

Your Health Care Flexible Spending Account An Overview

Under the Health Care FSA, you will be reimbursed only for those types of medical expenses listed in your FSA Summary Plan Description. The expenses listed in the SPD are those normally deductible on your Federal income tax return. Of course, on your income tax return the total of these expenses must be **more than 7.5%** of your adjusted gross income in order not to be subject to taxes.

The major advantage of a health care flexible spending account is that reimbursements are not subject to taxes regardless of whether or not they meet the 7.5% limitation.

Some examples of health care expenses reimbursable under your Health Care FSA include plan deductibles, co-payments and coinsurance, dental and vision services not covered by insurance and *eligible* over-the-counter medicines and products. The expense must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses solely for cosmetic reasons are not expenses for medical care. Also, expenses that are merely beneficial to one's general health (for example, vacations, dietary supplements) are not expenses for medical care.

The reimbursable expenses under your Health Care FSA **do not** include the premiums you pay for insurance that covers the expenses for medical care. Nor are the amounts for any long-term care contract reimbursable expenses in the Health Care FSA.

□ □ □ □ □ □ □ □ □ □

If you have any questions, please call the Fund office.
(455-7261)
We will be glad to assist you.

Health Care FSA Worksheet

QUALIFYING MEDICAL EXPENSES INCLUDE THOSE EXPENSES INCURRED FOR:

- YOURSELF & YOUR SPOUSE
- ALL DEPENDENTS YOU LIST ON YOUR FEDERAL TAX RETURN

EXPENSES	MY ESTIMATED EXPENSES FOR THE PLAN YEAR	MY ESTIMATED EXPENSES COVERED BY MEDICAL/ DENTAL INSURANCE	MY TOTAL OUT-OF-POCKET EXPENSES
My Medical Plan Deductibles	\$ _____	\$ _____	=\$ _____
My Medical Plan Co-payments	\$ _____	\$ _____	=\$ _____
Eligible Over-the-Counter Medicines/Products	\$ _____	\$ _____	=\$ _____
My Dental Plan Co-payments	\$ _____	\$ _____	=\$ _____
Orthodontia Expenses	\$ _____	\$ _____	=\$ _____
Routine Services (including physical exams, immunizations, etc.)	\$ _____	\$ _____	=\$ _____
Prescription Drugs	\$ _____	\$ _____	=\$ _____
Vision Co-payments and Additional Prescription Eyewear	\$ _____	\$ _____	=\$ _____
Hearing (including exams and hearing aids)	\$ _____	\$ _____	=\$ _____
Other Health Expenses	\$ _____	\$ _____	=\$ _____
Total Estimated Expenses	\$ _____	\$ _____	=\$ _____
My Total Annual Estimated Health Care Out-Of-Pocket Expenses			\$ _____
Divided By The number Of My Annual Pay Periods			÷ _____
Contributions Per Pay Period			\$ _____

you get more for your
FSA dollar

Health Care FSA

BEFORE YOU MAKE A CHOICE YOU NEED TO UNDERSTAND THE FOLLOWING:

- Do I understand that any money left in my FSA at the end of the Plan Year can not be forwarded to the next Plan Year? Nor can it be refunded to me.
- Do I understand that any monies I allocate to my FSA are committed for the entire Plan Year?
- What expenses does the FSA cover? *Do not assume it covers the expenses you will incur.* Check the type of expenses you will incur with those covered under your FSA.
- Do I understand that I cannot take Federal income tax deductions for expenses I am reimbursed by my FSA?
- Do I understand that I cannot switch my health care FSA monies to the dependent care FSA?
- Do I understand that I am reimbursed *after* I pay for the services?
- Do I understand that my health expenses will be reimbursed, up to my annual contribution, when I *submit* them?

□ □ □ □ □ □ □ □ □ □

You cannot obtain reimbursement for:

Non-Qualifying Expenses

- The basic cost of accident or health insurance.
- Life insurance or income protection policies.
- Nursing care for a healthy baby.
- Illegal operations or drugs.
- Cosmetic surgery.
- Travel your doctor told you to take for rest or change.
- Long-term care expenses.
- Dietary Supplements

A Health Care Flexible Spending Account may be right for you and your family members provided you claim them on your income tax.

Considering but not sure if you have enough information yet to make a decision —

Call the Fund Office at 455-7261. Our office hours are from 8:00 a.m. to 4:00 p.m.

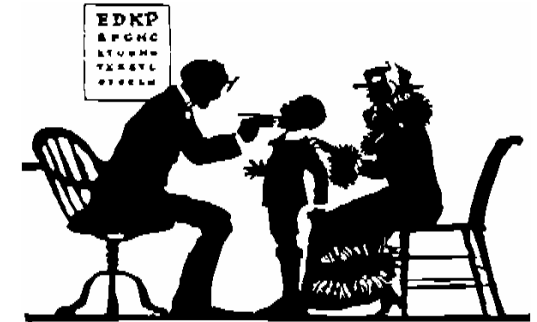
Your Fund Staff will be happy to discuss your concerns and answer any questions you may have by phone or you can make an appointment to come to the office to discuss.

Don't delay in making your decision if a Health Care Flexible Spending Account is right for you.

Remember a Health Care Flexible Spending Account can include not only out-of-pocket medical expenses such as deductibles, co-pays, prescriptions, out-of-pocket dental and vision procedures but *eligible* over-the-counter medicines and products.



JFT Health and Welfare Fund
2540 Severn Avenue, Suite 302
Metairie, LA 70002
504-455-7261
www.jfthw.org



Health Care Flexible Spending Account WORKSHEET

This Worksheet Will Help You To Estimate Your Annual Health Care Expenses.

This Is Not Intended To Be Comprehensive But May Be Used As A Guide.