



## Union Local 1346

### *Cafeteria Plan provided by Warren Consolidated School District*

#### Plan Year 1/1/18 – 12/31/18

Benefits include: Employer Ceded (District) Provided  
Employer Ceded Full Time  
Employer Ceded Part Time

Employee May Select Optional Employee Contributed FSA

Unreimbursed Medical	\$ 2,650 maximum	\$60.00 per year minimum
Dependent Day Care	\$ 5,000 maximum	\$60.00 per year minimum

Use pre-tax dollars to pay for items needed throughout the year

**Medical FSA** - Elect up to \$2,650 maximum. Reimburses for deductibles, co-pays, dental, orthodontic, vision, LASIK, weight loss programs (with a note of medical necessity) smoking cessation and some over the counter items for you and your eligible dependents. Reimbursements made by check or direct deposit.

**Effective January 1, 2011 the Health Care Reform Act eliminated "over-the-counter" medicines from the list of eligible items.** Only medicines that are prescribed by a physician with a written prescription will be allowed. Eligible items allowed by the IRS without a doctor's prescription include diabetes items, diabetic lancets, diabetic supplies, diabetic test strips, glucose meters, syringes and needles, bandages, contact lens solution, denture bond.

**Dependent FSA**- Elect up to \$5,000 maximum. Reimburses for day care for children up through age 12 (includes pre-school tuition) for children, latch key, day camps and elder care needed for older adults (IRS allows \$5,000 per family per calendar year) Reimbursements made by check or direct deposit.

Enrollment is allowed only once per year. If you miss this opportunity you will need to wait until next year unless there is a qualifying event.

**Don't miss out! Sign up for your FSA during open enrollment!**

**Please submit completed enrollment form to the Employee Benefits Department**

#### **DEPENDENT CARE BENEFIT:**

IRS extension amendment included allows 2 ½ months grace period for

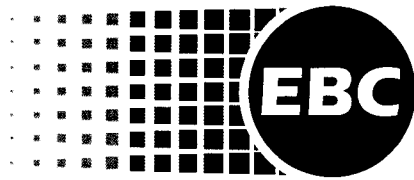
Dependent Care Reimbursement Claims incurred by March 15, 2019 and submitted by March 30, 2019.

#### **MEDICAL FSA BENEFIT:**

All expenses must occur on or before 12/31/18.

**ALL PAPER CLAIMS MUST BE SUBMITTED TO EBC BY (NOON) 12:00 PM 12/31/18**

**ALL DEBIT CARD SWIPES / TRANSACTIONS MUST BE DONE BY (NOON) 12:00 PM 12/31/18.**



## Employee Benefit Concepts, Inc. a Group Resources Company

*Not just insurance, but total assurance*

Mailing Address • P.O. Box 2365 • Farmington Hills, Michigan 48333-2365  
Phone 248-855-8040 • 248-855-2454 Fax • Outside (248) 1-800-344-4101

**Employee Benefit Concepts, Inc.**  
A Group Resources® Company

[www.employeebenefitconcepts.com](http://www.employeebenefitconcepts.com)

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### Qualified expenses – Child Day Care Assistance

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#### Child Day Care assistance expenses that DO qualify for reimbursement

**Child daycare expenses that qualify must allow you and your spouse, if you are married, to work, look for work or attend school:**

- Nanny, babysitter, housekeeper and nurse's fees thru age 12, for services provided inside your home, are eligible to the extent they are attributable to child care expenses and expenses of incidental household services.
- Dependent care expenses incurred for services outside your home, providing they are incurred for the care of a qualifying dependent that regularly spends at least 8 hours per day in your home.
- Registration fees to a daycare facility are eligible as long as the fees are allocable to actual care and not described as materials or other fees.
- Pre-school, Pre-K or nursery school expenses are eligible, even if the school also furnishes lunch and educational services. The cost of transportation furnished by a dependent care provider to or from a place where care is provided, a day camp, or an after-school program not on school premises.
- Before and after school care thru age 12
- Day camp expenses thru age 12 are eligible if the day camp's main purpose is the dependent child's well-being and protection.
- Expenses paid to a relative (e.g. child, parent, or grandparent of participant) are eligible. However, the relative cannot be under age 19 or a tax dependent of the participant.
- FICA and FUTA payroll taxes of the daycare provider.

