



Flexible Spending Accounts

Maximize your benefits and give yourself a raise.



NATIONAL BENEFIT SERVICES, LLC

Customer Care • Knowledge and Expertise • Organizational Excellence



Dear Plan Participant,

National Benefit Services, LLC (NBS) is pleased to be your new Cafeteria (FSA) Plan Administrator. With this change, you will see the following enhancements to your Cafeteria Plan benefit:

Plan Highlights:

- Daily Claim Processing
- Check Reimbursement & Direct Deposit Reimbursement issued daily
- Continual Reimbursement options available for Dependent Care & Orthodontia
- Auto Substantiation on Debit Card Transactions
- Participant Web Access & Online Claim Submission
- Call center available to answer account questions M-F 6am-6pm
- 24-Hour Voice Response Unit to obtain basic account information

The following list of items will be helpful to you as a plan participant during the transition.

Participant Account Web Access: <https://www.nationalbenefitservices.com>

- Detailed account information and claim history
- Online Claim submission
- Access to downloadable claim forms, changes in status, and detailed benefit information

New NBS Prepaid Visa® Debit Card:

As a plan participant NBS will mail out your new benefit cards. They will be sent in unmarked envelopes so please watch for them in the next few weeks.



NBS Contact Information:

8523 South Redwood Road
West Jordan, UT 84088
Phone- 800-274-0503
Fax- 800-478-1528
Email- claims@nbsbenefits.com

Flexible Spending Plans

A Cafeteria Plan enables you to save money on group insurance, health-related expenses, and dependent-care expenses. Your contributions are deducted from your pay before taxes are withheld. Because you are taxed on a lower amount of pay, you pay less in taxes and you have more to spend. You may save as much as 35 percent on the cost of each benefit option!

FSA Savings

FSA Savings Comparison

	FSA	No FSA
Annual Taxable Income	\$24,000	\$24,000

Out of Pocket Expenses

Health Care Expenses	\$1,500	\$0
Dependent Day Care Expenses	\$1,500	\$0
Total "Pre-Tax" Contributions	(\$3,000)	\$0
Taxable Income After FSA	\$21,000	\$24,000
Federal, State, & SS Taxes (30+%)	(\$6,300)	(\$7,200)
After-Tax Income	\$14,700	\$16,800
After-Tax Dollars spent on health/dep care expenses	\$0	\$3,000
Take-Home Pay	\$14,700	\$13,800

Increased Take-Home Pay \$900 \$0

Typical Savings

FICA	7.65%
State Tax	7.10%
Fed. Tax*	15.00%

30%+ Savings

*Federal Tax saving may vary. A savings calculator can be found on our website: NBSbenefits.com to find out how much you could save.

Partial List of Eligible Expenses:

- Medical/dental/vision co-pays and deductibles
- Prescription drugs
- Physical therapy
- Chiropractor
- First aid supplies
- Lab fees
- Psychiatrist/psychologist
- Vaccinations
- Dental work, including orthodontia
- Eye exams
- Laser eye surgery
- Eye glasses, contact lenses, lens solution
- Prescribed OTC Medications

See the full list at NBSbenefits.com

Enrollment Options

• Insurance Premium Expense Account

This account allows you to use pre-tax dollars to pay for group premium expenses sponsored and offered by your employer. Enrollment is automatic unless you decline this benefit.

• Health Care Expense Account

Your health care expense account allows you to save money by paying out-of-pocket health-related expenses with pre-tax dollars. During your annual benefit enrollment, you must decide whether to participate in this account and how much to contribute.

• Dependent Care Account

This optional plan allows you to use pre-tax dollars to pay for dependent-care expenses while you and your spouse (if married) are at work. During the annual benefit enrollment, you must decide whether to participate in this account and how much to contribute.



How the FSA Plan Works

You designate an annual election of pre-tax dollars to be deposited into your health and dependent-care spending accounts. Your total election is divided by the number of pay periods in the Plan year and deducted equally from each paycheck before taxes are calculated. By the end of the Plan year, your total election will be fully deposited.

However, you may make a claim for eligible expenses as soon as they are incurred during the Plan year. Eligible claims will be paid up to your total annual election even if you have not yet contributed that amount to your account.

Get Your Money

1. Complete and sign a claim form (available on our website) or an online webclaim.
2. Attach documentation; such as an itemized bill or an Explanation of Benefits (EOB) statement from a health insurance provider.
3. Fax or mail signed form and documentation to NBS.
4. Receive your non-taxable reimbursement after your claim is processed either by check or direct deposit.

NBS Flexcard—FSA Pre-paid VISA

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept VISA credit cards, so there is no need to pay cash up front then wait for reimbursement.



Account Information

Participants may call NBS and talk to a representative during our regular business hours, Monday–Friday, 8am to 5pm Mountain Time. Participants can also obtain account information using the Automated Voice Response Unit, 24 hours a day, 7 days a week at (801) 838-7324 or toll free (888) 353-9125. For immediate access to your account information at any time, log on to our website NBSbenefits.com. Information includes:

- Detailed claim history and processing status
- Health Care and Dependent Care account balances
- Claim forms, worksheets, etc.
- FAQs

Enrollment Considerations

After the the enrollment period ends, you may increase, decrease, or stop your contribution only when you experience a qualifying “change of status” (marriage status, employment change, dependent change). Be conservative in the total amount you elect to avoid forfeiting money that may be left in your account at the end of the year. Your employer may allow a short grace period after the Plan year ends for you to submit qualified claims for any unused funds.

