

---

---

## ***Interactive Medical Systems (IMS) Health Care & Dependent Care Reimbursement Accounts***

---

---

***Plan Year: January 1, 2010 to December 31, 2010***

***Health Care Reimbursement Plan Maximum: \$5,000.00***

***Health Care Reimbursement Plan Minimum: \$50.00***

***Run Off Period: 60 days following the end of the plan year to file for services rendered during the plan year***

***Waiting period: None***

### **WHAT IS AN FSA**

- A Flexible Spending Account (FSA) is a program that the Federal Government allows your employer to sponsor. It allows you (the employee) to save federal, state and social security taxes on the money you use to pay for eligible unreimbursed healthcare and daycare expenses, which will increase your take home pay. It is a widely used benefit that creates a “**Win - Win**” for employees and employers.
- A Valuable Benefit! If you choose to participate in this valuable program, you and your eligible dependents can “pay” for medical, dental, and vision expenses, and dependent daycare expenses on a tax-free basis.

### **HOW IT WORKS**

- At the time of enrollment, you must determine how much you would like to contribute to each account for the coming year. You may participate in the healthcare plan, the dependent day care plan or both.
- All monies that you put into the FSA will be deducted from your paycheck each pay period BEFORE taxes are calculated.
- Your spendable income increases because you contribute pretax dollars into the FSA plan. This lowers your taxable income; therefore you pay fewer taxes and increase your spendable income. Depending on your tax bracket, this plan can save you 30% to 40% on qualified, eligible expenses.

### **HEALTH CARE CLAIMS & REIMBURSEMENTS**

#### **Q: What are examples of eligible health care expenses?**

You can pay for a wide variety of health care expenses through your pre-tax FSA account. For a detailed listing see, “Sample Expenses Eligible for Spending Account Reimbursements”.

#### **Q: Is the deductible on my major medical plan eligible for reimbursement?**

Yes, however, you must submit the Explanation of Benefits (EOB) statement from your healthcare plan which indicates when the deductible was met and verifies that expenses were incurred during the plan year. IMS cannot accept a statement that only indicates that the deductible has been met.

**Q: How do I file a claim for expenses that are covered by insurance?**

The claim must first be filed with the healthcare plan. After you receive an Explanation of Benefits statement indicating which expenses are eligible for payment and which are not, then submit a copy of the EOB with an FSA claim form to Interactive Medical Systems.

**Q: How do I file a claim for expenses not covered by insurance?**

If you are requesting reimbursement for expenses for which you do not have insurance coverage such as dental, vision, or hearing, simply submit a copy of the bill or receipt with an FSA claim form. The receipt should indicate the date of the services, the services provided, and charges.

**Q: What happens to the funds I set aside?**

If you participate in both the healthcare and dependent care FSAs, the funds you set aside are deposited into two separate accounts — one for out-of-pocket eligible health care expenses and one for dependent care expenses. The money allocated for your Health Care Spending Account is available for immediate reimbursement up to your annual election amount. Dependent Care Spending Account dollars are reimbursed as they accumulate in your account; simply submit the required documentation. You cannot transfer or “borrow” funds from one account to the other.

**Q: What happens if there is money left in my account at the end of the year and I have no more reimbursable expenses?**

Under IRS regulations, the money in your account will be forfeited and will be used to pay for administration costs of this Plan. This is known as the “use it or lose it” feature of an FSA. For this reason, you need to make conservative estimates of your reimbursable expenses prior to each plan year. You have a grace period at the end of each plan year in which to file claims for expenses incurred during the plan year.

*Note: An expense is “incurred” when the participant is provided with the medical care that gives rise to the medical expenses, or provided with the dependent care services and not when the participant is formally billed or charged for, or pays for, the medical care, or dependent care services.*

**Q: What happens if I leave my employment during the plan year and have money left in my account(s)?**

See your Human Resources Department for specifics regarding COBRA continuation of your Health Care FSA. The Dependent Care FSA is not eligible for COBRA continuation. If you choose not to participate in COBRA, any funds remaining in your Health Care FSA will be forfeited if you do not have sufficient eligible expenses incurred prior to termination.

**DEPENDENT CARE**

**Q: What are eligible dependent care expenses?**

This Plan follows IRS guidelines which allow you to use pre-tax dollars to pay for daycare services provided to your children under age 13, as well as for an incapacitated parent or spouse. You are eligible if you are a single working parent, you have a working spouse, your spouse is a full-time student for at least five

months during the plan year while you are working (refer to the IRS earned income limits for specific contribution levels), or your spouse or dependent parent is disabled and unable to provide for his or her own care.

