HEALTH CARE FLEXIBLE SPENDING ACCOUNT

The Health Care Flexible Spending Account (often referred to as a Health Care FSA) allows you to pay for the out-of-pocket, qualified health care expenses incurred by you or your dependents with pre-tax contributions. All qualifying expenses incurred by you and your family member(s), which are not paid for by any other source (such as the group health plans provided due to the employment of you and/or your spouse), can now be paid with pre-tax dollars. You may choose to contribute up to the maximum amount established by your FSA for this benefit.

DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT

A working person who has expenses for care of a dependent can pay those expenses with pre-tax contributions to the Dependent Care FSA. Eligible expenses include costs for caring for children under 13 years of age or other eligible dependents in nursery schools, daycare centers or private homes.

You should be aware that under federal tax law, you may be able to claim a Child Care Credit on your taxes for certain eligible expenses. You may not use the same expenses under an FSA in order to claim this credit. Each dollar used under the Dependent Care FSA will reduce the amount available for your use under the Child Care Credit or the Dependent Care FSA. Consult with your tax preparation professional for more information.
GETTING STARTED WITH YOUR FSA ACCOUNT

STEP 1. Access our online tools and resources at mywealthcareonline.com/mvphealthcare/ for tax savings calculators and assistance with your benefits.

STEP 2. Decide whether you would like a Health Care and/or a Dependent Care FSA.

STEP 3. Decide how much of your earnings you want to allocate to your account(s). This is an important decision — any monies allocated to your FSA accounts must be used by the end of your Plan year. If not, they will be forfeited.

There are maximum contributions for Health Care and Dependent Care FSAs, which are set every year by the Federal Government.

STEP 4. Complete your enrollment form and indicate which benefits you choose and the amounts you want to put into each account. Sign and date your completed form, and submit it to your employer.

ELIGIBLE DEPENDENT CARE EXPENSES

Eligible expenses under the Dependent Care FSA will include expenses you incur for Qualifying Dependents for the following type of care:

- Pre-schools, nursery schools, or daycare centers
- Daycare for dependent children up to age 13, either in or outside of your home
- Non-educational programs for children up to 13 while school is in session (such as after school programs, summer recreational programs, and day camps)
- Non-medical home care for mentally or physically disabled dependents who live with you

Remember that these expenses are reimbursable only if they allow you and your spouse to be employed, or for one spouse to be employed while the other attends school on a full-time basis.

WE ARE HERE FOR YOU.

For more information call us at 1-888-222-9931 or visit us on the Web at mvphealthcare.com or visit irs.gov.com.

Flexible Spending Account administration is provided by MVP Select Care, Inc. The information contained in this brochure is not a substitute for advice by a tax professional or an attorney.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company of New Hampshire, Inc.; MVP Health Plan of New Hampshire, Inc.; MVP Select Care, Inc.; Preferred Administrative Services, Inc.; Preferred Assurance Company, Inc., and Hudson Health Plan, Inc., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states.

SOME ITEMS ELIGIBLE UNDER THE HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Only those qualifying health-related expenses, which are not reimbursed by any other group health, dental or vision plan, can be claimed. In order to qualify, these expenses must be incurred (the services must be rendered or the supplies purchased) during the Plan Year. Section 213 from the Internal Revenue Code dictates what expenses qualify for reimbursement. Some of these expenses are listed below. Please visit irs.gov/publications/p502.

- Deductibles
- Copayments
- Ambulance
- Birth Control Expenses (prescribed by a physician)
- Chiropractic Care
- Dental Care
- Dentures
- Diagnostic Testing
- Eye Exams, Eyeglasses & Contacts
- Hospital Expenses
- Laboratory Tests
- Laser Eye Surgery
- Orthodontic Expenses
- Orthotics
- Physical Therapy
- Prescription Drugs†
- Travel Expenses for medical treatment (subject to federal regulations)
- Wheelchairs

†Drugs and medications for cosmetic or general appearance improvement are NOT eligible.