



# Flexible Spending Account

*to provide you and your family with  
the **care you need...***

*to save on many of your **healthcare  
and dependent day care expenses***



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## Save 25-40% on healthcare and dependent day care expenses...it's easy!

### You can plan for maximum savings

You don't have to be sick to save with a healthcare Flexible Spending Account (FSA)! There are some health expenses you can plan for: orthodontia, dental crowns, lasik surgery, your annual physical...even your maintenance prescriptions. You're going to spend this money anyway; why not save on every dollar?

### Using your FSA is ABC-easy

Pay for your eligible healthcare expenses with the Benny™ prepaid benefit card and you won't have to file a claim. If you've left your card at home, don't worry, just send in a copy of your receipt with a claim form and you'll receive reimbursement.

If your email address was provided at enrollment, you will receive an email when we process your paper claim and another when payment is sent. Check your balance, the history of your claim or the status of your claim at our website, [www.chard-snyder.com](http://www.chard-snyder.com).

**Note:** Your entire healthcare account balance is available on the first day of your plan year. Your dependent day care account balance becomes available as it is deducted from your pay.

See a 3-minute video about what a Chard Snyder Flexible Spending Account can do for you! Go to: [www.chard-snyder.com](http://www.chard-snyder.com)

Go to [www.chard-snyder.com](http://www.chard-snyder.com) and use our tax-savings calculator to determine YOUR annual savings

### Pre-tax dollars have more spending muscle

Pre-tax dollars are the real deal! Depending on your tax bracket, you'll save 25 to 40 cents of each pre-tax dollar by not paying federal, state and social security taxes. This translates into real money in your pocket. You can save on approved healthcare expenses as well as your dependent day care expenses! See the table below for an example of your possible savings.

### Savings Example

|   | With Pre-tax Plan | No Pre-tax plan |
|---|-------------------|-----------------|
| Monthly pay   | \$4,000           | \$4,000         |
| Contribution to the plan  | -200              | 0               |
| New taxable amount  | 3,800             | 4,000           |
| Taxes withheld from pay*  | -1,142            | -1,202          |
| Out-of-pocket expenses  | 0                 | -200            |
| Net income  | \$2,658           | \$2,598         |
| <b>Tax Savings = \$60 per month!</b>  |                   |                 |
| <small>* Savings will vary based on tax bracket. Example shown calculated at 7.65% social security, 17.4% federal and 5% state income tax savings</small> |                   |                 |

## Use your money...don't lose it!

Planning will pay off when you see the savings on every dollar you contributed to your account. Use the worksheet on the back of this brochure to calculate what you actually spend per year...you'll be surprised. Add on the "sure things" like your annual physical or the dental crown you have scheduled. Don't "bet" on expenses you might have, such as elective surgeries you have not yet discussed with your doctor. Any money remaining in your account at the end of the plan year will be forfeited.

## Save on all these health expenses...

|                                       |                              |                                      |
|---------------------------------------|------------------------------|--------------------------------------|
| Acupuncture                           | Fertility treatments         | Physical exams<br>(non-employment)   |
| Alcoholism / drug addiction treatment | Fitness classes (Prescribed) | Physical therapy                     |
| Artificial limbs                      | Fluoridation treatments      | Pre-existing conditions              |
| Artificial teeth                      | Guide dog                    | Private hospital room                |
| Birth control                         | Hearing aid / batteries      | Psychiatric care                     |
| Braille books / magazines             | Hospital services            | Sales tax (on eligible expenses)     |
| Childbirth classes                    | Laboratory fees              | Smoking cessation                    |
| Chiropractors                         | Lasik surgery                | Speech training                      |
| Co-insurance / co-pays                | Learning disability          | Transplants                          |
| Contact lenses / solution             | Medical monitoring devices   | Vaccines                             |
| Contraceptives                        | Medical services             | Weight loss programs<br>(prescribed) |
| Crutches                              | Prescriptions                | Wheelchair                           |
| Deductibles                           | Operations / surgery         | X-ray fees                           |
| Dental treatment                      | Optometrist                  |                                      |
| Eye exams / eyeglasses                | Orthodontia                  |                                      |
|                                       | Osteopath                    |                                      |

## Plus, over-the-counter items...

Effective January 1, 2011, you may use your Flexible Spending Account to purchase over-the-counter drugs and medicines such as ibuprofen, acetaminophen or cough syrup with a note of medical necessity (NMN) or a prescription from your doctor. Chard Snyder will file the NMN or prescription for one year and then you will need a new one.

