



2015 Employee Benefits Guide



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The purpose of this booklet is to describe the highlights of your benefit program. Your specific rights to benefits under the Plans are governed solely, and in every respect, by the official Plan documents and insurance contracts, and not by this booklet. If there is any discrepancy between the description of the Plans as described in this material and official Plan documents, the language of the plan documents shall govern.

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CONTACT INFORMATION

Contact Information		
Vendors	Phone Number	Website
Coventry (<i>Medical</i>) Group Number: 621165 	Call the toll-free number on the back of your ID card.	www.chcmisouri.com
Lincoln (<i>Dental</i>) Group Number: 1D028187 	Call the toll-free number on the back of your ID card.	www.lfg.com
VBA (<i>Vision</i>) Group Number: 3612 	Toll Free (800) 432-4966	www.visionbenefits.com
Lincoln (<i>Life/AD&D</i>) Group Number: 10190986 	Toll Free (800) 423-2765	www.lfg.com
Lincoln (<i>Voluntary Life/AD&D</i>) Group Number: 40000100018342	Toll Free (800) 423-2765	www.lfg.com
Lincoln (<i>STD</i>) Group Number: 10190988 	Toll Free (800) 423-2765	www.lfg.com
Lincoln (<i>LTD</i>) Group Number: 10190987 	Toll Free (800) 423-2765	www.lfg.com
H&H Health Associates (<i>EAP</i>) 	(314) 845-8302 Toll Free (800) 832-8302	www.hhhealthassociates.com
Aflac 	Toll Free (800) 99-Aflac	www.aflac.com
CBIZ (<i>HRA & FSA</i>)	Toll Free (800) 815-3023, press 4	myplans.cbiz.com
CBIZ (<i>COBRA Services</i>)	Toll Free (800) 815-3023, press 6	enroll.cbiz.com
Benefits Team	Phone	Email
Frost HR Service Team 	(314) 995-5517 Toll Free (877) 634-6235 Fax (866) 399-0412	FrostHR@cbiz.com
Consultant Sara R. Miller Karen Grasso 	(314) 692-2249 Toll Free (800) 844-4510	samiller@cbiz.com kgrasso@cbiz.com

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ENROLLING IN THE PLANS

ENROLLING IN THE PLANS IS FAST AND EASY -
HERE'S HOW:

- Read your materials and make sure you understand all of the options available.
- Log in to cbizems.com using your *UserID* and *Password* by the date provided by Frost HR.
- Under the *Change Events* section, click *Begin Event*.
- Follow the onscreen instructions to complete enrollment. Use the *Save & Continue* button to move to the next screen.
- Review and confirm your elections and information. If accurate, click *Save & Confirm Elections*. If you need to make a change, select the screen you wish to return to in the *Steps* list.
- Print your confirmation statement for your records.

For help with completing the form, or if you have any questions regarding the benefits offered, please contact the Frost Human Resources Department.

IMPORTANT NOTE:

It is very important that you complete your enrollment by the due date provided by Frost HR. If you do not complete your enrollment by that date, you will, by default, waive your rights to the company sponsored group benefits.

ELIGIBILITY

Joining the Plan:

If you are a Frost new hire, please contact Frost HR to review the waiting period requirements for each benefit. You will be provided the date on which your coverage becomes effective.

You may submit your enrollment forms/applications and complete enrollment anytime before this date, but you must complete the enrollment process within 30 days of the effective date. If you do not submit your enrollment information within 30 days after your effective date you will need to wait until the next annual open enrollment to make your benefit elections.

WHO CAN YOU ADD TO YOUR PLAN:

Eligible:

- Legally married spouse
- Natural or adopted children under 26 years old
- Children under your legal guardianship
- Your stepchildren
- Children under a qualified medical child support order
- Disabled children 26 years or older

Ineligible:

- Divorced or legally separated spouse
- Common law spouse, even if recognized by your state
- Foster children
- Sisters, brothers, parents or in-laws, grandchildren, etc.



