



## Flexible Spending Account Program Overview

# Use your FSA to save 25% or more on the things you buy every day...

We all pay taxes. We all buy things like prescriptions, bandages, and glasses or contacts - not to mention co-pays, child care, and braces. And we all like to save money.

A Flexible Spending Account (FSA) uses pre-tax dollars to help you save on health care and dependent care expenses. Once the plan year begins, the money in your FSA is yours to spend immediately, on a wide range of needs for yourself and your family. And because this FSA from Flex Made Easy is so easy to use, there's no hassle, less waiting - and no reason to miss out on enrollment.



## It's Covered

You probably know you can cover your co-pays, deductibles, dental and vision care, and prescriptions with your health care FSA. But did you know it's good for hundreds of over-the-counter items such as bandages and contact lenses solution, not to mention many services, too? You can also use it for Over-the-Counter drugs and medicines, as long you get a prescription from your doctor.

### Qualified medical expenses include:

- ✓ Co-pays, deductibles, co-insurance
- ✓ Dental expenses
- ✓ Eyeglasses, laser surgery, contact lenses
- ✓ Prescription drugs
- ✓ Over-the-counter supplies
- ✓ Chiropractic care

### Qualified dependent care expenses include:

- ✓ Daycare
- ✓ Babysitting
- ✓ Before & after school care
- ✓ Pre-k
- ✓ Summer day camps
- ✓ Care for older dependents in need of assistance

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### Everyday savings....

Saving is simple. When you enroll in the program, you set aside some of your pay before taxes to use on eligible expenses. The more you put in, the more you save on your tax bill.



### It's easy...

It's your money. The program just helps you save it from taxes, and spend it on your health and your family. Flex Made Easy provides convenient payment and reimbursement options. Just swipe your FSA Debit Card to pay for eligible medical and/or dependent care expenses.

If you need to submit a claim, you can complete your transaction through our secure mobile application, our online portal, by email, fax or regular postal mail. Sign up for direct deposit, and get your funds back fast!!

Once you enroll, you will receive detailed instructions for accessing your account online through the Flex Made Easy secure online portal.



## Contact



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This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year. In order to maximize your savings, please include expenses for you, your spouse and any of your dependents in your calculation.

### Medical Expenses not covered by Insurance

### Annual Estimate

|                                   |          |
|-----------------------------------|----------|
| Deductibles, co-pays, coinsurance | \$ _____ |
| Physician visits/routine exams    | \$ _____ |
| Prescription Drugs                | \$ _____ |
| Insulin/Syringes                  | \$ _____ |
| Annual physicals                  | \$ _____ |
| Chiropractic treatments           | \$ _____ |
| Other: _____                      | \$ _____ |

**Subtotal Medical Expenses** \$ \_\_\_\_\_

### Dental Expenses not covered by Insurance

|                         |          |
|-------------------------|----------|
| Checkups/cleanings      | \$ _____ |
| Fillings                | \$ _____ |
| Root Canals             | \$ _____ |
| Crowns/Bridges/Dentures | \$ _____ |
| Oral Surgery            | \$ _____ |
| Orthodontia             | \$ _____ |
| Other: _____            | \$ _____ |

**Subtotal Dental Expenses** \$ \_\_\_\_\_

### Vision/Hearing Expenses not covered by Insurance

|  |          |
|--|----------|
| Exams  | \$ _____ |
| Eyeglasses                                     | \$ _____ |
| Prescription Sunglasses                        | \$ _____ |
| Contact Lenses & Cleaning Solutions            | \$ _____ |
| Corrective Eye Surgery ( LASIK, cataract etc.) | \$ _____ |
| Hearing exams/hearing aids & batteries         | \$ _____ |

**Subtotal Vision Expenses** \$ \_\_\_\_\_

**Total Medical Expenses** \$ \_\_\_\_\_



## Qualified Expenses

- ✓ Acupuncture
- ✓ Alcoholism treatment
- ✓ Ambulance
- ✓ Birth control pills
- ✓ Braille books and magazines
- ✓ Chiropractors
- ✓ Coinsurance amounts and deductibles
- ✓ Contact lenses, solutions and cleaners
- ✓ Crutches and wheelchairs
- ✓ Dental treatment\*
- ✓ Dermatologist visits\*
- ✓ Eyeglasses (prescription); vision exams
- ✓ Guide dog or other animal aide
- ✓ Hearing devices and batteries
- ✓ Hospital services
- ✓ Immunizations (including flu shots)
- ✓ Infertility treatments
- ✓ Insulin
- ✓ Laboratory/diagnostic fees
- ✓ Language training for child with disability
- ✓ Laser eye surgery
- ✓ Learning disability
- ✓ Massage therapy (medical necessity)\*
- ✓ Norplant insertion or removal
- ✓ Nursing services
- ✓ Nutritionist's expenses (medical necessity)
- ✓ Occlusal guards to prevent teeth grinding
- ✓ Orthodontia
- ✓ Over-the-counter drugs (require a prescription)\*
- ✓ Pap smears
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Prosthetics
- ✓ Psychologist
- ✓ Reading glasses
- ✓ Smoking cessation programs
- ✓ Sterilization
- ✓ TMJ related treatments
- ✓ Transplants
- ✓ Travel expenses related to medical care only
- ✓ Wigs (medical reasons only)
- ✓ X-ray fees

## Ineligible Expenses

- ✓ Burial expenses
- ✓ Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- ✓ Dancing lessons
- ✓ Diapers or diaper service
- ✓ Ear piercing
- ✓ Electrolysis (see cosmetic procedures)
- ✓ Exercise equipment, unless prescribed for a specific medical condition
- ✓ Face lifts (see cosmetic procedures)
- ✓ Fitness programs for general health
- ✓ Funeral expenses
- ✓ Hair transplant (see cosmetic procedures)
- ✓ Health club dues
- ✓ Holistic or natural remedies
- ✓ Illegal operations and treatments
- ✓ Items paid or payable by insurance
- ✓ Items you intend to claim as a credit for income tax purposes
- ✓ Marriage counseling
- ✓ Maternity clothes
- ✓ Non-prescription sunglasses (sunclips)
- ✓ Nursing care for a normal, healthy baby
- ✓ Nutritional supplements (general good health)
- ✓ Overnight camp (Dependent Care)
- ✓ Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
- ✓ Rogaine (see cosmetic procedures)
- ✓ Safety glasses (unless prescription)
- ✓ Swimming lessons
- ✓ Tanning salons and equipment
- ✓ Teeth whitening or bleaching (even if as a result of a congenital defect)
- ✓ Vision discount programs or warranty charges
- ✓ Vitamins (over-the-counter)
- ✓ Warranties for eyeglasses and/or hearing aids
- ✓ Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

\* Items are eligible for reimbursement through a Health Care FSA or an HRA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit [www.FlexMadeEasy.com](http://www.FlexMadeEasy.com) for more detailed information and a more comprehensive list of eligible expenses.