

# SAVE 25% TO 40% ON EVERYDAY ITEMS

WHEN YOU ENROLL IN YOUR  
take care® FLEX BENEFITS PLAN

Reduce taxes & increase your take-home pay

HEALTH CARE  
CO-PAYS  
DENTAL CARE EYE CARE  
ADULT ELDER DAY CARE  
PRESCRIPTIONS  
CHILD DAY CARE



take care® OF YOURSELF

# take care® OF YOURSELF

Take just a second right now and take advantage of a smart, simple way to prepare for expenses not covered by your employer's health insurance plan. It's called "take care," and it allows you to use pre-tax income for things like co-pays at the doctor's office, prescribed over-the-counter drugs and prescriptions, chiropractic treatment and even prescribed weight-loss programs.

P R E S C R I P T I O N   D R U G S  
C O - P A Y S                      S M O K I N G - C E S S A T I O N   P R O G R A M S  
M E D I C A L   S U P P L I E S                      O F F I C E   V I S I T S  
W E I G H T - L O S S   P R O G R A M S                      C H I R O P R A C T I C  
A S S O C I A T E D   W I T H   S P E C I F I C   D I S E A S E S                      P S Y C H O L O G I S T   F E E S

By taking advantage of this flexible benefits plan, you'll be able to hold on to more of your paycheck in a special, easily accessible account. Just check off the items on the worksheet on page 6 of this booklet. Then, once you enroll, the entire amount you estimate for health care expenses for the year will be available to you on the first day of the plan year.

Save 25% to 40%  
through payroll  
deduction.



You can use the money in your account for whatever services or items you check on the worksheet – prescribed over-the-counter medications, prescriptions and doctor co-pays, eyeglasses, orthodontia, LASIK procedures or eye surgery. This way, the money is ready and waiting whenever you need it. It's that simple when you plan ahead, budget and enroll.

Save on items not  
covered by your  
insurance plan.

By saving money with the plan, you get to use more of what you make for the things your family needs. You can also make adjustments to your plan in case your status changes due to marriage, divorce, birth, adoption loss of a dependent or a change in your employment or the employment status of your spouse or a dependent.

Take home more  
of the money  
you earn.

L A S I K   S O L U T I O N S  
C O N T A C T S  
E Y E G L A S S E S  
E Y E   S U R G E R Y



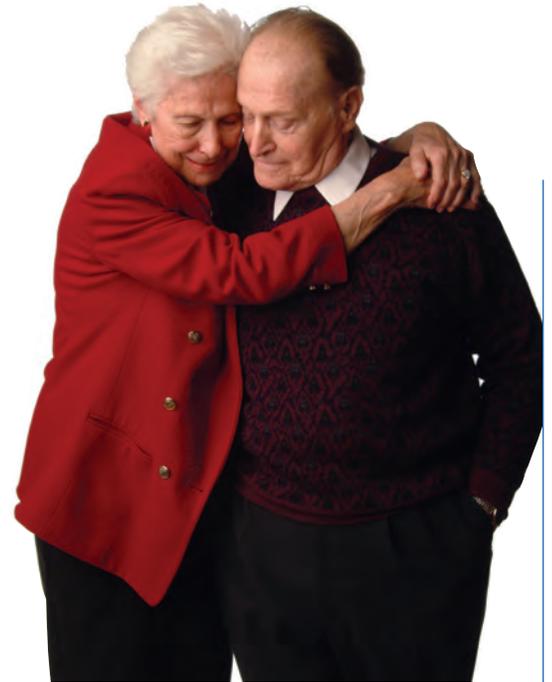
BEFORE / AFTER SCHOOL CARE  
DAYCARE FEES  
NURSERY SCHOOL  
NANNY EXPENSES  
DAY CAMP

If you are a working parent, you can use your **take care** plan to cover the expenses of child care. Just estimate your costs for those services for the coming year. Check them off on the worksheet on page 6 of this booklet, then enroll in the plan. A portion of that money will be deducted automatically from your paycheck before you're taxed. Now you'll be saving for something you pay for every month and use the money you take home for other things.

Save 25% to 40% on qualified expenses.