NATIONAL BENEFIT SERVICES, LLC

8523 South Redwood Road
West Jordan, UT 84088

Phone: 800-274-0503

Fax: 800-478-1528

Email: Service@NBSbenefits.com

NBSbenefits.com

Health Care Expense Worksheet

(This worksheet is for estimating annual health care expenses only. To enroll, please complete an Enrollment Form)

Instructions	1. Enter your annual cost for each health care option you use 2. Add up the Total Annual Health Care Expense 3. Determine your yearly Number of Pay Periods = Weekly/52, Bi-Weekly/26, Semi-Monthly/24, Monthly/12 4. Divide the Total Annual Expense by the number of pay periods to calculate the amount needed to be withheld every pay period		
Medical Care	Insurance Deductibles Co-pays Routine Exams Prescriptions Lab Expenses Medical Equipment Chiropractor Visits Physical Therapy Other Total Annual Medical Care Expense	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____
Vision Care	Eye Exams Glasses Prescription Sun Glasses Contacts Contact Lens Solutions Insurance Deductibles/Co-pays Total Annual Vision Care Expense	\$ \$ \$ \$ \$ \$	_____ _____ _____ _____ _____ _____ _____
Dental Care	Cleanings X-rays Insurance Deductibles/Co-pays Fillings Crowns Other Total Annual Dental Care Expense	\$ \$ \$ \$ \$ \$	_____ _____ _____ _____ _____ _____ _____
Orthodontics	Orthodontia Retainers Total Annual Orthodontia Care Expense	\$ \$	_____ _____ _____
Totals	Total Annual Health Care Expense \$ _____	÷	Number of Pay Periods _____ = \$ _____

National Benefit Services, LLC

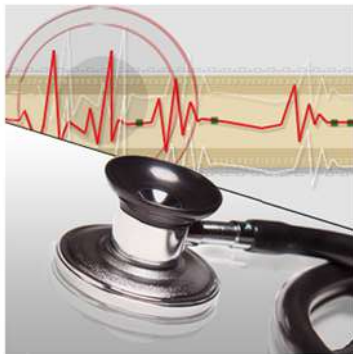
P.O. Box 698, West Jordan, UT 84084 PH (801)838-7324 Toll Free (888) 353-9125

FAX: Salt Lake City Area Fax: (801) 355-0928 Toll Free Fax: (800) 478-1528

Email: claims@nbs-l.com (PDF, TIFF or JPEG files only)

Health Care Expense Account

Sample Expenses



Medical Expenses

Acupuncture
 Addiction Programs and Products
 Adoption (Medical expenses for baby birth)
 Alternative Healer Fees
 Ambulance
 Arthritis Pain Relieving Creams
 Artificial Limbs
 Body Scans
 Care for Mentally Handicapped
 Chiropractor
 Contraceptives
 Co-Payments
 Crutches
 Diabetes (i.e. Insulin, Glucose Monitor)
 Eye Patches
 Fertility Treatment
 First Aid (i.e. Bandages, Gauze, Creams)
 Hearing Aids & Batteries
 Hypnosis (for treatment of illness)
 Incontinence Products (i.e. Depends, Serene)
 Joint Support Bandages and Hosiery
 Lab Fees
 Monitoring Device (Blood Pressure, Cholesterol)
 Physical Exams
 Pregnancy tests
 Prescription Drugs
 Psychiatrist/Psychologist (for mental illness)
 Physical Therapy
 Smoking Cessation Relief (i.e. Patches, Gum)
 Speech Therapy
 Urinary Pain Relief
 Vaccinations
 Vaporizers or Humidifiers
 Wart Removal Medication
 Weight Loss Program Fees (with doctor's note)
 Wheelchair



Dental Expenses

Artificial Teeth
 Co-Payments
 Deductible
 Dental Work
 Dentures
 Orthodontia Expenses
 Preventive Care at Dentist Office
 Bridges, Crowns, Etc.



Vision Expenses

Braille - Books & Magazines
 Contact Lenses
 Contact Lens Solutions
 Eye Exams
 Eye Glasses
 Laser Surgery
 Office Fees
 Guide Dog and its upkeep or other animal aid

For Additional Information, visit www.nbsbenefits.com

Health care expenses that do not qualify as a federal income tax deduction under IRS code Section 213 do not qualify for payment through your spending account. The following list includes many of the common expenses that generally do not qualify for reimbursement.

*These expenses may be eligible if they are prescribed by a physician
(If medically necessary for a specific condition)*

Personal Hygiene (i.e. deodorant, soap, body powder, shaving cream, sanitary products, etc.)	Motion Sickness Medication
Allergy Relief (Oral Medications, Nasal Spray)	Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
Antacids and Heartburn relief	Skin Care (i.e. sun block, moisturizing lotion, lip balm)
Anti-itch and Hydrocortisone Creams	Sleep aids (i.e. oral medications, snoring strips)
Athlete's Foot Treatment	Stomach & Digestive Relief (i.e. Pepto-Bismol, Imodium, etc)
Cold Medicines (i.e. Syrups, Drops, Tablets)	Tooth and mouth pain relief (Orajel, Anbesol)
Cosmetic Surgery	Vitamins
Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)	Weight reduction aids (i.e. Slimfast, appetite suppressants)
Counseling (i.e. marriage and family counseling)	
Dental care - Routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, breath strips, teeth whitening/bleaching, etc.)	
Exercise Equipment	
Fever & Pain Reducers (i.e. Aspirin, Tylenol)	
Hair Care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)	
Health Club or Fitness Program Fees	
Homeopathic Supplements or Herbs	
Household or Domestic Help	
Laser hair removal	
Laxatives	
Massage Therapy	

NATIONAL BENEFIT SERVICES, LLC

8523 S Redwood Road, West Jordan, UT 84088

800.274.0503

www.NBSbenefits.com