



A Turn For The Better

90 Degree Benefits Flexible Benefit Plan Offering

 The Right Turn For Your Benefits

Step 1

> Your Options

There are several accounts you can participate in with the Flexible Benefit Plan.

I. Healthcare Reimbursement Account

This account reimburses you for medical, dental & vision expenses not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified healthcare services not covered by insurance.

Common expenses that qualify for reimbursement are – doctor visits, deductibles, co-payments, prescriptions, dental services and orthodontics, chiropractor services, eye exams, glasses and contacts.

II. Dependent Care Reimbursement Account

This account reimburses you for daycare expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis.

To qualify, your dependent must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or Mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified expenses for reimbursement include – adult and child daycare centers, preschool and before/after school care.

Please note: A dependent care credit is available on your annual tax return. Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. You will also receive your tax savings throughout the year, rather than once a year when you file your taxes. Contact your plan administrator for further information.

III. Additional Benefit

Your employer may have included benefits in addition to the programs described above. Your Human Resources Department will send notification, along with this enrollment brochure, if any such additional benefits are being offered at this time.

IV. Premium Savings Account

This account allows you to pay for your employer-provided health coverage and other insurance premiums with tax-free dollars. Be sure to let your employer know if you do not want your premiums paid tax-free.



Plan restrictions may apply. Check with your plan administrator.

Step 2

> Determining Your Reimbursable Expenses

By completing the following information, you can calculate your annual reimbursement expenses. Take into consideration the services to be provided during the upcoming year for you and your dependents. You and your dependents may enroll in this plan, even if not covered under your employer's health plan.

HEALTHCARE EXPENSES

MEDICAL (1)*

Deductibles	\$
Co-payments	\$
Doctor visits	\$
Prescriptions	\$
Other	\$
TOTAL	\$

VISION (2)*

Exams	\$
Eye Surgery	\$
Lenses	\$
Frames	\$
Contacts	\$
Solutions	\$
Other	\$
TOTAL	\$

DENTAL (3)*

Routine Check-ups	\$
Fillings/Crowns	\$
Orthodontics	\$
Other	\$
TOTAL	\$

DEPENDENT DAYCARE EXPENSES

Children	\$
Adults	\$
TOTAL	\$

Other Reimbursable Expenses **

TOTAL	\$
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Estimated Annual Expenses and Tax Savings

Total Healthcare Expenses (add 1 + 2 + 3)	\$
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Total Dependent Daycare Expenses	\$
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Total Other Reimbursable Expenses	\$
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TOTAL Expenses	\$
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Deductions Per Paycheck

(Divided total expenses by number of paychecks 52,26,24,12)

TOTAL	\$
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Savings Example:

Annual Election	\$2400.00
Tax Bracket (Contact your tax advisor)	<u>25%</u>
Estimated Annual Tax Savings	\$600.00

* Cosmetic procedures like teeth bleaching and face lifts are not eligible expenses for reimbursement.

** An "Additional Benefit" may not be offered by your employer. Check with your Human Resources Department.



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Step 3

> Complete the Participation Form

Your Human Resource Department will provide instructions to enroll in the plan.

The following health care expenses qualify for reimbursement under a Flexible Spending Account (FSA) plan.*

The items noted as (Rx) require a prescription or physician's letter listing a medical condition making the item necessary. The items noted as (LOMN) require a letter of medical necessity from your physician.

Only health care expenses not reimbursed by insurance can be claimed.

Acupuncture (excluding remedies and treatments prescribed by acupuncturist)	Eyeglasses prescribed by you doctor	procedures not eligible)	Massagers (LOMN)
Alcoholism treatment	Eye examination fees	Podiatrist fees	Massages(LOMN)
Ambulance	Eye surgery (cataracts, LASIK, etc.)	Prescribed medicines	Minerals (LOMN)
Artificial limbs/teeth	Hearing devices and batteries	Psychiatric care	Oxygen (LOMN)
Chiropractors	Home healthcare	Psychologist and psychiatrist fees	Reconstructive surgery in connection with birth defect, disease, or accident. (LOMN)
Christian Science practitioner's fees	Hospital bills	Radiology	Special supplements (LOMN)
Contact lenses and solutions	Insulin	Routine physicals and other non-diagnostic services or treatments	Special school for disabled child (LOMN)
Co-payments (doctor, dental, vision, pharmacy)	Laboratory fees	Smoking cessation over-the-counter drugs (Rx)	Special teeth cleaning system (LOMN)
Costs for physical or mental illness confinement	Laser eye surgery	Smoking cessation programs	Therapeutic support gloves (LOMN)
Crutches	Office visits	Surgical fees	Vitamins (LOMN)
Deductibles	Obstetrics and fertility	Weight loss over -the-counter drugs (Rx)	Weight loss programs and fees pertaining to a specific disease (LOMN)
Dental fees (cosmetic procedures not eligible)	Oral surgery	Weight loss programs (LOMN)	Wigs for hair loss caused by disease (LOMN)
Dentures	Orthodontic fees	Wheelchair	Airplane ear protection (LOMN)
Diagnostic fees	Orthopedic devices	Vitamins (LOMN)	
Dietary Supplements and vitamins (LOMN)	Osteopath fees	X-rays and MRI	
Drug and medical supplies (syringes, needles, etc.)	Over-the-Counter drugs that are medically necessary like allergy medications, aspirin, or antacids (Rx)	Bedpans and ring cushions (LOMN)	
Endodontist fees	Oxygen	Boost®/Pedicure® (LOMN)	
	Periodontist fees	Foot Spa (LOMN)	
	Physician fees (cosmetic	Herbs (LOMN)	