Your flexible benefits plan can help you realize significant savings on adult and elder day care expenses (so you can work) for a qualified member of your family. You can use your **take care**® Flex Benefits Visa® Debit Card to pay for care received both in and outside the home. And it's simple to keep track of how much money is in your account. All you have to do is check your account online.



Enroll in your tax-saving flexible benefits plan.

HEARING AIDS  
ELDER DAYCARE  
DENTURES  
PHYSICAL THERAPY  
HOME HEALTH CARE  
MEDICAL ALERT BRACELETS

[mytakecareplan.com](http://mytakecareplan.com)

# HERE'S HOW THE **take care**<sup>®</sup> PLAN WORKS

SAVE \$25 TO \$40 ON EVERY \$100 YOU SPEND

Take a look at three typical examples. While everyone is different, they all enjoy big tax savings. Worried about not using all the money you put in your account? We'll remind you to make your purchases before the year ends. Relax, and enjoy the tax savings and increased take-home pay.



## Single parent with one child

<input type="checkbox"/> Co-pays to doctors & pharmacies	\$ 135
<input type="checkbox"/> Drugs (prescribed over-the-counter & prescription)	540
<input type="checkbox"/> Eye exams & LASIK	80
<input type="checkbox"/> Prescribed sunglasses & eyeglasses	200
<input type="checkbox"/> Dental cleanings, fillings & x-rays	160
<input type="checkbox"/> Quit-smoking program	125
<input type="checkbox"/> Before and after school care & day camp	5,000
<b>TOTAL BUDGETED EXPENSES</b>	<b>\$ 6,240</b>

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

## Young couple with two children

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

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

*\*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.*

## Mature couple with dependent elder

<input type="checkbox"/> Co-pays to doctors & pharmacies	\$ 360
<input type="checkbox"/> Drugs (prescribed over-the-counter & prescription)	1,260
<input type="checkbox"/> Prescribed sunglasses & eyeglasses	800
<input type="checkbox"/> Eye exams, surgery & LASIK	2,120
<input type="checkbox"/> Dental cleanings, fillings & x-rays	240
<input type="checkbox"/> Dentures, sealants, crowns & bridges	1,200
<input type="checkbox"/> Chiropractor & podiatrist fees	910
<input type="checkbox"/> Physical therapy	1,560
<input type="checkbox"/> Quit-smoking program	125
<input type="checkbox"/> Weight-loss program (for specific disease)	520
<input type="checkbox"/> Elder day care for dependent adult	5,000
<b>TOTAL BUDGETED EXPENSES</b>	<b>\$ 14,095</b>

**\*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 day care expenses through the plan with tax-free dollars – and she saves \$100 each month!

### Her paycheck without the plan

Salary	\$2,000	1345
FICA, federal & state taxes	-\$500	
Insurance premium	-\$100	\$ 1,100.00
Health & day care expenses	-\$300	
<b>Net pay without the plan</b>	<b>\$1,100</b>	<b>0053</b>

### Her paycheck with the plan

Salary	\$2,000	1345
Insurance premium <sup>1</sup>	-\$100	
Health & day care expenses <sup>1</sup>	-\$300	\$ 1,200.00
Adjusted earnings	\$1,600	<b>saved \$100</b>
FICA, federal & state taxes	-\$400	
<b>Net pay with the plan</b>	<b>\$1,200</b>	<b>0053</b>

<sup>1</sup>Paid through the plan



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**<sup>®</sup> Flex Benefits Visa<sup>®</sup> Debit 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 Visa, you may pay your provider directly, then submit a receipt and wait for a reimbursement check or have the money deposited directly into your bank account.

# Enroll in your employer's flexible benefit plan and you'll save \$25 to \$40\* on every \$100 you spend.

Whether its increased premiums, co-pays, deductibles that you may be required to pay before your insurance begins to pay your health care expenses, or the cost of prescription medications, out-of-pocket health care expenses continue to soar.

**THERE'S A REMEDY FOR THAT.** Enroll in your employer's flexible benefits plan.

The following are some of the more common out-of-pocket expenses that qualify for payment with your flex benefit dollars.