#### Child Day Care assistance expenses that DO NOT qualify:

- Kindergarten fees are almost always an education expense and should never be reimbursed under a dependent care plan.
- Elementary school expenses for a child in first grade or higher.
- Overnight Camp.
- Food, and incidental expenses (diapers, activities, etc.) are not eligible if charged separately from dependent care expenses.
- Expenses paid to a housekeeper, maid, cook, etc. are not eligible, except where incidental to child care.
- Mass transit and parking.

#### How does this plan compare to the credit on my Form 1040?

Whether or not to participate in the Dependent Care Benefit (DCB) or to take the tax credit when you file your taxes depends on your income, filing status, number of dependents, and annual daycare expenses. Use our easy calculator to determine your savings.

#### Maximum payments allowed by the IRS

**Limitations: Child dependent care expenses may not exceed the smaller of the following limits:**

- The maximum allowed under the plan.
- \$5,000 (if you are married and filing a joint tax return or are filing as single, head of household) and \$2,500 if you are married and separate returns are filed.
- Your taxable compensation (after all compensation reduction elections). If you are married, your spouse's actual or deemed earned income.
- Eligible expenses include daycare costs for dependent children under the age of 13, or a child who is physically or mentally incapable of self care.
- The child must spend at least 8 hours a day in your household.

#### Limitation on qualified expense

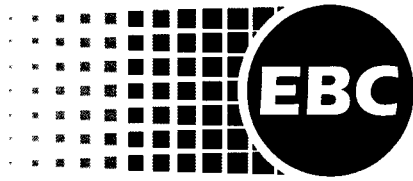
Your plan may restrict the reimbursement of one or more of these items. Check with your plan administrator. The total amount of all qualified expenses paid may not exceed the maximum allowed under the plan. Please review your Summary Plan Description or see your plan administrator for more information.

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**Web Site:** [Http://www.employeebenefitconcepts.com](http://www.employeebenefitconcepts.com)

**Email:** [claims@employeebenefitconcepts.com](mailto:claims@employeebenefitconcepts.com)

**Within (248) 855-8040 • Fax (248) 855-2454 • Outside (248) 1-800-344-4101 • 1-800-355-8040**



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a Group Resources® company

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### Qualified expenses – Elder Day Care Assistance

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#### Elder Day Care assistance expenses that DO qualify for reimbursement

**Elder and adult dependent daycare expenses that qualify must allow you and your spouse, if you are married, to work, look for work or attend school:**

- Housekeeper and nurse's fees, for services provided inside your home, are eligible to the extent they are attributable to elder care expenses and expenses of incidental household services.
- Elder care expenses incurred for services outside your home, providing they are incurred for the care of a dependent that regularly spends at least 8 hours per day in your home.

- Food and incidental expenses may be eligible if part of dependent care charge.
- Expenses paid to a relative (e.g. child) are eligible. However, the relative cannot be under age 19 or a tax dependent of the participant.
- FICA and FUTA payroll taxes of the daycare provider

#### Elder and adult dependent care expenses that DO NOT qualify for reimbursement:

- Overnight stays at medical or recreational facilities.
- Food, transportation, and incidental expenses (diapers, activities, etc.) are not eligible if charged separately from dependent care expenses.
- Expenses paid to a housekeeper, maid, cook, etc. are not eligible, except where incidental to adult dependent care.
- Mass transit and parking.

#### How does this plan compare to the credit on my Form 1040?

Whether or not to participate in the Dependent Care Benefit (DCB) or to take the tax credit when you file your taxes depends on your income, filing status, number of dependents, and annual dependent care expenses. Use our easy calculator to determine your savings.

#### Limitations: Adult dependent care expenses may not exceed the smaller of the following limits:

- The maximum allowed under the plan.
- \$5,000 (if you are married and filing a joint tax return or are filing as single, head of household) and \$2,500 if you are married and separate returns are filed.
- Your taxable compensation (after all compensation reduction elections). If you are married, your spouse's actual or deemed earned income.
- Eligible expenses include daycare costs for dependent elders or a dependent who is physically or mentally incapable of self care.
- The dependent must spend at least 8 hours a day in your household

#### Limitation on qualified expense

Your plan may restrict the reimbursement of one or more of these items. Check with your plan administrator. The total amount of all qualified expenses paid may not exceed the maximum allowed under the plan. Please review your Summary Plan Description or see your plan administrator for more information.

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# TAKE CARE FLEX BENEFITS CARD

The **take care**® Benefits Card is the quick and easy way to pay for eligible expenses from your Benefit account(s). You'll love the swipe-and-go convenience of this debit card. Use it to make a copayment at a doctor's office, purchase prescriptions at the pharmacy, buy a new pair of glasses, and more!