Eligible expenses include services provided: (a) inside or outside of your home by anyone other than your spouse, one of your dependents, or one of your children under 19 years of age, (b) by a child care center, or (c) by a housekeeper whose services include dependent care. Day camps are eligible for reimbursement; however, overnight camps are not eligible.

**Q: Is it better to utilize the Dependent Care Flexible Spending Account or the federal income tax credit for dependent care expenses?**

Your individual circumstances and income will determine whether the federal, state (where eligible) and FICA tax savings under the Dependent Care Spending Account provide greater tax benefits than using the federal tax credit. Since individual tax situations vary, it is important for you to determine which approach offers the most favorable tax savings. Contributions to the Dependent Care Spending Account reduce your federal tax credit availability. As of January 1, 2003, you may combine the Dependent Care Spending Account with the federal tax credit amount for a maximum of \$3,000 for one dependent and \$6,000 for two or more dependents.

**Q: How much money can I set aside on a pre-tax basis for dependent care?**

You can set aside a maximum of \$5,000 per plan year (or the maximum contribution limit set by your employer) for dependent care expenses if you are a single parent or married and filing jointly; \$2,500 if you are married and filing separately. The legal maximum is also \$5,000 per calendar year in the event you have access to another FSA plan through your spouse or another employer. For the out-of-pocket Health Care Spending Account maximum, refer to your "Summary Plan Description" booklet.

**Q: Do I need to provide IMS with any documentation when I file a claim?**

Yes, if you participate in the dependent care account, you must provide IMS with the name(s) of your child(ren), the name and tax ID number of the daycare provider. This information is listed on the claim form which can be obtained from your employer or online at [www.ims-tpa.com](http://www.ims-tpa.com).

**A stipulation imposed by the IRS is that the service provider must be over 18 years of age, and cannot be an individual for whom a personal tax exemption is claimed.**

**GENERAL ACCOUNT INFORMATION**

***Q: How will I know the balance in my Flexible Spending Plan?***

To view your balance please visit [www.benefitspaymentsystem.com](http://www.benefitspaymentsystem.com). You can also contact the Flex Department at 919.877.9933 ext 5052.

***Q: If I participate in the Plan, will I reduce my Social Security benefits when I retire?***

Since your taxable income will be reduced, your FICA contribution for Social Security could also be slightly reduced. Usually the effect will not be great over the lifetime of your covered earnings. Check with your local Social Security office for possible impacts based upon your particular situation.

***Q: Can I change my elections in the Section 125 plan at anytime during the plan year?***

No. You cannot change your elections during the plan year, except in the event of specified status changes. The following events are considered eligible status changes; however, your election change must be consistent with the status event:

*Legal marital status; Number of dependents; Employment status; Dependent satisfies or ceases to satisfy eligibility requirements; Judgment or Order to cover a child; Entitlement to Medicare or Medicaid benefits. Unless you are subject to one of these qualifying events, your election is irrevocable for the plan year. If you experience one of the changes noted above, you are allowed to modify your election within 30 days of the event.*

***Q: Can I submit a claim after the plan year ends?***

You will have a “grace period” after the end of the plan year or the date your coverage period ends to submit claims that were incurred during the plan year. Your Plan Summary will indicate the exact amount of time your plan allows. The expense MUST be for services performed during the plan year.

***Q: What form do I use to file a claim?***

Your employer has a supply of claim forms you can use when you have a claim to be submitted. You can also download a claim form our website at [http://ims-tpa.com/documents/fsa\\_claim\\_form.pdf](http://ims-tpa.com/documents/fsa_claim_form.pdf). Simply complete the form and read the claim-filing instructions on the reverse side of the form to ensure your claim is properly submitted. If the expense is qualified under the Plan and appropriate documentation is submitted, you will receive a reimbursement check.

***Q: How and when can I submit a claim?***

You can fax the claim and the appropriate claim substantiation information to IMS at 919.877.0615 attention Flex Department or it can be mailed to IMS at PO Box 19108, Raleigh, NC 27619 any time during the plan year. The claim should be in our office 5 working days prior to the schedule check run for processing.

## **The Benefits Card**

***Q: What is The Benefits Card***

The Benefits Card allows you to access your Flexible Spending Account to pay for eligible expenses without submitting a claim for reimbursement.