*(This list does not cover all qualified expenses. For a more comprehensive list, check out [mytakecareplan.com](http://mytakecareplan.com))*

## Prescriptions & co-pays

- Prescription drugs & co-pays
- Diabetic supplies & insulin
- Prescribed over-the-counter medicines

## 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
- 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

## Health-related expenses

*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.
- Therapeutic support gloves
- Elevated toilet seat
- Special schooling for disabled child
- Artificial limbs & braces
- Arches & orthopedic shoes
- Wigs for hair loss caused by disease
- Hearing devices & batteries
- Crutches & canes
- Wheelchairs, walkers and shower chairs
- Medical alert bracelet & fees
- Bedpans & ring cushions
- Travel to doctors or health care facilities
- Ambulance expenses

## 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
- Day care for a disabled adult or child
- Elder day care for parent or dependent

## IRS requirement that affects Over-the-Counter (OTC) medicines

The IRS requires that reimbursement requests for OTC drugs and medicines be accompanied by a physician's prescription in order to be reimbursed under health flexible spending accounts (FSAs), health reimbursement arrangements (HRAs) and health savings accounts (HSAs).

OTC drugs and medicines will continue to be eligible for reimbursement from these benefit plans as long as the reimbursement request is accompanied by a doctor's prescription. This means items such as cough medicines, pain relievers, acid controllers and diaper-rash ointment will require a doctor's prescription to be submitted along with the reimbursement request. Insulin and other OTC items, such as band-aids, will continue to be eligible without a prescription.



See [mytakecareplan.com](http://mytakecareplan.com) for additional details

\*Your actual savings on the contributions you make to your flex benefit plan is based on the percentage of payroll taxes you would have paid had you not put your money into a flex account. Your annual savings are determined by multiplying your total budgeted expenses by the percentage of payroll taxes you pay.

# take care<sup>®</sup> OF YOURSELF WORKSHEET

Visit [mytakecareplan.com](http://mytakecareplan.com) for the complete list of covered items

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 budget 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. Then enroll in your plan.

Use the easy calculator at [mytakecareplan.com](http://mytakecareplan.com)

## HEALTH CARE EXPENSES (estimated) FOR EXPENSES NOT PAID BY INSURANCE

### PRESCRIPTIONS & CO-PAYS

- Prescription drugs & co-pays \$ \_\_\_\_\_
- Diabetic supplies & insulin \$ \_\_\_\_\_

### DOCTOR FEES & CO-PAYS

- Doctor co-pays \$ \_\_\_\_\_
- Office visits & checkups \$ \_\_\_\_\_
- Psychologist & psychiatrist fees \$ \_\_\_\_\_
- Obstetrics & fertility \$ \_\_\_\_\_
- Lab tests & body scans \$ \_\_\_\_\_
- Chiropractic & podiatrist fees \$ \_\_\_\_\_
- Reconstructive surgery (birth defect, disease) \$ \_\_\_\_\_

### OVER-THE-COUNTER

- Medicines & supplies \$ \_\_\_\_\_

*(Reimbursement requests for OTC drugs and medicines must be accompanied by a physician's prescription in order to be reimbursed by your plan.)*

### DENTAL SERVICES & SUPPLIES

- Dental cleanings, fillings & x-rays \$ \_\_\_\_\_
- Sealants, crowns, bridges & dentures \$ \_\_\_\_\_
- Braces, spacers & retainers \$ \_\_\_\_\_
- Wisdom teeth, implants & oral surgery \$ \_\_\_\_\_

### VISION SERVICES & SUPPLIES

- Prescribed sunglasses & eyeglasses \$ \_\_\_\_\_
- Contact lenses, solutions & supplies \$ \_\_\_\_\_
- Eye exams, surgery & LASIK \$ \_\_\_\_\_

### HEALTH IMPROVEMENT PROGRAMS

- Physical & speech therapy \$ \_\_\_\_\_
- Weight-loss program (prescribed by doctor) \$ \_\_\_\_\_
- Quit-smoking program & medications \$ \_\_\_\_\_
- Alcoholism & drug treatment \$ \_\_\_\_\_

### HEALTH-RELATED EXPENSES

*Generally, these items require a doctor's prescription to qualify*

- Hearing aids, batteries & exams \$ \_\_\_\_\_
- Artificial limbs & braces \$ \_\_\_\_\_
- Arches & orthopedic shoes \$ \_\_\_\_\_
- Walkers, canes & wheelchairs \$ \_\_\_\_\_
- Medical alert bracelet & fees \$ \_\_\_\_\_
- Wigs for hair loss caused by disease \$ \_\_\_\_\_
- Travel & mileage to doctor or hospital \$ \_\_\_\_\_

