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**Alexandria Sanitation**  
**Flexible Spending Plan Benefit**

**Account #1 - Medical Flexible Spending Account**

- Co-Pays, Deductibles, Prescriptions, Eyeglasses/Contact Lenses, Dental, etc.
- OTC medicines included!
- "Medically Necessary"
- **\$2,500** maximum contribution limit
- **DEBIT CARD** convenience!
- Form #4 – Medical Expense Claim Reimbursement Form
- **KEEP ALL** of your receipts!!

**Account #2 – Dependent Care Reimbursement Account**

- Child Daycare – Age 13 and under
- Pre-Kindergarten Expenses and Summer Day Camps
- Elder Care, if claimed as a dependent
- Both Spouses need to be working!
- Maximum Election is **\$5,000** per year. (\$2,500 if married, filing separately)

**Key Points to Consider**

- Remember the **1 Month** Grace Period at the end of the year!
- Be conservative with your annual election! Use it or lose it!
- Focus on your known expenses; you will save an average of 25% in tax savings!!
- This covers your spouse and dependents too!
- Think of your prescriptions and OTC medicines you are buying regularly.

**How do you enroll? It's SIMPLE!!**

- Make your election on FORM #1 – Flexible Spending Enrollment Form
- Fill in your employee information
- List your spouse (Do they need a debit card, too?) and dependents
- Choose which is best for you!
- The deadline for the enrollment forms is December 14th!!!

**PrimeFlex Customer Service**

[www.PrimePerks.com](http://www.PrimePerks.com)

24/7 Online Account Access

Claim Reimbursement Forms

PrimeFlex Customer Service at (888) 222-3411/ Fax: (484) 323-1593

[PrimeFlex@PrimePay.com](mailto:PrimeFlex@PrimePay.com)

**This FSA benefit plan starts January 1, 2008 !!!**

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#### **ELIGIBLE MEDICAL EXPENSES**

Acupuncture	Medical Services (e.g. Physician, Surgeon)
Alcoholism Treatment	Mentally Retarded, Special Home for
Ambulance	Nursing Home
Artificial Limb	Nursing Services
Autoette/Wheelchair	Operations
Bandages	Organ Donor's Medical & Transportation Expenses
Breast Reconstruction Surgery <sup>1</sup>	Osteopath
Birth Control Pills	Oxygen
Braille Books and Magazines	Prosthesis
Chiropractor	Psychiatric Care
Christian Science Practitioner <sup>2</sup>	Psychoanalysis
Crutches	Psychologist
Diagnostic Services	Special Education <sup>4</sup>
Disabled Dependent Medical Care	Sterilization
Drug Addiction Treatment	Stop-Smoking Programs
Drugs and Medicines (Prescription and OTC Eligible for HCFSA)	Surgery
Fertility Treatment (to Overcome Infertility)	Telephone for Hearing Impaired
Guide Dog or Other Animal	Television for Hearing Impaired
Hearing Aids	Therapy
Home Care	Transplants
Hospital Services	Transportation Essential for Medical Care
Laboratory Fees	Vasectomy
Lead Based Paint Removal	Weight-loss Program that is part of Specific Disease Treatment Program
Lodging Essential to Medical Care <sup>3</sup>	Wheelchair
Maternity Care & Related Services	Wig to Replace Hair Lost to Disease
Meals for Inpatient <sup>3</sup>	X-Ray
Medical Information Plan	

#### **ELIGIBLE DENTAL EXPENSES**

Artificial Teeth	
Dental Treatment (e.g. Root canals, Orthodontia)	

#### **ELIGIBLE EYE CARE EXPENSES**

Eyeglasses	
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Contact Lenses	
Prescription Sunglasses	
Eye Examinations	
Eye Surgery (e.g. LASIK)	
Optometrist	
<b>ELIGIBLE OVER-THE-COUNTER MEDICATION EXPENSES</b>	
<b>TYPE OF PRODUCT OR SERVICE</b>	<b>EXAMPLE PRODUCT</b>
Acne Treatments (Medically Necessary)	
Allergy Prevention and Treatment	Tylenol® Allergy Sinus
Analgesics/Antipyretics	
Antacids and Acid Reducers	Imodium® GasAid, Mylanta® Heartburn, Mylanta® Gas, Children's Mylanta® Chewable Tablets, Pepcid® AC
Anti-arthritis	Tylenol® Arthritis
Antibiotics	
Anticandidal (Yeast)	Monistat®
Antidiarrheal and Laxatives	
Antifungal	
Antihistamines	
Anti-itch Lotions and Creams	Aveeno® Anti-Itch, Cortaid®
Antiseptics	
Asthma Medicines	
Bandages	
Blood Pressure Monitor	
Bug Bite Medication	
Carpal Tunnel Support	
Cold and Flu Remedies	Tylenol® Cold and Flu, Children's Motrin IB® Cold
Cold Sore/Fever Blister	
Contact Lens Solution	
Contraceptive Products (e.g., Condoms)	
Cough Suppressants or Expectorants	Tylenol® Cough & Sore Throat
Decongestants	Motrin IB® Cold and Sinus
Dehydration	
Denture Adhesives	
Diabetic Supplies	
Diaper Rash	Balmex®, Johnson's® Diaper Rash Cream, Aveeno®