***Q: How can I use the Benefits Card?***

The Benefits Card can be used to pay for eligible goods and services covered by your FSA like prescription drug co-pays, office visit co-pays, or deductibles under your health, dental, and vision plans. This card can also be used for allowable dependent care expenses. The Benefits Card carries the MasterCard® logo and can be used wherever MasterCard is accepted

***Q: How does the card work?***

Once a cardholder swipes the card at an eligible merchant location, the transaction is screened to determine whether there are sufficient funds credited to your FSA account or only if there is enough money credited to the account or if it is an eligible expense is the transaction approved. At this point, the merchant will be paid and the amount is debited from the employee's FSA account to reflect payment of an approved expense. There is no direct payment or reimbursement to the participant.

***Q: Is there a "list" of eligible merchants/providers that accept the card?***

No, but most health care or dependent care related providers/merchants that accept MasterCard will accept your card. As far as the merchant/provider is concerned, your Benefits Card is no different than any other MasterCard.

***Q: How do I sign up for the Benefits Card?***

If you enroll in the Flexible Spending Account Plan, you will be mailed a card and a Cardholder Enrollment Agreement detailing policies and procedures for its use. By signing and activating the card when you use it for the first time, you are agreeing that all card transactions will be solely for qualified expenses of the Flexible Spending Account.

***Q: Once I use the card, do I have to use it all of the time?***

No. You may choose to use the card for pharmacy co-payments and file all other claims with Interactive Medical Systems. It is entirely up to you how frequently you want to take advantage of this extra convenience.

***Q: How many cards will I receive?***

You will be provided with one card and one extra card for a spouse or dependent please indicate on the enrollment form and include the spouse or dependent name, date of birth and Social Security number.

***Q: Do I need a PIN to use the card?***

No, there is no PIN associated with the Benefits Card. However, when using the card at self-service merchant terminals, select the "CREDIT" option. Please be aware that the Benefits Card is not a credit card, it is a debit card that uses funds from your Flexible Spending Account.

***Q: What do I do if I lose the card or the card is stolen?***

If you lose your card or it is stolen, contact Interactive Medical Systems immediately by calling 919.877.9933 extension 5052, IMS will deactivate your lost/stolen card and issue you a new card. There is a charge to the member for replacement cards. You will be issue one free extra card per plan year if it is lost or stolen. Every additional card will be at a cost of \$5.00 per card.

***Q: What if my card is rejected at the point of sale/service for any reason or my doctor, dentist or other provider/merchant doesn't accept MasterCard®,***

***what should I do?***

Pay for the charge, keep your itemized receipts and submit a claim reimbursement request to IMS. The card may only be used at medical facilities and pharmacies. **The card will not work at department/ discount grocery stores, If you are purchasing prescriptions or over the counter medication in this establishments, you will have use the pharmacy check out.**

*Note: You may request reimbursement for eligible expenses up to your maximum annual Health Care Spending Account election at any time during the plan year. You may request reimbursement for eligible Dependent Care Spending Account expenses only up to your current contribution balance.*

***Q: If I use my Benefits Card, will I still need to keep my receipts?***

Yes, always keep your itemized receipts for card transactions. There may be times when a transaction will require additional review and you will be asked to submit documentation to IMS. The Flexible Spending Account are IRS regulated and we will audit random transactions to make sure of the proper use of the funds.

***Q: If Interactive Medical Systems believes I used the card for an ineligible expense, what steps are taken? What if I don't respond or I don't have supporting documentation?***

IMS will make several attempts to contact you regarding the need to submit documentation for Benefits Card transactions that require review. If you do not respond to these requests or cannot provide adequate documentation of the expense, your card will be deactivated. The ineligible payment will be deducted from your future Flexible Spending Account claim reimbursement requests until your account is settled. You may also be asked to submit the ineligible reimbursement back to your employer via check or payroll deduction.

***Q: Can I use my Benefits Card to pay for the entire bill at my doctor's or dentist's office?***

No, the purpose of a Flexible Spending Account is to put aside pre-tax funds to pay for un-reimbursed medical and/or dependent care expenses. Your health, dental, or vision provider must bill your insurance carrier for their portion of the fee first. Your Benefits Card, however, may be used for charges that are not reimbursed by your health plan, like co-pays, coinsurance, and deductibles. After your health, dental, or vision plan has paid, you may use your Benefits Card to pay for the balance. Typically, physician, lab, or dental bills provide you the option to pay with a credit card. Select the MasterCard option and provide the card number and expiration date as you would with your personal credit card. You will then mail that information back to your provider who will process accordingly.

