

**Examples of Common Health Expenses**

<b>Examples of eligible expenses</b>	
Acupuncture	Incontinence supplies
Alcohol & Drug Treatment program	Infertility treatment
Allergy injections & medicines	Instruction, Training, and Equipment for the Deaf
Antacid	Insulin Treatments
Anti-diarrhea medicine & laxatives	Insurance Deductibles and Co-payments
Artificial Eyes and Limbs	Laser Eye Surgery
Back Supports	Motion sickness pills
Band-Aids, bandages & gauze pads	Muscle or joint pain reliever
Birth Control Supplies	Nicotine gum or patches for smoking cessation
Body Scan - Diagnostic or screening tests	Orthodontia (Copy of contract required)
Blood Pressure Monitor	Orthotics
Braces and Splints	Oxygen and Equipment
Calamine lotion & bug bite medication	Pain reliever, Menstrual pain & cramp relief
Carpal tunnel wrist support	Physical, Speech and Occupational Therapy
Chiropractic Care	Prescriptions and non-prescription drugs
Cleaning Teeth	Psychotherapy
Cold, flu medicine, Cough drops & throat lozenges	Radium Therapy
Cold/hot packs for injuries	Reading glasses
Condoms & spermicidal foam	Routine Physical Exams
Contact Lenses, including lens care supplies	Sinus medication, Nasal strips & Nasal sinus sprays
Crowns	Smoking cessation program
Crutches	Sterilization Equipment and Supplies
Dentures & Bridges	Sunburn ointment or cream
Diabetic Supplies	Support Hosiery
Extracting Teeth	Suppositories and creams for hemorrhoids
Eye Exams	Thermometer
Eyeglasses	Transportation to received medical treatment
First aid cream & antibacterial ointment	Wart remover treatment
First aid kits	Wheelchairs
Hearing Aides & Batteries	X-rays

<b>Examples of expenses requiring a Doctor's Note</b>	
Arthritis treatment	Remedial reading for a Child Suffering from Dyslexia
Chinese herbs, naturopathic, & dietary supplements	Sleeping aids – to treat insomnia
Depression medication	Special Schools- to treat a specific disability
Exercise programs	Sunglasses
Hormone therapy	Sunscreen
Lactose intolerant pills	Topical creams
Massage Therapy	Treadmill
Medical equipment and qualified home improvements	Vitamins (to treat a medical condition)
Nasal spray for snoring	Weight loss drugs & programs
Orthopedic shoes and inserts (price difference only)	

<b>Examples of non-eligible expenses</b>	
Aromatherapy	Medicated shampoo & soap
Botox	Mouthwash
Chapstick	NoDoz
Contact lens service agreement or insurance	Payments for services performed outside the current plan year
Cosmetic procedures & surgery	Prepayments
Cosmetics	Teeth Bleaching
Deodorant	Toiletries
Face cream, suntan lotion & moisturizers	Toothbrush
Facial Tissues	Toothpaste
Funeral Expenses	Vacation
Health Club Dues	Vaseline
Insurance premiums	Vitamins & Supplements
Electrolysis or hair removal	Weight scales
Liposuction	

FLEX\$™ Plan Summary

**How Does the FLEX\$ Work?**

A Flex account will save you money by allowing you to pay for qualified Health care and/or Dependent Day Care expenses with pre-tax payroll deductions. Some specific examples of eligible expenses are listed on the back of this form.

Example:

	<u>Without FLEX\$™</u>	<u>With FLEX\$™</u>
<b>Monthly Gross Salary</b>	<b>\$1,500.00</b>	<b>\$1,500.00</b>
FLEX\$ Deduction	<b>0.00</b>	<b>-\$320.00</b>
<b>Taxable Earnings:</b>	<b>\$1,500.00</b>	<b>\$1,180.00</b>
Federal Income Tax (15%)	<b>-\$225.00</b>	<b>-\$177.00</b>
State Income Tax (7.2%)	<b>-\$108.00</b>	<b>-\$84.96</b>
FICA (7.65%)	<b>-\$114.75</b>	<b>-\$90.27</b>
Qualified Medical Expenses paid after taxes	<b>-\$320.00</b>	<b>0.00</b>
<b>Take Home Pay</b>	<b>\$732.25</b>	<b>\$827.77</b>

**Monthly Savings \$95.52**  
**Annual Savings \$1,146.24**

**Enrollment**

You must re-enroll to participate in the FLEX\$ Plan each year. You can enroll on-line by logging into **myPEHP** at www.pehp.org. On-line enrollment is easy, accurate, secure, and you will receive an enrollment confirmation letter by mail. On-line enrollment is **ONLY** available during the FLEX\$ open enrollment period. Instructions for on-line enrollment are available on the PEHP website. The elections you make are irrevocable and can only be changed if there is a qualifying event or family status change such as, marriage, divorce, birth or adoption of a child, death of a spouse or child, dependent status change, or change of employment status for you or your spouse. New employees have 60 days from their hire date to enroll in the FLEX\$ Plan.

**Use It or Lose It**

It is important to plan your election amounts carefully, federal regulations do not allow you to make changes to your FLEX\$ election amounts after the Plan Year begins, without a qualifying event or status change. By law, any amount remaining in your FLEX\$ accounts, which is not claimed during the Plan Year or the 90 day claim out period will be forfeited to your employer. Keep in mind that the service must be provided during the Plan Year, regardless of when you are billed or pay for the expense.

**Reimbursement**

Claims will be processed and verified by the PEHP FLEX\$ Staff. **KEEP YOUR RECEIPTS!!**

For FLEX\$ Health Account claims, you can use your PEHP FLEX\$ Card at a qualified providers location and your provider will be paid directly from your FLEX\$ account or you can submit a manual FLEX\$ claim by completing a FLEX\$ claim form and faxing or mailing the claim form with proper documentation for each item claimed. With Medical Reimbursement, the entire annual election amount is available the day the Plan Year begins.

**KEEP YOUR RECEIPTS!!**

For FLEX\$ Dependent Day Care Account claims, you can enroll in the Automatic Reimbursement program or submit manual claims. (The Automatic Reimbursement Claim Form detailing this benefit is available at www.pehp.org.) Day Care account funds are available for reimbursement as they are withheld from your paycheck and received by PEHP.

**Forms and Information**

PEHP FLEX\$ forms and information are available at www.pehp.org or contact PEHP FLEX\$ at 801-366-7503 or 800-753-7703. Consult the FLEX\$ Handbook for detailed Flex Plan rules and information.