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Diuretics and Water Pills	
Ear Care	
Eye Care	
Eye Drops	
First Aid Supplies	BAND-AID® Brand Adhesive Bandages
Head Lice Treatment	
Hearing Aid Batteries	
Hemorrhoidal Preparations	
Lactose Intolerance	Lactaid® Dietary Supplements
Medicated Shampoo/Soaps (Medically Necessary)	
Migraine Relief	Motrin IB®
Motion Sickness	
Muscle/Joint Pain	Tylenol® Arthritis, Tylenol® 8 Hour
Nausea/Vomiting Remedies	
NSAIDS	
Ophthalmic Preparations	Acuvue®, Surevue®
Pain Relievers/Fever Reducers	Motrin IB®, Tylenol® Extra Strength
Pediculicide	
Personal Test Kits	
Pinworm Treatment	
Poison Treatment	
Pregnancy Tests	
Prenatal Vitamins (Medically Necessary)	
Reading Glasses	
Respiratory Stimulant Ammonia	
Sinus Products	Tylenol® Sinus
Sleeping Aids (to Treat Insomnia)	
Smoking Cessation	
Teething/Toothaches/Mouth Pain	Children's Tylenol®, Tylenol® Extra Strength
Throat Pain Medications	
Topical Steroids	
Wart Removal	
Weight Loss Products (Medically Necessary)	
Wound Care (e.g., Gauze)	BAND-AID® Brand Adhesive Bandages

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### **ELIGIBLE OVER-THE-COUNTER PRODUCTS THAT MAY REQUIRE A DOCTOR'S NOTE FOR REIMBURSEMENT**

Dental Fluoride Products<sup>5</sup>

Feminine Hygiene Products (Post surgery or childbirth)

Incontinence Products<sup>6</sup>

Dietary/Fiber Supplements<sup>7</sup>

Joint Supplements<sup>8</sup>

Orthopedic Shoes and Inserts

OTC Hormone Therapy

Snoring Cessation Aids<sup>9</sup>

Sunscreen

<sup>1</sup> You can include in medical expenses the amount you pay for breast reconstruction surgery following a mastectomy for cancer.

<sup>2</sup> You can include in medical expenses fees you pay to Christian Science practitioners for medical care.

<sup>3</sup> You can include in medical expenses the cost of meals and/or lodging at a hospital or similar institution if a principal reason for being there is to get medical care. You cannot include in medical expenses the cost of meals and/or lodging that are not part of inpatient care.

<sup>4</sup> You can include in medical expenses fees you pay on a doctor's recommendation for a child's tutoring by a teacher who is specially trained and qualified to work with children who have learning disabilities caused by mental or physical impairments, including nervous system disorders.

<sup>5</sup> If for routine use for general oral care, then **not** a HCFSAs eligible expense.

<sup>6</sup> Eligible HCFSAs expense if post-surgery but not for infants/toddlers general use.

<sup>7</sup> Not for general use.

<sup>8</sup> Eligible HCFSAs expense for arthritis diagnosis but not for general use.

<sup>9</sup> Eligible HCFSAs expense for sleep apnea but not for general use.