FREQUENTLY ASKED QUESTIONS

ARE CHANGES TO MY PLAN ALLOWED DURING THE YEAR?

Generally, you may only enroll in the plan, or make changes to your benefits, during the re-enrollment period or when you are first hired. However, you can make changes/enroll during the plan year if you experience a qualifying event. As with a new enrollee, you must have your paperwork turned in within 30 days of the qualifying event or you will have to wait until the next annual open enrollment period.

EXAMPLES OF QUALIFYING EVENTS?

- Your dependents or you lose health coverage because of loss of eligibility or loss of employer contributions
- You get married, divorced, or legally separated (with court order)
- You have a baby or adopt a child
- You or your spouse take an unpaid leave of absence
- You or your spouse dies
- You become eligible for or lose Medicaid coverage
- You become eligible for Medicare

HOW OFTEN ARE BENEFIT DEDUCTIONS TAKEN FROM MY PAYCHECK?

Payroll deductions will be based on 24 pay periods. The months in which you have a 3rd paycheck, the 3rd payroll will not have deductions for benefits except for 401(k) contributions, Holiday Savings Plan, or United Way.

PRE-NOTIFICATION INFORMATION

Coventry will require notification before you receive certain covered health services. In general, Network providers are responsible for notifying Coventry before they provide these services to you. There are some Network Benefits, however, for which you are responsible for notifying Coventry and as a rule Coventry should be notified of all

Out-of-Network services. Services for which you must provide pre-service notification are identified in the Schedule of Benefits within each Covered Health Service Category which is located in your enrollment packet.

COVENTRY PROVIDERS

With Coventry's Find a Doctor online tool, it's simple to look for medical providers in your area.

1. Go to chcmisouri.com
2. At the top of the page, select Find a Doctor.
3. Click on Enter Provider Search.
4. Under Select a plan, choose PPO Network.
5. Input your zip code or other search criteria and choose Go.

Remember, regardless of the medical plan option you choose, the provider network is the same.

MEDICAL PLAN IMPORTANT FEATURES

- You have the opportunity to choose the in network deductible that best fits your family needs.
- All other plan features remain the same regardless of the deductible you choose.
- The deductible and out of pocket maximums are based on a Plan Year. This means these benefit features start over at \$0 every June 1st.
- All medical plan co-pays, coinsurance, deductibles, and prescription drug co-pays accumulate towards the out of pocket maximums.

Remember, you have a choice on where to go for care.

- Doctor's Office—Manage your overall health
- Convenience Care Clinic—non-urgent visits when your doctor is not available
- Urgent Care Center—non-emergency visits when your doctor is not available
- Emergency Room—serious or critical visits

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MEDICAL INSURANCE—Incentive Plan (\$3,000 Ded) Option

Benefit Plan	Incentive Plan In-Network	Incentive Plan Out-of-Network
Deductible (calendar year)		
Single	\$3,000	\$6,000
Family	\$6,000	\$12,000
Coinsurance (plan pays/you pay)		
	80% / 20%	60% / 40%
Out-of-Pocket Limit (including the deductible + coinsurance + copayments)		
Single	\$5,000	\$8,000
Family	\$10,000	\$16,000
Copayments		
Primary Physician Visit	\$25 co-pay	Deductible, then you pay 40%
Specialist Physician Visit	\$50 co-pay	Deductible, then you pay 40%
Preventive Care	Plan pays 100%	Not Covered
Major Diagnostic Lab	\$200 co-pay	Deductible, then you pay 40%
Emergency Room Visit	\$200 co-pay	\$200 co-pay
Urgent Care Center Visit	\$50 co-pay	\$50 co-pay
Prescription Drug Coverage		
Retail Pharmacy	\$15/40/65	Deductible, then you pay 40%
Mail Order Pharmacy	\$30/80/130	Not Covered

