye glasses/prescription sunglasses
- Dependent Care expenses

Examples of Ineligible Expenses

- Any illegal treatment
- Cosmetic dental procedures (such as bleaching) and cosmetic surgery
- Non-prescription sunglasses/sunglass clips
- Remedial reading classes for a non-handicapped child
- Toothbrushes, toothpaste, mouthwash, etc.
- Vitamins/Supplements (require medical necessity letter)

Most over-the-counter (OTC) items are eligible once you meet health plan deductible. Eligible OTC items must be used to treat or alleviate personal injury or sickness, not for general health. Visit our website www.eflexgroup.com for further details on OTC guidelines.

Estimate Your Out-of-Pocket Health Care Expenses

Use this worksheet to estimate your expenses. The total you calculate here will help you determine the amount of pre-tax funds you should set aside in your eflex LPFSA.

Dental

$_____ Dental Deductibles

$_____ Coinsurance (e.g., you pay 20% of covered expenses)

$_____ Orthodontia (e.g., braces, retainers)

$_____ Other eligible dental expenses not covered by insurance

Vision

$_____ Exams

$_____ Vision Care (e.g., eye exams, contact lenses, prescription eyewear)

Preventive Co-Pay

$_____ Routine Medical Exams (e.g., physicals)

Dependent Care

$_____ Day-care centers

$_____ Other

Post-Deductible Medical *(after you meet your insurance plan deductible)*

$_____ Prescription Drugs

$_____ Coinsurance

$_____ Medically-required Equipment (e.g., wheelchair, prosthetic devices)

$_____ Chiropractor

$_____ Emergency Room Charges

$_____ Other Expenses

$_____ **Plan Year Total**

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