### **INELIGIBLE PRODUCTS AND SERVICES**

The following products and services, within the Healthcare and Over-the-Counter medication categories, are NOT eligible for Healthcare Flexible Spending Account (FSA) savings:

#### **INELIGIBLE HEALTHCARE EXPENSES**

**Baby Sitting, Childcare, and Nursing Services for a Normal, Health Baby**

**Controlled Substances** - without prescription

**Cosmetic Surgery**<sup>1</sup>

**Dancing Lessons**

**Diaper Service**

**Electrolysis or Hair Removal**

**Funeral Expenses**

**Hair Transplant**<sup>1</sup>

**Health Club Dues**

**Health Coverage Tax Credit**

**Household Help**

**Illegal Operations and Treatments**

**Insurance Premiums** (e.g., HMO premiums, Employer-sponsored health insurance plan premiums)

**Maternity Clothes**

**Medical Savings Account (MSA)/ Health Saving Account (HSA) Contributions**

**Medicare B and D Premiums**

**Nutritional Supplements**<sup>2</sup>

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**Personal Use Items<sup>3</sup>**  
**Swimming Lessons**  
**Teeth Whitening**  
**Veterinary Fees**  
**Weight-Loss Program not part of specific disease treatment**

### **INELIGIBLE OVER-THE-COUNTER PRODUCTS**

**Aromatherapy**  
**Baby Products** (e.g., bottles, wipes, baby oil)  
**Breast Enhancements**  
**Cosmetic Products** (e.g., Makeup, perfumes)  
**Dental Products** (e.g., Toothbrush, toothpaste, Dental Floss)  
**Dietary/Nutritional Supplements** (e.g., Ensure, Glucerna, Slimfast)  
**Feminine Care** (e.g., Tampons)  
**Herbal Supplements**  
**Sun Tanning Products**  
**Toiletries** (e.g., Deodorant, Shampoo, Chap Stick)  
**Vitamins** (for general health/routine use)

<sup>1</sup> You cannot include in medical expenses the amount you pay for unnecessary cosmetic surgery. This includes any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease. You cannot include in medical expenses the amount you pay for procedures such as face lifts, hair transplants, hair removal (electrolysis), teeth whitening and liposuction.

<sup>2</sup> You cannot include in medical expenses the cost of nutritional supplements, vitamins, herbal supplements, "natural medicines," etc. unless they are recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician.

<sup>3</sup> You cannot include in medical expenses the cost of an item used by personal living or family purposes, unless it is used primarily to prevent or alleviate a physical or mental defect or illness. For example, the cost of a toothbrush and toothpaste are not eligible expenses.

These lists are not intended to be complete, but are to provide examples of expenses which may be eligible for reimbursement under the PrimeFlex Health or Dependent Care Flexible Spending Account. For more details, download IRS Publications [502](#) and [503](#). NOTE: Not all expenses in these publications are eligible.

Please visit [www.FSAandYou.com](http://www.FSAandYou.com) for important savings calculators and other tools to help you plan for your expenses.

You can also visit <http://medibank.com/briefings/employee/mbi.htm> to view a twelve minute video that explains FSA participation.

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FSA Expense Worksheet - Determine Your Family Expenses

<u>Un-reimbursed Medical Expenses</u>	
Co-Insurance	\$
Insurance Deductibles	\$
Prescription Co-Pays	\$
Chiropractic Visits	\$
OB-GYN, Pediatrician Visits	\$
Birth Control Pills	\$
Diagnostic Services	\$
Hearing Aids & Batteries	\$
Maternity Care & Related Services	\$
Stop Smoking Programs	\$
Physical Therapy	\$
Other	\$
<u>Vision Expenses</u>	
Eye Exams	\$
Contact Lens Expense	\$
Prescription Glasses	\$
Lasik Eye Surgery	\$
Optometrist Expenses	\$
Other	\$

<u>Other Medical Expenses</u>	
Medical Expenses	\$
Medical Expenses	\$

<u>Dental Expenses</u>	
Dental Teeth Cleanings	\$
Dental Examinations & X-Rays	\$
Orthodontia Expenses	\$
Fillings and Crowns	\$
Dentures	\$
Other	\$

<u>OTC Medicines</u>	
Allergy Prevention and Treatment	\$
Antibiotics	\$
Laxatives	\$
Bandages	\$
Cold and Flu Remedies	\$
Contact Lens Solution	\$
Contraceptive Products	\$
Decongestants	\$
Diabetic Supplies	\$
Ear and Eye Care	\$
Migraine Relief	\$
Muscle/Joint Pain	\$
Pregnancy Tests	\$
Smoking Cessation Products	\$
Throat Pain Medications	\$
Other	\$

Subtotal \$

<u>Dependent Care Expenses</u>	
Child Care Expenses: Under age 13 (\$5,000 max. married, filing jointly; \$2,500 max. married, filing separately)	\$
Summer Day Camps	\$
Adult Day Care: Expenses for day care required for parents and/or dependents incapable of self-care	\$

Subtotal \$

Total dollars to be set aside in my Flexible Spending Accounts \$  
 Multiply total by 25% - This is your tax savings by participating!!! \$