2015 Employee Incentive Plan Medical Contributions

Employee Semi-Monthly Cost	Previous 2014 Cost	New 2015 Cost
Employee	\$46.15	\$46.15
Employee & Spouse	\$205.27	\$216.41
Employee & Child(ren)	\$189.62	\$199.66
Employee & Family	\$277.82	\$294.04

MEDICAL INSURANCE—Base Plan (\$2,000 Ded) Option

Benefit Plan	Base Plan In-Network	Base Plan Out-of-Network
Deductible (calendar year)		
Single	\$2,000	\$6,000
Family	\$4,000	\$12,000
Coinsurance (plan pays/you pay)		
	80% / 20%	60% / 40%
Out-of-Pocket Limit (including the deductible + coinsurance + copayments)		
Single	\$5,000	\$8,000
Family	\$10,000	\$16,000
Copayments		
Primary Physician Visit	\$25 co-pay	Deductible, then you pay 40%
Specialist Physician Visit	\$50 co-pay	Deductible, then you pay 40%
Preventive Care	Plan pays 100%	Not Covered
Major Diagnostic Lab	\$200 co-pay	Deductible, then you pay 40%
Emergency Room Visit	\$200 co-pay	\$200 co-pay
Urgent Care Center Visit	\$50 co-pay	\$50 co-pay
Prescription Drug Coverage		
Retail Pharmacy	\$15/40/65	Deductible, then you pay 40%
Mail Order Pharmacy	\$30/80/130	Not Covered

2015 Employee Base Plan Medical Contributions

Employee Semi-Monthly Cost	Previous 2014 Cost	New 2015 Cost
Employee	\$92.94	\$92.94
Employee & Spouse	\$289.87	\$303.66
Employee & Child(ren)	\$274.45	\$287.16
Employee & Family	\$362.37	\$381.23

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MEDICAL INSURANCE—Buy Up Plan (\$1,000 Ded) Option

Benefit Plan	Buy Up Plan In-Network	Buy Up Plan Out-of-Network
Deductible (calendar year)		
Single	\$1,000	\$6,000
Family	\$2,000	\$12,000
Coinsurance (plan pays/you pay)		
	80% / 20%	60% / 40%
Out-of-Pocket Limit (including the deductible + coinsurance + copayments)		
Single	\$5,000	\$8,000
Family	\$10,000	\$16,000
Copayments		
Primary Physician Visit	\$25 co-pay	Deductible, then you pay 40%
Specialist Physician Visit	\$50 co-pay	Deductible, then you pay 40%
Preventive Care	Plan pays 100%	Not Covered
Major Diagnostic Lab	\$200 co-pay	Deductible, then you pay 40%
Emergency Room Visit	\$200 co-pay	\$200 co-pay
Urgent Care Center Visit	\$50 co-pay	\$50 co-pay
Prescription Drug Coverage		
Retail Pharmacy	\$15/40/65	Deductible, then you pay 40%
Mail Order Pharmacy	\$30/80/130	Not Covered

2015 Employee Buy Up Plan Medical Contributions

Employee Semi-Monthly Cost	Previous 2014 Cost	New 2015 Cost
Employee	\$135.35	\$135.35
Employee & Spouse	\$374.47	\$391.21
Employee & Child(ren)	\$358.86	\$374.51
Employee & Family	\$447.54	\$469.39

HEALTH REIMBURSEMENT ACCOUNT (HRA)

Remember, this process only applies to you if you elect to participate in the \$1,000 or \$2,000 deductible options for yourself and your dependents.

Step 1

Present your Medical ID card to your Coventry provider at the time of service.

Step 2

The provider sends the claim detail to Coventry where the network discount is deducted from the total charges. The benefits are applied to the remaining amount and an Explanation of Benefits (EOB) is generated and sent to both the provider and the patient.

Step 3

When the in network deductible is applied to a claim, fax a copy of the EOB along with a completed CBIZ reimbursement form to (877) 634-6236.