***Q: How can I review my Benefits Card transactions?***

You can review your Benefits Card transactions and account balances on the Internet at [www.benefitspaymentsystem.com](http://www.benefitspaymentsystem.com)

The content of this information has been prepared by Interactive Medical Systems solely to help you gain a better understanding of how Flexible Spending Accounts work and how you may best utilize the benefits of the Plan and does not constitute legal or tax advice. This information is an interpretation of selected portions of the Internal Revenue Code (IRC) as of 7/31/06 and is subject to continual revision. It is informational only and not plan specific. For details of your Plan, please refer to your Plan Document.

**Eligible OTC Expenses** include medicines or products that alleviate or treat injuries or illness for you and your dependents. You do not need to provide a statement from a medical provider or indicate a diagnosis in order to receive reimbursement.

Type/Class of Drug or Product	Examples
<b>Allergy Prevention and Treatment</b>	Actifed* Allerest* Benadryl* Chlor-Trimetron* Claritin Contac* Nasalcrom* Sudafed
<b>Analgesics/Antipyretics</b>	Aspirin* Advil* Alleve* Ibuprofen* Naprosyn* Tylenol Midol* Pamprin* PremysynPMS
<b>Antacids and Acid Reducers</b>	AXID AR* Gas-X* Maalox* Mylanta* Tums* Pepcid AC* OTC Prilosec* Tagamet HB* Zantac 75
<b>Anti-arthritis</b>	Glucosamine
<b>Antibiotics (topical)</b>	Bacitracin* Neosporin* Triple antibiotic ointment
<b>Anticandialn (yeast)</b>	Femstat 3* Gynelotrimin* Mycelex-7* Monistat 3* Vagistat-1
<b>Antidiarrheal &amp; Laxatives</b>	Ex-Lax* Immodium AD* Kaopectate* Pepto-Bismol
<b>Antifungal</b>	Lamisil AT* Lotramin AF* Micatin
<b>Antihistamines</b>	Actidil* Actifed* Allerest* Benadryl* Claritin* Chlor-Trimetron* Contac* Drixoral* Sudafed* Tavist* Triaminic
<b>Anti-itch Lotions &amp; Creams</b>	Bactine* Benadryl* Caldecort* Caladryl* Calamine* Cortaid* Hydrocortisone* Lanacort* Lamisil AT* Lotramin AF
<b>Asthma Medicine</b>	Bronitin Mist* Bronkaid* Bronkolixer* Primatene*
<b>Cold Sore/Fever Blister</b>	Abreva Cream* Herpecin
<b>Cold, Flu, Decongestant &amp; Sinus Remedies</b>	Actidil* Actifed* Advil Cold & Sinus* Afrin* Afrinol* Alka Seltzer Cold & Flu* Alleve Cold & Sinus* Children's Advil Cold* Contac* Dayquil* Dimetane* Dristan Long-Lasting* Drixoral* Neo-Synephrine 12-Hour* Nyquil* Orrivin* Pediacare* Sudafed* Tavist-D* Thera-flu* Triaminic* Tylenol Cold & Flu Cough Drops & Lozenges* Nasal Sprays
<b>Contraceptive / Family Planning</b>	Ovulation predictor kits* Pregnancy tests* Spermicides* Condoms
<b>Cough Suppressants or Expectorants</b>	Robitussin* Vicks 44* Chlorasptic* Mucinex* Cough drops* Throat lozenges
<b>Dehydration</b>	Pedialyte
<b>Dental/Denture Care</b>	Orajel* Anbesol* Poligrip
<b>Diaper Rash</b>	Aquaphor* Balmax* Desitin
<b>Ear Care</b>	Ear Drops* Ear wax removal
<b>Eye Care</b>	Contact lens supplies* Eye drops* Reading glasses* Eye patches

**Eligible OTC Expenses (continued)**

include medicines or products that alleviate or treat injuries or illness for you and your dependents. You do not need to provide a statement from a medical provider or indicate a diagnosis in order to receive reimbursement.