## WHY YOU NEED IT

- Pay eligible expenses directly from your **take care** benefit account—just swipe and go
- Avoid the hassle of submitting receipts—most Card transactions are automatically verified at checkout
- Enjoy the convenience of smart card functionality—use your Card with multiple take care benefit accounts

## HOW IT WORKS

The **take care** Benefits Card makes it quick and easy to pay for eligible expenses. This payment card works seamlessly with the take care MyFlex<sup>sm</sup>Mobile app for these benefits:

- Healthcare Flexible Spending Account
- Health Savings Account
- HSA-Compatible Limited Flexible Spending Account
- Health Reimbursement Arrangement
- Dependent Care
- Parking and Transit



## HOW YOU USE IT

Use your **take care** Benefits Card at the doctor, pharmacy, optician, and most general merchandise stores. It's easy—just swipe and go! Do you have more than one take care benefit account? No problem. This smart Card knows exactly which account to draw funds from based on your employer's benefit plan. In most cases, Card transactions are automatically verified.

## HOW YOU GET IT

Contact your benefits administrator for information on how to order your **take care** Benefits Card.

# take care<sup>®</sup>



The Flex Benefits Visa<sup>®</sup> Debit Card is issued by The Bancorp Bank member FDIC, pursuant to a license from Visa U.S.A. Inc. and can be used at qualified locations. The Card may not be used at all merchants that accept Visa debit card.

© 2014-2015 take care<sup>®</sup> plans. All rights reserved. The term "savings" herein refers only to tax savings and actual savings are dependent on individual tax rates. No part of this document constitutes tax, financial, or legal advice. Please consult your advisor regarding your personal situation and whether this is the right program for you.

3755 (08/2015)

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

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

(Rx) Prescription required effective 1/1/2011. (LOMN) Letter of Medical Necessity required from a physician.

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

## Health care expenses that *do not qualify* for reimbursement under a Flexible Spending Account (FSA) plan.\*

- Cosmetic surgery, procedures, and/or medications
- Dental bleaching
- Hair restoration (procedures, drugs or medications)
- Health club or gym memberships for general health
- Marriage and family counseling
- Over-the-Counter drugs or medications that are not prescribed by your physician
- Weight loss programs for general health or appearance
- Mail order prescriptions from another country
- Premiums you or your spouse pay for insurance coverage (Payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan.)

## Accepted Over-the-Counter (OTC) Items\*

(Rx) Prescription required effective 1/1/2011. (LOMN) Letter of Medical Necessity required from a physician.

### Antiseptics

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

### Cold, Flu, Asthma and Allergy Medications

- Allergy medications (Rx)
- Bronchodilator/expectorant tablets (Rx)
- Bronchial asthma inhalers (Rx)
- Cold relief syrup, tablets and drops (Rx)
- Cough relief syrup, tablets and drops (Rx)
- Flu relief syrup, tablets and drops (Rx)
- Homeopathic sinus medications (Rx)
- Medicated chest rub (Rx)
- Nasal decongestant spray, drops or inhaler (Rx)
- Nasal strips to improve congestion (Rx)
- Sinus and allergy nasal spray (Rx)
- Sinus medications (Rx)
- 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 cleaning solutions
- Ear drops for swimmers (Rx)
- Ear water-drying aid (Rx)
- Ear wax removal drops (Rx)
- Homeopathic earache tablets (Rx)

### Health Aids

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

### Miscellaneous Items

- Adhesive or elastic bandages
- Blood pressure meter
- Cold or hot compresses
- Eye drops (Rx)
- Foot spa (LOMN)
- Gauze and tape
- Gloves and masks
- Herbs (LOMN)
- Leg or arm braces
- Massagers (LOMN)
- Minerals (LOMN)
- Multivitamins (LOMN)
- Saline nose drops (Rx)
- Special supplements (LOMN)
- Special teeth cleaning system (LOMN)
- Thermometers
- Vitamins (LOMN)

### Pain Relief

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

### Personal Test Kits

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

### Skin Care

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

### Stomach Care

- Acid reducing gum, liquid and tablets (Rx)
- Anti-diarrhea medications (Rx)
- Gas prevention tablets or drops (Rx)
- Ipecac syrup (Rx)
- Laxatives (Rx)
- Pinworm treatment (Rx)
- Upset stomach medications (Rx)