Once the elected deductible amount is completely satisfied, CBIZ will begin reimbursing you until the maximum in network deductible (\$3,000/\$6,000) has been satisfied.

HRA CONTACT INFORMATION

Phone Number: (800) 815-3023 (press 4 for Flex Dept)

Hours of Operation: 8:00 a.m. to 8:00 p.m. ET (Monday thru Friday)

Web Access: www.myplans.cbiz.com (provides 24 hour access to your account information)

Claims Address: CBIZ Flex, 310 First Street, Ste. 600, Roanoke, VA 24011

Claims Fax Number: (877) 634-6236 (All claims received by Wednesday at 5:00 p.m. ET will be processed by Friday of the same week.)



PRESCRIPTION BENEFITS

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed by Coventry and approved before they're covered. This process, called **prior authorization**, helps ensure drugs are used as recommended by The FDA. Prior authorization focuses mainly on drugs that may have:

- Risk of serious side effects or dangerous drug interactions
- High potential for incorrect use or abuse
- **Better alternatives that may cost you less**
- Restrictions for use with very specific conditions

Prior authorization may require you to take an additional step when you are prescribed certain medications, but the long-term gain is lower out-of-pocket prescription costs for you and reduced claims expense for Frost and potentially lower future renewal increases.

Some prescription drugs are covered only if the physician obtains prior authorization from Coventry. In addition, coverage for some drugs is provided in limited quantities and duration.

This is only a brief summary of benefits. The Certificate, issued when coverage is approved for the group, contains program details, and will, in all cases, have control over any information in this summary. The certificate is available upon request.

PREVENTIVE CARE

Certain preventive services will be covered without charging a deductible, copayment, or coinsurance when these services are provided by a **network provider**. The types of preventive services covered are defined by federal law and can vary based on your age, gender, and health status. There may be services you had in the past that will now be covered as preventive at no cost to you. The preventive services included in this provision are described at www.healthcare.gov.

WOMEN'S PREVENTIVE CARE COVERAGE

Your health plan will provide first dollar coverage for certain women's preventive coverage without any cost sharing requirements (co-payment, coinsurance or deductible), when delivered by in network providers. This includes 100% coverage for FDA-approved tier 1 contraceptive methods for women when filled at an in network pharmacy.

SUMMARY OF MATERIAL MODIFICATION

Frost has amended the Frost Electric Supply, Inc. Medical Plan. This benefit guide contains a summary of the modifications that were made. It should be read in conjunction with the Summary Plan Description or Certificate of Coverage, which is available to you once it has been updated by the carriers. If you need a copy, please submit your request to the HR Team.

DENTAL INSURANCE

Lincoln Voluntary Dental

Benefit/Service	Out-of-Network	
	In-Network	Benefit
Preventive	100%	80%
Basic	80%	80%
Major	50%	50%
Ortho	50%	50%
Deductibles & Maximums		
Deductible Individual *	\$50	\$75
Deductible Family	\$150	\$225
Annual Maximum Per Person	\$1,000	
Lifetime Orthodontia Maximum **	\$1,000	

* Does not apply to preventive services.

** Orthodontic services are available for children up to age 19 and the annual deductible does NOT apply.

The Lincoln *MaxRewards* maximum rollover feature allows covered members to roll over a portion of their unused annual maximum into a *MaxRewards* account balance. This flexibility lets members save for more expensive dental treatment down the road.

Contact Frost HR for more information regarding this program and how to qualify.

2015 Employee Dental Contributions

Dental Employee Cost	Semi-Monthly
Employee	\$10.29
Employee Plus One	\$20.11
Employee Plus Family	\$37.31

You will have coverage both in-network and out-of-network. It is to your advantage to utilize a network dentist to take advantage of contracted fees. You will experience the deepest discounts when seeing an in-network dentist. If you go out-of-network, you will be responsible for any amount exceeding Lincoln's negotiated rates plus any deductible and co-insurance associated with your procedure.