**TOTAL HEALTH CARE** **1** \$ \_\_\_\_\_\*

## DEPENDENT CARE EXPENSES (estimated) SO YOU CAN WORK

- Nanny & babysitter thru age 12 \$ \_\_\_\_\_
- Pre-K or nursery school \$ \_\_\_\_\_
- Before & after school care thru age 12 \$ \_\_\_\_\_
- Day camp thru age 12 \$ \_\_\_\_\_
- Day care for a disabled adult or child \$ \_\_\_\_\_
- Elder day care for parent or dependent \$ \_\_\_\_\_

**TOTAL DEPENDENT CARE** **2** \$ \_\_\_\_\_

## INSURANCE PREMIUMS (estimated) DEDUCTED FROM YOUR PAYCHECK

- Health insurance (your share only) \$ \_\_\_\_\_
- Other (your share only) \$ \_\_\_\_\_

**TOTAL INSURANCE PREMIUMS** **3** \$ \_\_\_\_\_

## ESTIMATED ANNUAL EXPENSES AND TAX SAVINGS

**1** \_\_\_\_\_ + **2** \_\_\_\_\_ + **3** \_\_\_\_\_ = \$ \_\_\_\_\_

Save between 25% and 40% on FICA, federal & state income tax (in applicable states). x 36%

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** \$ \_\_\_\_\_

\*Effective for plan years beginning on or after January 1, 2013 participant salary reductions to your Health Care FSA may not exceed \$2,500. Salary reductions (contributions) to your Health Care FSA limit may be less, review your Summary Plan Description (SPD) for contribution levels.

# SAVE YOUR **take care**® EXPENSE RECEIPTS



Whether you pay for qualified expenses with the **take care** Card or with personal funds, IRS rules require you to keep all receipts for expenses paid for with your flex benefit dollars. The IRS requires us to capture specific information in order for us to 1) approve a claim reimbursement request or 2) verify a purchase made with a flex benefit card.

There will be instances when you use your **take care** Card that you will be requested to provide detailed receipts to verify a purchase or expense. This may include payments you made for a co-pay that does not match the co-pay amount linked to your flex benefit, or for services received at a medical provider. This is because some medical providers perform services that are not qualified to be paid with flex benefit dollars, so the IRS requires us to verify medical expenses paid for with your **take care** Card.

Note: The information on a debit or credit card receipt and cancelled checks do not meet IRS requirements; therefore we do not accept them as supporting documentation. Acceptable receipts include: an itemized bill (a medical provider or retailer's detailed receipt), explanation of benefits (EOB) or other documentation from your health provider or health plan.

## IT'S AS EASY AS...

- 1 BUDGET
- 2 ENROLL
- 3 SAVE

If you don't enroll, you won't save!  
It's that simple.

**take care**®

[mytakecareplan.com](http://mytakecareplan.com)



# 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).

## 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.) Effective for plan years beginning on or after January 1, 2013 participant salary reductions to your Health Care FSA may not exceed \$2,500. Salary reductions (contributions) to your Health Care FSA limit may be less, review your Summary Plan Description (SPD) for contribution levels.

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

Most qualified expenses are for goods or services that you'll buy anyway. They include health care costs such as co-pays and doctors' fees; prescribed over-the-counter (OTC) drugs and medications; dental and eye care expenses; and day care expenses for dependents so you can work.

## How do I pay for qualified expenses?

Your **take care**® Flex Benefits Visa® Debit 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?

You only need to file a claim when purchasing OTC items or 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! (See worksheet on page 6 of this booklet.)

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

Your balance and other account 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 through-out the plan year. However, funds in the dependent care account 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, prescribed OTC 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 website and use our easy calculator to determine your savings.

## 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 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.

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

You may request reimbursement from your FSA for qualified expenses incurred prior to your termination. 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. However most tax advisors recommend taking advantage of current tax-savings opportunities like **take care**. Also, if disability insurance is paid on a pre-tax basis, any future benefits you receive will be taxable.

**take care**®