<b>Type/Class of Drug or Product</b>	<b>Examples</b>
<b>Foot Care</b>	Arch & insole supports* Callous removers* Athlete's Foot products (see anti-fungal)* Bunion* blister & corn treatments
<b>Hemorrhoidal Preparations</b>	Preparation H* Hemorrhoid* Tronolane
<b>Home Diagnostic Tests or Kits</b>	Blood pressure (monitor & related equipment)* Cholesterol* Diabetic equipment & supplies* Colorectal screenings* HIV test
<b>Lactose Intolerance</b>	DairyCare* Dairy Relief* Lactaid* Lacteeze* Lactrase
<b>Menstrual Cycle</b>	Midol* Pamprin* Premysyn PMS
<b>Migraine Relief</b>	Advil Migraine* Motrin Migraine* Excedrin
<b>Motion Sickness</b>	Dramamine* Marizine
<b>NSAIDS</b>	Advil* Alleve* Ibuprofen* Motrin* Naprosyn* Naproxen
<b>Pediculicide</b>	Nix* Rid
<b>Pre-natal Vitamins</b>	
<b>Skin Care</b>	Sunburn relief* Aloe Vera
<b>Sleeping Aids</b>	
<b>Smoking Cessation</b>	Commit* Nicoderm CQ* Nicorette* Nicotrol
<b>Teething/Toothaches</b>	Orajel* Anbesol
<b>Topical Steroids</b>	Hydrocortisone
<b>Wart Removal</b>	Compound W* Dr. Scholl's Clear Away* Wart-Off

**Dual-Purpose OTC Medicines and Products** may be reimbursed under an FSA with a licensed health care provider's LMN stating your specific diagnosis or medical condition, a recommendation to take the specific OTC medicine to treat your condition, and documentation of the product and cost.

Type/Class of Drug or Product	Examples	Reimbursable Use	Excluded Use
<b>Calcium</b>	Calcium Carbonate* Caltrate* Tricalcium Phosphate Calcium Citrate* Calcium Lactate* Calcium Gluconate	Diagnosis (e.g. osteoporosis) or at-risk for illness or injury based on physician note	Routine use for general health
<b>Dental Fluoride</b>			Routine use for general oral care
<b>Fiber Supplements</b>	Benefiber * Metamucil	Documented specific medical condition; short duration	Routine use for general health
<b>Homeopathic Remedies</b>			
<b>Incontinence</b>		Post-surgery	Infants and toddlers
<b>Joint Supplements</b>	Chondroitin	Diagnosis of Arthritis	Routine use for general health
<b>Minerals</b>	Calcium* Caltrate* Ferrous Sulfate* Feosol* Slow FE* Folic Acid	Diagnosis (e.g. osteoporosis, anemia) or at-risk for illness or injury based on physician note	Routine use for general health
<b>OTC Hormone Therapy</b>		Peri-menopausal or menopausal symptoms	Routine use for general health
<b>Dietary Supplements</b>	Protein bars* Power drinks* Ensure* Glucerna* Slimfast	Documented specific medical condition	Sports performance, general energy and health
<b>Snoring Cessation Aids</b>		Breathe Right* Snorezz	Sleep Apnea
<b>Vitamins</b>		Vitamin B for treatment of scurvy	Routine use for general health
<b>Weight Loss</b>		Diagnosis of obesity or other documented specific medical condition	General weight loss

**Excluded OTC Products (non-eligible expenses)**

Type/Class of Drug or Product	Examples
<b>Cosmetic Products</b>	Face soaps* Creams* Make-up* Perfumes* Hair Removal
<b>Dental Products</b>	Dental floss* Toothpaste* Toothbrushes* Teeth whitening kits Mouthwash
<b>Ear Care</b>	Ear plugs
<b>Herbal Supplements</b>	
<b>Toiletries</b>	Deoderant* Shampoo* Body sprays* Soaps* Moisturizers* Chapstick
<b>Vitamins</b>	Without a Letter of Medical Necessity

## Sample Expenses Eligible for Flexible Spending Account Reimbursement

### Medical, Dental, Vision Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance hire
- Artificial teeth
- Birth control pills
- Braces
- Braille-books & magazines
- Chiropractors
- Christian Science Practitioners' fees
- Co-insurance amount you pay
- Co-pay amount you pay
- Contact lenses & eyeglasses plus eye examination
- Contact lens solution
- Cost of operations and related treatments
- Crutches
- Dental fees
- Drugs (by prescription) & medical supplies
- Handicapped persons' special schools
- Hearing devices & batteries
- Home improvements necessitated by medical considerations
- Hospital bills
- Insulin
- Laboratory fees
- Lead-base paint removal (for children with lead poisoning)
- Massage Therapy (medically necessary)
- Mentally handicapped persons' cost of special home therapy
- Nicotine Patches and Gum
- Obstetrical expenses
- Orthopedic shoes
- Over-the-counter medications purchased to treat or alleviate the symptoms of an illness or injury (see the chart on the following pages for eligible expenses)
- Oxygen
- Physical fees