Out-of-Network Services

All out-of-network claims are paid at the 90th Percentile of UCR. The provider will bill the insured for any charges that exceed the 90th Percentile of UCR. (Usual and Customary Reimbursement)



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VISION INSURANCE

VBA Voluntary Vision

Benefit/Service	In-Network	Out-of-Network Benefit
Examination	\$10 Co-pay	\$42 reimbursement
Frequency of Service:		
Exam	Every 12 months	
Lenses	Every 12 months	
Frames	Every 24 months	
Lenses:	\$25 Co-pay then:	Reimbursement:
Single	100%	\$40
Bifocal	100%	\$60
Trifocal	100%	\$80
Frames	Covered 100% up to \$130 Retail, then 20% off the balance	\$45
Contacts:		Reimbursement
Necessary	Covered at 100%	\$210
Cosmetic	\$130 Allowance	\$105

Vision Benefits of America (VBA) maintains a network of more than 16,000 participating Optometrists, Ophthalmologists and Retail Locations nationwide to provide professional vision care for persons covered under this plan.

Select a VBA Participating Provider in your area. When scheduling an appointment, please notify the VBA provider that your vision coverage is administered by VBA. The provider will contact VBA to verify eligibility via on-line system and will process services received electronically.

To access a list of participating providers and to verify your benefit eligibility prior to visiting your eye care provider, please visit www.visionbenefits.com or call (800) 432-4966.

Discounts on LASIK services are also available.

2015 Employee Vision Contributions

Vision Employee Cost	Semi-Monthly
Employee	\$3.00
Employee Plus One	\$5.70
Employee Plus Two or More	\$7.80



BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

This benefit is paid by Frost for all benefit eligible employees. It is administered through Lincoln Financial. In the event of your death, your beneficiary will receive \$15,000. The Accidental Death and Dismemberment (AD&D) benefit is equal to your basic group life insurance benefit. Benefit reductions apply upon attaining certain age levels.

VOLUNTARY LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Your Voluntary Life/AD&D is administered through Lincoln Financial. An equal amount of AD&D coverage may also be purchased when you elect voluntary life. You must purchase voluntary life on yourself in order to purchase coverage for your spouse and dependent children.

VOLUNTARY LIFE/AD&D EMPLOYEE CONTRIBUTION (Rates are per month)	
Age Band	Employee/Spouse Rate per \$1,000*
Under 30	\$0.09
30-34	\$0.11
35-39	\$0.15
40-44	\$0.23
45-49	\$0.36
50-54	\$0.60
55-59	\$0.97
60-64	\$1.27
65-69	\$1.99
70+	\$3.49
Vol. AD&D	\$0.021/\$1,000
Child Life	\$0.082/\$1,000

*Spouse rates are based on the employee's age

Employees can purchase up to \$500,000 of coverage in \$10,000 increments. The Guarantee Issue amount for newly eligible employees is \$150,000.

Spousal coverage is available in \$5,000 increments not to exceed 100% of the employee amount up to a maximum of \$500,000. The Guarantee Issue amount for newly eligible spouses is \$30,000. Coverage is available for children from birth to 6 months in the amount of \$1,000. Children age 6 months up to age 19, or 25 if a full-time student, can purchase coverage in \$1,000 increments up to a \$10,000 maximum.

Please note: You or your spouse may elect or increase insurance coverage up to 2 increments on a guaranteed acceptance basis during your annual open enrollment period, provided that you or your spouse have not been previously declined, withdrawn, or pending for coverage. Otherwise, you will be required to complete an Evidence of Insurability form and be approved by Lincoln Financial before coverage becomes effective.

Benefit reductions apply upon attaining certain age levels

Lincoln Financial provides value added services such as TravelConnect, when you travel more than 100 miles from home, and LifeKeys, which provides bereavement and will prep assistance. Contact the Frost HR team for more information about these available programs.