## OTC items - not acceptable\*

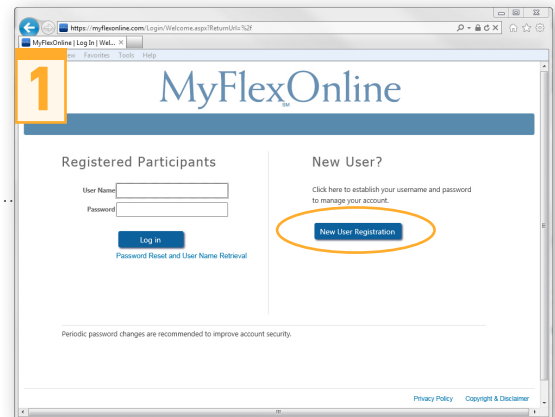
- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement system
- Cosmetics
- Cotton swabs
- Dental floss
- Deodorants
- Feminine care
- Hair regrowth
- Low "carb" foods
- Low calorie foods
- Oral care
- Petroleum jelly
- Shampoo and conditioner
- Skin care
- Spa salts
- Sun tanning products
- Toothbrushes

# MyFlexOnline

Access your flexible benefit account(s) anytime, anywhere. It's as easy as One, Two, Three!  
Go to MyFlexOnline.com, then:

## STEP ONE

- Click on the New User Registration link on the right side of the page.



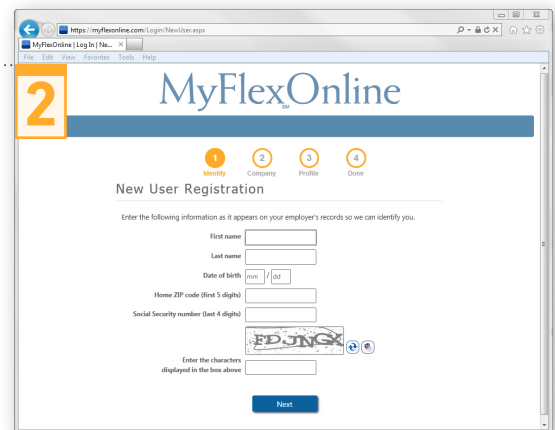
## STEP TWO

- Complete the required information
- Click on Next; you'll be asked to verify information about your employment, and then you will create a User ID and Password.

## STEP THREE

Once you've established your User ID and Password, you will be able to:

- Upload claims electronically
- Check claim status
- Receive electronic account updates
- Review your account balance
- And much, much more, 24/7!



Access your account on your mobile phone; enter MyFlexOnline.com into your phone's internet browser, or use the MyFlexMobile app.

Download the free MyFlexMobile app to your iPhone or Android smartphone, log in to your MyFlexOnline account, and:

- File a claim
- Snap a photo of receipts and submit them instantly for payment
- View transactions and account and card balances
- Sign up for text messages or email alerts about your account(s)

take care®

# MyFlexMobile

You'll love the convenience of the MyFlex<sup>SM</sup>Mobile app. This handy free mobile app is the quick and easy way to manage all of your flex benefits. Download MyFlexMobile to your smartphone, log in to your account, and check your balances, submit claims, snap photos of receipts, get alerts by text or email—all on the go!

## WHY YOU NEED IT

- Snap a photo of receipts and submit them instantly for payment to avoid the headache of verifying card transactions
- File claims, view transactions, and check account balances on the go
- Receive account alerts by email and text messages for the ultimate mobile convenience



## HOW IT WORKS

MyFlexMobile makes managing your benefits quick, easy, and completely mobile. It automates and streamlines everything—there are no forms to fill out, nothing to mail in. This handy mobile app works with:

- Healthcare Flexible Spending Account
- Dependent Care Flexible Spending Account
- Health Savings Account
- HSA-Compatible Flexible Spending Accounts
- Health Reimbursement Arrangement
- Commuter benefits

take care<sup>®</sup>



# MyFlexMobile

## HOW YOU USE IT

It's easy to use MyFlex<sup>SM</sup>Mobile. Simply download this free app to your iPhone or Android smartphone, log into your take care account, and use MyFlexMobile to:

- File a claim
- Snap a photo of receipts and submit them instantly for payment
- View transactions and account and card balances
- Sign up for text messages or email alerts about your account(s)



## HOW YOU GET IT

Download MyFlexMobile from the iTunes Store or Google Play—it's free.



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