

Flexible Spending Accounts Summary

All information provided is in summary format.

For complete details of coverage, exclusions, limitations, etc., please refer to the summary plan document, certificate or master contract, not this online summary.

Eligibility	Fulltime employees only
Enrollment Period	New hire, life event or open enrollment
Plan Benefits	<ul style="list-style-type: none"> • Medical Reimbursement Account • Dependent Care Account
Annual Benefits Limitation	Medical Reimbursement Account: Minimum \$250 Maximum \$10,000 Dependent Care Account: Minimum \$250 Maximum; \$2,500 single; \$5,000 family
Plan Year	January 1 st through December 31 st .
Dependent Care Expenses	Dependent care expenses are eligible if they enable you and your spouse to be gainfully employed.
Eligible Dependent	Children under the age of 13, a disabled spouse or other tax dependent who is physically or mentally incapable of self-care.
Eligible Expenses	Must be tied to the care of a qualified dependent, excluding tuition, educational expenses or overnight camps.
Medical Related Expenses	(Many) health care expenses incurred by you and your family not covered by a health insurance plan, such as deductibles and co-payments. Eligible health care expenses include, but are not limited to:
Eligible Medical Expenses	Corrective orthodontia, deductibles, co-payments, vision care, dental care, chiropractic care, prescriptions, medical aids, licensed massage, and over the counter drugs.
Additional Information	Click this link for additional eligible expenses information http://www.irs.gov/pub/irs-pdf/p502.pdf
Time Frame to File Claims	You have until March 31 st of the following year to submit expenses incurred through December 31.
Permitted Changes to Plan Contributions	Qualified change in family status