This is meant to be a summary of benefits only. Please review to your certificate of coverage for information pertaining to the policies benefits and limitations.

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VOLUNTARY SHORT TERM DISABILITY

Short term disability is intended to protect your income for a short duration in case you become ill or injured.

Beginning on the 15th day of an illness or injury, you are eligible to receive 60% of your weekly income to a maximum of \$1,500 through Lincoln Financial. The maximum benefit period is 11 weeks. (The weekly income benefit is subject to a 3/12/12 pre-existing condition limitation.)

VOLUNTARY LONG TERM DISABILITY

Long term disability is intended to protect your income for a long duration after you have depleted short term disability or any sick leave your company may offer.

After the 90th day of an illness or injury, you may be eligible for long term disability benefits through Lincoln Financial. The disability benefit changes to a monthly benefit and covers 60% of your monthly salary to a maximum of \$5,000. The duration of this benefit is based upon the extent of your disability and contact maximums. (This monthly income benefit is subject to a 3/12/12 pre-existing condition limitation.)

The monthly rate for this benefit is \$0.43 per \$100 of monthly covered payroll.

VOLUNTARY WORKSITE BENEFITS

Aflac offers voluntary products that are used to compliment your medical benefits by helping you cover your expenses until your deductible is satisfied. These products are eligible for pre-tax payroll deductions.

Accident Indemnity—This plan helps you cover your out of pocket expenses associated with an accident. Cash benefits are paid directly to you based on a schedule.

Critical Care & Recovery—Specific Health Event Policy includes, but is not limited to: Coma, Paralysis, Stroke, Heart Attack, Intensive Care, Transplants, etc.

Cancer Indemnity—While major medical insurance can help with the costs of cancer treatment, you may still have out of pocket expenses that are not covered by your major medical insurance, including travel, food, lodging, child care and household help. Includes coverage for surgical and non-surgical treatment for cancer, including Hospice Care.

These Aflac plans have pre-existing condition waivers and terms. For Aflac coverage(s) employees must meet with an Aflac representative to complete your application. These plans are portable. Please contact Frost HR if you have any questions.

VOL. SHORT TERM DISABILITY MONTHLY RATES

Age Band	Employee Monthly Rate per \$10
Under 25	\$0.20
25-29	\$0.21
30-34	\$0.20
35-39	\$0.21
40-44	\$0.24
45-49	\$0.27
50-54	\$0.31
55-59	\$0.39
60-64	\$0.48
65-69	\$0.54
70+	\$3.490.54

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Through our EAP contract with our service provider, H&H Health Associates (H&H), you and your eligible dependents can receive confidential assistance with personal and work/life concerns.

Our EAP benefit offers confidential, short-term counseling for personal and family issues at no cost to you. The EAP provides short-term, confidential counseling in dealing with family and relationship issues, substance abuse, stress and anxiety, communication issues, and emotional concerns. The EAP also provides the following services to help you balance work and home life:

- Managing stress and change
- Family and relationship concerns
- Parenting issues
- Legal concerns
- Budgeting and debt management
- Substance abuse
- Care management for aging parents
- Locating child and elder care resources
- Identifying school/college resources
- Emotional and personal conflicts
- Depression and grief
- Lifestyle weight management
- Work performance issues
- Retirement issues
- Health and wellness issues
- Financial planning

H&H is an independent firm that specializes in providing professional counseling services through highly qualified, licensed behavioral health practitioners. H&H professionals answer calls 24 hours a day, seven days a week. H&H's telephone number is 314-845-8302 or 1-800-832-8302. When you call the EAP, an H&H representative will answer any questions you have and set up an appointment for you. Please visit the H&H website for additional information at www.hhhealthassociates.com.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) OFFER FREE OR LOW-COST HEALTH COVERAGE TO CHILDREN AND FAMILIES

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

For a listing of the states that offer assistance please contact HR. You can also contact:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

FLEXIBLE SPENDING ACCOUNTS (FSAs)

The FSAs have a plan year of January 1st to December 31st.