- Sterilization (i.e., tubal ligation, vasectomy)
- Surgical fees (except cosmetic)
- Telephone, special services for the deaf
- Television audio display equipment for the deaf
- Therapeutic care for drug & alcohol addiction
- Therapy treatments
- Transportation expenses primarily in the rendering of medical services
- Tuition at special school for handicapped
- Vitamins, by prescription only
- Weight loss program (if prescribed by Physician to treat existing disease)
- Wheelchair
- X-ray

### Dependent Care Expenses

- Babysitters over the age of 19
- Daycare Centers
- Nursery Schools
- After-School Programs
- Day Camp
- Eldercare

### Common Expenses Not Eligible for Reimbursement

- Cosmetic procedures
  - Over the counter vitamins and dietary supplements (unless the claimant provides physician documentation that a medical condition validates the expense)
  - Gym and fitness club memberships
- \*Some items may require physician documentation**

*If you are unsure if an expense is eligible for reimbursement, please call the Interactive Medical Systems Flex Department at :  
**919.877.9933 or 800.426.8739 extension 5052.** Business hours are Monday through Friday 8:00 am to 5:00 pm EST.*

## How can I access my Flex Account Online?

Cardholders have access to online claim information and balances at:

**[www.benefitspaymentsystem.com](http://www.benefitspaymentsystem.com)**

To register for access on the BPS website simply follow the steps below:

- **Click on the Participant Log in**

**You must register first by creating your account. Simply click on the link named “Create Account” under the Log in button**

- **Enter your full name**
- **Employee Id: Your Social Security Number with no dashes or spaces**
- **Employer ID: Please leave that option blank**
- **Card Number: Your Benefits Master Card number, no dashes or spaces**
- **Then Create your Log in and password and answer the security questions.**

The next time you access your account, simply enter your personal user name and password to login.

\*Please note that the password will expire every 90 days for security purposes and the system will prompt you to create a new one.

PO Office Box 19108  
Raleigh, NC 27619

5621 Departure Drive, Suite 117  
Raleigh, NC 27616

Phone: **919.877.9933 or 800.426.8739**  
Fax: **919.877.0615**

Website: **[www.ims-tpa.com](http://www.ims-tpa.com)**



*Creating Healthier Benefits<sup>sm</sup>*

**FLEXIBLE BENEFITS WORKSHEET**

**Instructions:** To estimate your potential unreimbursed health care and dependent care expenses for the coming year, be sure to review your “Explanation of Benefits” forms, tax receipts, expense vouchers, checkbook registry, etc., for the prior two years. Using these figures as a benchmark, conservatively estimate the amount of expenses you will most likely incur in the coming year in sections A & B below.

**A) Medical, Dental, Vision Expenses** (estimated unreimbursed annual health care expenses):

<u>MEDICAL</u>	(Annual)	<u>DENTAL</u>	(Annual)
Doctor Office Co-pays	\$ _____	Filings	\$ _____
Deductibles	_____	Bridges	_____
Routine OB-GYN Exam	_____	Crowns	_____
Physicals (school physicals, etc...)	_____	Dentures	_____
Co-Insurance	_____	Orthodontia	_____
Prescription/OTC Drugs	_____	Oral Exams	_____
Wheelchair, Crutches, and Medical Appliances	_____	Cleanings/X-Rays	_____
Other (miscellaneous) Costs	_____		

**VISION**

**HEARING**

Eye Exams	\$ _____	Exams	\$ _____
Eyeglass Lenses/Frames	_____	Hearing Aids	_____
Contact Lenses	_____		

**A) Total Annual Medical Expense** \$ \_\_\_\_\_

**B) Dependent Care (estimated dependent care expenses required for you and your spouse to continue working): (Annual)**

Child Care Center/Babysitting services	\$ _____
Pre-school/Nursery school tuition	\$ _____
After-school programs, Day Camp	\$ _____

**B) Total Annual Dependent Care Expense** \$ \_\_\_\_\_

**Total (A) + (B) = total annual election of \$ \_\_\_\_\_ divided by payroll cycle = \$ \_\_\_\_\_ / pay period**

If you are unsure if an expense is eligible for reimbursement, please call the IMS Flex department at 919.877.9933.

PO Office Box 19108  
Raleigh, NC 27619

5621 Departure Drive, Suite 117  
Raleigh, NC 27616

Phone: 919.877.9933 or 800.426.8739  
Fax: **919. 877.0615**

**Website: [www.ims-tpa.com](http://www.ims-tpa.com)**



***Creating Healthier Benefits<sup>sm</sup>***