

Chard-Snyder Flexible Spending Accounts

Open a Flexible Spending Account and Save 25-40% on Healthcare and Dependent Daycare Expenses!

With a Flexible Spending Account (FSA), you pay for eligible expenses with tax-free dollars. You won't have to pay federal, social security or most states' taxes on the money you put into the plan. Your exact savings will depend on your personal tax rate.

It's So Easy to Use Your Flexible Spending Account

If you use the Benny[®] prepaid benefits card, you can pay for many expenses without cash! Or you can just pay for your expenses and submit a claim. It's easy to submit claims by email, fax, U.S. mail or through the website. Most reimbursements are received within two weeks depending on your plan's payment option.

Use the Chard Snyder website any time to check your current balance, see the status of a claim or review the history of your account.

Get the Most From Your Flexible Spending Account... Plan Ahead to Save

You will want to plan ahead to save the most you can. Money you do not spend will not roll over to the next year so plan carefully! Follow these steps:

1. Use the Annual Expense Estimate Worksheets on the back of this brochure or on our website to help you plan
2. Review the lists of eligible expenses for your plans
3. Total what you paid last year for eligible expenses for each plan
4. Write down any new expenses you are sure of for the new plan year for each plan such as a pair of glasses, prescriptions, orthodontia or another family member needing daycare, etc.
5. The total for each plan helps you decide how much to put into your accounts

Use the
Tax-Savings
Calculator at
www.chard-snyder.com

Eligible healthcare and dependent daycare expenses are exempt from federal income and social security taxes as well as most state income taxes. Your tax savings will vary based on your tax bracket.

Set money aside for healthcare expenses and/or for dependent daycare expenses

A Whole New Way to Manage Your Account

Chard Snyder offers you the tools you need to manage your Flexible Spending Account whether you are on the road or at your home computer. The secure online access lets you see your account activity, manage your personal profile, access forms and read messages...the information you need when you need it.



Pay for Eligible Expenses With Benny... No Cash Required!

Benny® is smarter than the average card and recognizes many eligible expenses such as doctor's office visits, prescriptions and emergency room visits. Benny helps you stay within IRS rules by allowing purchases only at locations that provide eligible services or merchandise. Benny even knows which items are eligible at most places that sell over-the-counter healthcare merchandise. Using Benny means you can keep your cash in your pocket for other things. You'll receive two cards, one for you and one for another family member.



Use Our Mobile App and Keep Up-To-Date Wherever You Are

Use your iPhone®, Android® or tablet device to access your account balance anywhere. See specific transaction details and submit healthcare claims and receipt images. Best of all, choose the text alerts you want to receive. You'll know when claims are confirmed or denied and when receipts are needed to support your claim.

Benny Prepaid Benefits Card Helps You Save Money

See the list of stores that accept Benny at www.chard-snyder.com.



Don't throw away your Benny...you can use it for up to five years. There is an expiration date on the front of your card.



Your healthcare election will be available on the first day of your plan year.



New participants will be mailed a set of two cards in their name.



Call us to order a set of two extra or replacement cards for a charge of \$10.



Look for this Envelope

Be on the lookout for this envelope in the mail. It will say Your New Employee Benefits Materials Are Enclosed – Please Open Immediately! Your cards are enclosed.

Save money—Use Your Flexible Spending Account dollars at

 **FSA Store**

THE FLEXIBLE SPENDING ACCOUNT SITE

\$5 off Your purchase of \$50 or more. Limit one per customer. Exp. 7/31/2015



Enter code **chard50off** at checkout

Scan the QR code or go to the home page

Your Healthcare

Flexible Spending Account



Save Your Receipts!

No matter how you submit a claim, the IRS requires that you prove it was for an eligible expense. Even if you use Benny you may be asked to send us a receipt, Explanation of Benefits (EOB), or bill as proof. Your proof must provide the date of the expense, a description of the item or service, the name of the store or provider and the amount you paid. Your expense must have occurred during the time period covered by your plan.

Save on out-of-pocket healthcare expenses for you and your family. Use your healthcare account to pay for expenses not covered by your medical, dental and vision insurance plans such as deductibles, co-payment amounts and eligible services and merchandise for which you have no coverage.

Use your plan like an interest-free loan for expenses such as glasses, contact lenses, dentures, oral surgery, tooth implants or Lasik surgery. The tax-free money withheld from your check pays for big expenses painlessly.

The IRS does not allow us to pay claims for doctor's retainer fees (VIP fees), medical services before they are provided (such as your expected costs as shown on dental estimates) or cosmetic merchandise or procedures such as tummy-tucks or teeth-whitening.

Over-the-counter drugs and medicines such as ibuprofen, acetaminophen or cough syrup are eligible with a prescription from your doctor. A copy of the prescription for your over-the-counter medications must be sent to Chard Snyder once a year for claim approval.

