



## Save up to 30% on eligible expenses

Enroll in a TASC Flexible Spending Account (FSA) so you can use pretax dollars to pay for common, everyday expenses and reduce your taxable income.

Below is a partial list of reimbursable expenses that may be incurred by you, your spouse, or qualified dependents.

**NOTE:** If you (or your spouse) enroll in an HSA Plan, you may only enroll in a Limited-Purpose Healthcare FSA (LPHSA). The eligible expenses under an LPHSA are limited to Dental and Vision expenses only.

### Eligible Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductibles and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses (prescription)
- Flu shots
- Hearing aids and hearing aid batteries
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Physical exams
- Physical therapy (as medical treatment)

- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Sales tax on eligible expenses
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

### Eligible OTC Medicines and Drugs

**As of January 1, 2020, over-the-counter (OTC) medicines and drugs are reimbursable via FSA, HRA, and HSA.**

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- **NEW: Menstrual care products**
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

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Use your TASC Card to pay for eligible expenses at the point of purchase instead of paying out-of-pocket and requesting a reimbursement.



## Eligible Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

## Eligible Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- Does not cover medical costs; use Healthcare FSA for medical expenses incurred by you or your dependents

## Eligible Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

## Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

For more information regarding eligible expenses, please review IRS Publication 502/503 at [irs.gov](http://irs.gov) or ask your employer for a copy of your Summary Plan Description (SPD).



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## **PLAN DOCUMENT AMENDMENT & SUMMARY OF MATERIAL MODIFICATION**

This Summary of Material Modification (SMM) is being delivered to be attached to your Summary Plan Description (SPD). This document will also serve as an amendment to the Plan Document maintained by the Employer. Keep this SMM with your SPD for future reference. The changes described below have been adopted and executed by the Employer. You can request a copy of your SPD - Plan Documents from your Benefits Coordinator. These changes in no way effect any other term or condition stated in your Summary Plan Description unless that specific term is mentioned below.

### **Over The Counter Products (OTC)**

The limitations on OTC products stated in the SPD and Plan Document are removed. OTC products no longer require a prescription and can be reimbursed under your plan. OTC products must be for diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. OTC products that are beneficial" to an individual's general health are not covered unless they are determined by a physician to be necessary to treat or alleviate a specific physical or mental illness. Amounts paid for menstrual care products shall be treated as paid for medical care. The changes described above are effective for amounts paid on or after January 1, 2020 and continue in force until amended by the Employer.

### **The Family And Medical Leave Act ('The FMLA') and Unpaid Leave.**

The FMLA requires employers with 50 or more employees to provide unpaid leave for eligible employees under circumstances that are prescribed by applicable federal law, including the Family and Medical Leave Act of 1993 (29 U.S.C. 2611) as amended.

The payment option(s) for coverage while on unpaid Family Medical Leave Act leave and for unpaid leave for Healthcare Account Plans are:

- 1) **Pre-pay.** Under this option, you will pay your election amounts that will be due during your leave, before your FMLA leave begins. The payments may be either pre-tax or after-tax, according to the terms of your Salary Reduction Agreement.
- 2) **Pay-as-you-go.** Under this option, you will pay your share of your election amounts on the same schedule as if You were not on leave. If you fail to make payments under this Pay-as-you-go option, Your Employer is not required to continue coverage. However, if your Employer chooses to continue coverage, your employer is entitled to collect these amounts from you after You return from the FMLA leave.

If an Accountholder's coverage under the Plan ceased while on FMLA leave, the Accountholder will be entitled to resume coverage upon return from leave on the same participation basis in effect prior to the leave, or as otherwise required under the FMLA. The Accountholder will be entitled to elect reinstatement in the Plan at the coverage level that was in effect before the FMLA leave, with increased contributions if necessary, to reach their annual election. Or, the Accountholder can continue with the amount withheld from the Accountholder's compensation on payroll-by-payroll basis equal to the amount withheld before the FMLA leave.

In addition to the FMLA rights described above, this Plan will comply with the Emergency Family and Medical Leave Expansion Act (EFMLEA) by providing paid EFMLEA leave for a 'qualifying need related to a public health emergency', with respect to leave, means the employee is unable to work (or telework) due to a need for leave to care for the son or daughter under 18 years of age if the school or place of care has been closed, or the child care provider is unavailable, due to a public health emergency. This EFMLEA leave is mandated for all employers who employ fewer than 500 employees for any employee who has worked at least 30 calendar days with the employer with respect to whom leave is requested. This will apply to EFMLEA taken for dates starting April 1, 2020 and ending December 31, 2020. In no event shall such paid leave exceed \$200 per day and \$10,000 in the aggregate. Contact your Company or its FMLA Service Provider for details on required documentation to take EFMLEA leave, the payment options available for your elected Benefit Plans while you are on EFMLEA leave, and whether you have rights to be reinstated in your elected Benefit Plans when you return.

NOTE: Under the EFMLEA law, small employers with fewer than 50 employees and health care providers can be exempt from EFMLEA leave. If an employer is exempt, then the additional rights described above for EFMLEA will not be provided.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Employer: \_\_\_\_\_

By: \_\_\_\_\_

Printed: \_\_\_\_\_

Title: \_\_\_\_\_