TYPES OF ACCOUNTS

SECTION 125 MEDICAL SPENDING ACCOUNT: This account enables you to pay with pre-tax dollars any medical, dental, vision, and prescription and non-prescription (used to treat personal injuries or sickness only) drug expenses that are not covered under your insurance program or that of your spouse. You may also cover dependent health care expenses through the account even if you choose single coverage. The total amount of your annual pledge is available to you up front thus reducing the risk of a large out-of-pocket expense at any one time during the plan year. Be aware that with the Section 125 Medical Account, any unused portion of the account at the end of the plan year is forfeited. You cannot establish the FSA if you also contribute to a Health Savings Account (HSA).

DEPENDENT CARE EXPENSE ACCOUNT: This account gives you the opportunity to redirect a portion of your annual pay on a pre-tax basis to pay for dependent care expenses. An eligible dependent is any member of your household for whom you can claim expenses on your Federal Income Tax Form 2441, "Credit for Child and Dependent Care Expenses." Children must be under age 13. Care centers which qualify include dependent care centers, preschool educational institutions, and individuals, as long as the caregiver is not a child of yours under age 19 or anyone you can claim as a dependent for tax purposes. Before deciding to use the Dependent Care Expense Account, it would be wise to compare its tax benefit to that of claiming a child care tax credit when filing your tax return. Either may be better, depending on your personal situation.

You may not use both. You may want to check with your tax advisor to determine which method is best for you and your family. Any unused portion of your account balance at the end of the plan year is forfeited.

Maximum Contributions

Section 125 Medical Account	\$2,550 max
Dependent Care Expense Account	\$5,000 max

ACCOUNT STATEMENTS

You may request a full statement of your accounts at any time by calling or sending a written request to CBIZ. You can also manage your account by logging onto myplans.cbiz.com to view account balances, view the expenses that have been paid, and see any other account information.

HOW THE ACCOUNT WORKS

When you have eligible expenses not covered under the health insurance plan, such as co-payments and deductibles, you can utilize your CBIZ FSA Debit Card for payment from your Section 125 Medical Account. For expenses not directly related to a health plan claim, you may submit a FSA claim form with your receipt and a reimbursement payment is issued to you directly or you may use your CBIZ FSA Debit Card to pay for out-of-pocket expenses at qualified vendors.

When you have dependent care expenses, you may complete a dependent care claim form and submit it to CBIZ with a receipt from your child care provider. A reimbursement payment is issued to you directly. Please note, the receipt for your child care provider must include the name, address, and federal tax identification number or social security number of the provider.

FLEXIBLE SPENDING ACCOUNTS (FSAs) - con't

Plan your contribution carefully. The IRS requires you to forfeit any unused dollars in your Section 125 Medical or Dependent Care Expense Accounts at the end of the plan year. This is called “use it or lose it”. You have 90 days after the end of the plan year to be reimbursed for expenses you incurred in the previous year.

ELIGIBLE EXPENSES

Below is a partial list of eligible expenses that can be reimbursed from a Section 125 Medical Account. Other out-of-pocket expenses may qualify.

Alcoholism treatment	Ambulance	Artificial limbs
Braces	Chiropractors	Coinsurance and co-payments
Contact lens solution	Contraceptives	Crutches
Deductible amounts	Dental expenses	Dentures
Dermatologists	Diagnostic expenses	Laboratory fees
Eyeglasses, including exam fee	Handicapped care and support	Nutrition counseling
Hearing devices and batteries	Hospital bills	Orthopedic shoes
Licensed osteopaths	Licensed practical nurses	Prescription drugs
Orthodontia	Obstetrical expenses	Psychologist expenses
Oxygen	Podiatrists	Smoking cessation programs
Prescribed vitamin supplements	Psychiatric care	Surgical expenses
Routine physical	Seeing-eye dog expenses	
Sterilization and reversals	Substance abuse treatment	