Examples of Eligible Healthcare Account Expenses

| | | |
|---------------------------------------|---------------------------------|----------------------------------|
| Acupuncture | Fluoridation treatments | Physical therapy |
| Alcoholism / drug addiction treatment | Guide dog | Prescriptions |
| Artificial limbs | Hearing aid / batteries | Private hospital room |
| Artificial teeth | Hospital services | Psychiatric care (prescribed) |
| Braille books / magazines | Insulin | Reading glasses |
| Childbirth classes | Laboratory fees | Sales tax (on eligible expenses) |
| Chiropractors | Lasik surgery | Smoking cessation (prescribed) |
| Co-insurance / co-pays | Learning disability | Speech training |
| Contact lenses / solution | Medical monitoring devices | Transplants |
| Crutches | Medical services | Vaccines |
| Deductibles | Operations / surgery | Weight loss (prescribed) |
| Dental treatment | Optometrist | Wheelchair |
| Denture adhesives | Orthodontia* | X-ray fees |
| Eye exams / eyeglasses | Osteopath | |
| Fitness classes (Prescribed) | Physical exams (non-employment) | |

*Find our brochure titled *Save on Orthodontia With a Flexible Spending Account* on our website for a complete explanation of how orthodontia claims are paid.

Find the
Using Your
Flexible Spending
Account
brochure on the
Chard Snyder
website for
complete details

Your Dependent Daycare Flexible Spending Account Can Save You Hundreds of Dollars

Are you paying for the care of dependent children under the age of 13 or dependents of any age who are unable to care for themselves? Now you can pay for your dependents' daycare while you are at work or school and save 25-40% in taxes on every dollar.

Just enroll in the plan during your benefits open enrollment period and choose the amount you want to put aside for daycare. The annual maximum a household may set aside is \$5,000. Married couples filing singly may each set aside up to \$2,500. Divorced couples should check the FAQs on our website for special rules.

Tax-free money from your paycheck will be added to your dependent daycare account balance. You pay your daycare provider and then submit a claim for reimbursement. The plan works like a checking account in that you may only be reimbursed for the amount you have in your account at the time of your claim. If your claim is for more than the balance in your account, the rest of your claim will be paid when more money is added.



Examples of Eligible Dependent Daycare Expenses

Choose the care that best suits your situation:

- | | |
|--------------------|----------------------|
| In-home babysitter | Nursery school |
| Daycare center | Summer day camp |
| Outside babysitter | Elder custodial care |
| Latchkey program | Elder daycare |

Important Points

You save 25-40% because you don't pay federal, social security or most states' taxes on the money you spend for daycare.



Choose your amount carefully. Once you are enrolled you cannot change it unless you change daycare providers, you have or adopt a child, or your child turns 13.



Services must be provided while you and your spouse are at work, seeking employment or attending classes as a full-time student.



Services must be provided during the current plan year. Your plan year is explained in your enrollment materials.



You should contact your tax advisor to discuss how you might use this benefit with the child care tax credit.



3510 Irwin Simpson Road
Mason, OH 45040
Tel: 513.459.9997 | 800.982.7715
Fax: 513.459.9947 | 888.245.8452
askpenny@chard-snyder.com
www.chard-snyder.com



Healthcare Account Annual Expense Estimate Worksheet



| | Actual Expenses Last Year | Estimated Expenses New Year |
|---|---------------------------------|-----------------------------------|
| <u>Medical</u> | | |
| Co-pays / expenses | | |
| Prescriptions | \$ _____ | \$ _____ |
| Physician visits | \$ _____ | \$ _____ |
| Hospital visit co-pays /expenses (including Emergency) | \$ _____ | \$ _____ |
| Laboratory/testing expenses | \$ _____ | \$ _____ |
| Deductible expenses | \$ _____ | \$ _____ |
| Over-the-counter items (medicines require a prescription to be eligible) | \$ _____ | \$ _____ |
| <u>Vision</u> | | |
| Eye examination | \$ _____ | \$ _____ |
| Eyeglasses | \$ _____ | \$ _____ |
| Contact lenses and solution | \$ _____ | \$ _____ |
| Lasik surgery | \$ _____ | \$ _____ |
| Other expenses | \$ _____ | \$ _____ |
| <u>Hearing</u> | | |
| Hearing examination | \$ _____ | \$ _____ |
| Hearing aid | \$ _____ | \$ _____ |
| <u>Dental</u> | | |
| Co-pays / expenses | | |
| Dental visits | \$ _____ | \$ _____ |
| Fillings | \$ _____ | \$ _____ |
| Major work (root canals, crowns, dentures, etc.) | \$ _____ | \$ _____ |
| Orthodontia (braces) | \$ _____ | \$ _____ |
| Deductible expenses | \$ _____ | \$ _____ |
| Other expenses | \$ _____ | \$ _____ |
| Total annual amounts | \$ _____ | \$ _____ |

Dependent Daycare Account Annual Expense Estimate

Child Daycare*

Full-time daycare (per week)

Child one \$ _____

Child two \$ _____

Part-time daycare (per week)

Child one \$ _____

Child two \$ _____

1. Estimate the cost per week for each category of care
2. Calculate annual cost
(Weekly full-time daycare + weekly part-time daycare X number of weeks per year)
3. Total amount \$ _____

* Child must be less than 13 years of age.

Disabled Daycare*

Caregiver
monthly cost \$ _____

Multiply monthly
cost times
number of months
estimated \$ _____

*Daycare provided for a dependent of any age who requires assistance with the basic tasks of daily life due to physical or mental challenges.



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