You may continue to use your Flexible Spending Account to purchase eligible over-the-counter items that are not considered a drug or a medicine such as bandages, wound care, contact lens solution, etc.

A list of current eligible items may be seen at [www.chard-snyder.com](http://www.chard-snyder.com).

## Save on dependent day care, too...

|   |  |   |
|---|--|---|
| Day care for your dependents under age 13 and living in your household more than 50% of the year. | Care for your spouse and dependents who, for physical or mental reasons, cannot care for themselves. | After-school program fees, except for overnight activities. |
|---|--|---|

Expenses must be incurred while you and your spouse are working, a full-time student and/or actively looking for employment.



## Benny™ prepaid benefit card helps you save time, money and paperwork

- Check the list of stores that accept Benny™ at [www.chard-snyder.com](http://www.chard-snyder.com)
- Benny™ keeps cash in your wallet. The amount of your purchase will be deducted from your account and you won't have to wait for a check in the mail
- Don't throw away your Benny™ ... you will use the same card for up to five years. Your new election will automatically be available on the first day of your plan year
- New participants will receive a set of two cards in the mail
- Call Chard Snyder Customer Service to order a set of two extra or replacement cards for a charge of \$10.
- Questions? Call Chard Snyder Customer Service 800.982.7715.



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# Flexible Spending Account Annual Expense Estimate

|   | Actual<br>Expenses<br>Last Year | Estimated<br>Expenses<br>New Year |
|---|---------------------------------|-----------------------------------|
| <b><u>Medical</u></b>                                     |                                 |                                   |
| Co-pays / expenses  |                                 |                                   |
| Prescriptions   | \$ _____                        | \$ _____                          |
| Physician visits  | \$ _____                        | \$ _____                          |
| Hospital visit co-pays /expenses<br>(including Emergency) | \$ _____                        | \$ _____                          |
| Laboratory/testing expenses                               | \$ _____                        | \$ _____                          |
| Deductible expenses                                       | \$ _____                        | \$ _____                          |
| Over-the-counter items                                    |                                 |                                   |
| _____   | \$ _____                        | \$ _____                          |
| _____   | \$ _____                        | \$ _____                          |
| <b><u>Vision</u></b>                                      |                                 |                                   |
| Eye examination   | \$ _____                        | \$ _____                          |
| Eyeglasses  | \$ _____                        | \$ _____                          |
| Contact lenses and solution                               | \$ _____                        | \$ _____                          |
| Lasik surgery   | \$ _____                        | \$ _____                          |
| Other expenses  | \$ _____                        | \$ _____                          |
| <b><u>Hearing</u></b>                                     |                                 |                                   |
| Hearing examination                                       | \$ _____                        | \$ _____                          |
| Hearing aid   | \$ _____                        | \$ _____                          |
| <b><u>Dental</u></b>                                      |                                 |                                   |
| Co-pays / expenses  |                                 |                                   |
| Dental visits   | \$ _____                        | \$ _____                          |
| Fillings  | \$ _____                        | \$ _____                          |
| Major work<br>(root canals, crowns, dentures, etc.)       | \$ _____                        | \$ _____                          |
| Orthodontia (braces)                                      | \$ _____                        | \$ _____                          |
| Deductible expenses                                       | \$ _____                        | \$ _____                          |
| Other expenses  | \$ _____                        | \$ _____                          |
| <b>Total annual amounts</b>                               | <b>\$ _____</b>                 | <b>\$ _____</b>                   |

**Maximize your savings—see list of eligible expenses inside or check out the list of eligible and ineligible expenses on our website, [www.chard-snyder.com](http://www.chard-snyder.com)**

## Once you enroll...

To access your account online after the first day of your plan year, go to [www.chard-snyder.com](http://www.chard-snyder.com). You can check your account balance, check the status of paper claims and access the forms you need. If you prefer, call customer service at 513.459.9997 or, outside the greater Cincinnati, OH area, 800.982.7715.

Review *Using Your Flexible Spending Account*, available on the Chard Snyder website.

New participants—  
Watch for this envelope in the mail. It will contain your new Benny™ prepaid benefit cards!



**Don't Forget! Always save receipts for Benny™ FSA purchases**

**You may be asked to submit receipts to verify that some of your expenses comply with IRS guidelines. Your receipt must show the merchant or provider name, service received or item purchased, date and amount of the expense.**



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