*Plan restrictions may apply. Check with your plan administrator.

Qualified expenses, *continued*

Antiseptics

Antiseptic wash or ointment for cuts or scrapes (Rx)
Antiseptic mouthwash (Rx)
Benzocaine swabs (Rx)
Boric acid powder (Rx)
First aid wipes (Rx)
Hydrogen peroxide (Rx)
Iodine tincture (Rx)
Rubbing alcohol (Rx)
Sublime sulfur powder (Rx)

Cold, Flu, Asthma and Allergy Medications

Allergy medications (Rx)
Bronchodilator/expectorant tablets (Rx)
Bronchial asthma inhalers (Rx)
Cold relief syrup, tablets and drops (Rx)
Cough relief syrup, tablets and drops (Rx)
Flu relief syrup, tablets and drops (Rx)
Medicated chest rub (Rx)
Nasal decongestant spray, drops or inhaler (Rx)
Sinus and allergy nasal spray (Rx)
Homeopathic sinus medications (Rx)
Sinus medications (Rx)
Vapor patch cough suppressant (Rx)

Diabetes

Diabetic lancets
Diabetic needles
Diabetic supplies
Diabetic syringes
Diabetic test strips
Glucose meters
Glucose tablets (Rx)

Ear/Eye Care

Airplane ear protection (LOMN)
Ear drops for swimmers (Rx)
Ear water-drying aid (Rx)
Earwax removal drops (Rx)
Homeopathic earache tablets (Rx)
Contact lens solutions (Rx)

Health Aids

Anti-fungal treatments (Rx)
Denture adhesives
Diuretics and water pills (Rx)
Hemorrhoid relief (Rx)
Lice control
Medicated bandages
Motion sickness tablets (Rx)
Respiratory stimulant ammonia (Rx)
Sleeping aids (Rx)

Pain Relief

Arthritis pain reliever (Rx)
Bunion and blister treatments (Rx)
Itch relief (Rx)
Orajel®(Rx)
Pain relievers, aspirin and non-aspirin (Rx)
Throat pain medications (Rx)

Personal Test Kits

Cholesterol tests
Colorectal cancer screening tests
Home drug tests
Ovulation indicators
Pregnancy tests

Skin Care

Acne medications (Rx)

Anti-itch lotion (Rx)
Bunion and blister treatments (Rx)
Cold sore and fever blister medications (Rx)
Corn and callus removal medications (Rx)
Diaper rash ointment (Rx)
Eczema cream(Rx)
Medicated bath products (Rx)

Stomach Care

Acid reducing gum, liquid and tablets (Rx)
Anti-diarrhea medications (Rx)
Gas prevention tablets or drops (Rx)
Ipecac syrup (Rx)
Laxatives (Rx)
Pinworm treatment (Rx)
Upset stomach medications (Rx)
Adhesive or elastic bandages
Blood pressure meter
Cold or hot compresses
Eye drops (Rx)
Foot spa (LOMN)
Gauze and tape (LOMN)
Gloves and masks (LOMN)
Herbs (Rx)
Leg or arm braces
Massagers (LOMN)
Minerals (Rx)
Multivitamins (Rx)
Saline nose drops (Rx)
Special supplements (Rx)
Special teeth cleaning system (LOMN)
Thermometers
Vitamins (Rx)



**Plan restrictions may apply. Check with your plan administrator.*



Healthcare expenses that *do not qualify* for reimbursement under FSA plan.*

Cosmetic surgery, procedure, and/or medications

Dental bleaching

Hair restoration (procedures, drugs or medications)

Marriage and family counseling

Over-the-Counter drugs or medications that are not prescribed by your physician

Weight loss programs for general health or appearance

Mail order prescriptions from another country

Premiums you or your spouse pay for insurance coverage (Payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan.)

Aromatherapy

Baby bottles and cups

Baby oil

Baby wipes

Breast enhancement system

Cosmetics

Cotton swabs

Dental floss

Deodorants

Feminine care

Hair regrowth

Low "carb" food

Low calorie food

Mouthwash

Oral care

Petroleum jelly

Shampoo and conditioner

Skin care

Spa salts

Sun tanning products

Toothbrushes



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A Turn For The Better

90 Degree Benefits Full Suite of Services:

Affordable Care Act Consultation

Telemedicine

Fully Insured Medical and Dental

- Local assistance with service issues
 - Plan design consulting
 - Enrollment and education
 - Managed care networks
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Self-Funded Medical and Dental

- Local administration
 - Plan design consulting
 - Enrollment and education
 - Managed care networks
 - Compliance
 - Reference-Based Pricing
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COBRA/HIPAA Administration

Consumer Driven Health Plans

- Split Funding
 - HSA – health savings account
 - HRA – health reimbursement account
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Section 125 Administration (cafeteria plan)

- Premium only
 - Medical reimbursement
 - Dependent care reimbursement
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Life Insurance

- Group plan
 - Voluntary plan
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Disability Insurance

- Group plan
 - Voluntary plan
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Voluntary Products

- Vision
 - Cancer
 - Accident
 - Hospital supplement
 - Dental
 - Others plans also available
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Consolidated Billing

Association Health Plans

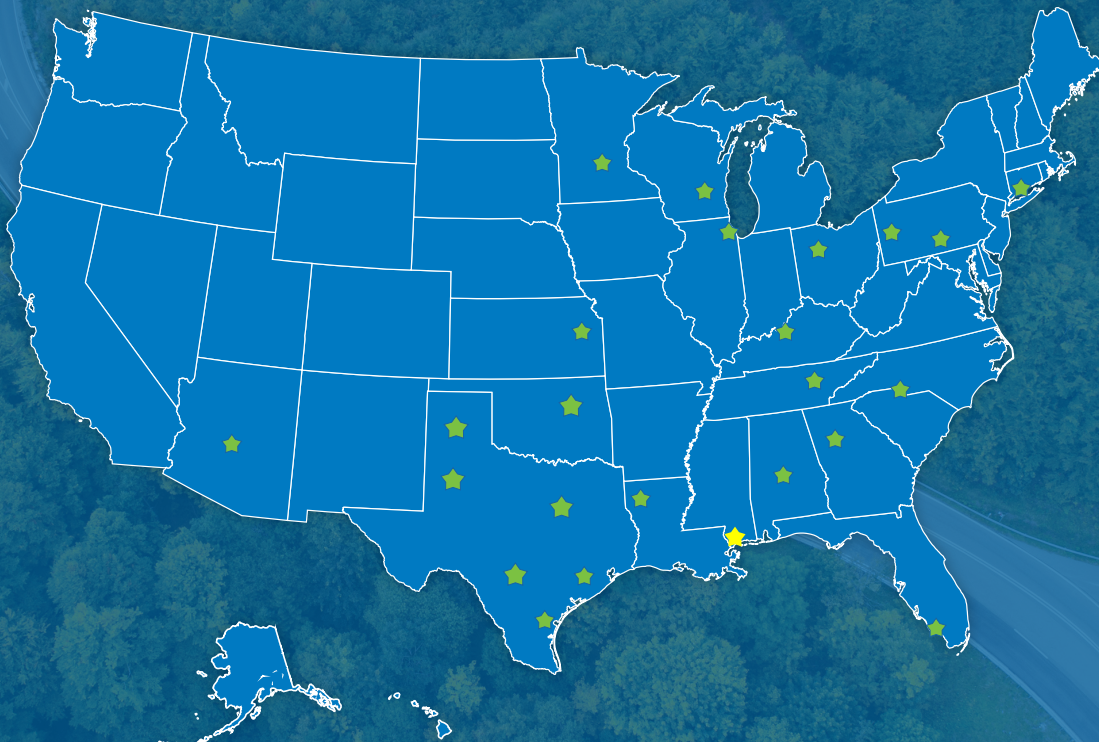




A Turn For The Better

The 90 Degree Commitment

There's a better direction for your benefits. **Make the Right Turn™** with 90 Degree Benefits.



Addison, TX Amarillo, TX Birmingham, AL Bossier City, LA Charlotte, NC Chicago, IL Corpus Christi, TX Duluth, GA Findlay, OH
Harrisburg, PA Katy, TX Knoxville, TN Louisville, KY Lubbock, TX Milford, CT Milwaukee, WI Muskogee, OK Naples, FL Overland Park, KS
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