

ACCOUNT RULES AND CLAIM FILING INSTRUCTIONS

RULES FOR DEPENDENT AND MEDICAL ACCOUNTS

- Only employees participating in the Flexible Spending Account can submit a claim.
- Employees can submit a claim at any time during the plan year and for a specified period after the plan year as described in the Summary Plan Description.
- Terminated employees can submit a claim for a specified period after the date of termination if so stated in the Summary Plan Description.
- Reimbursements can only be made for eligible expenses occurring during the coverage period in which your contributions are made.
- IRS rules stipulate that any money left in your account(s) after all reimbursements for the plan year have been processed cannot be carried forward or returned. Money in one account can not be used for expenses incurred in another account. For instance, any unused amounts left in the medical account can not be used to reimburse dependent care expenses.
- You can not receive payment from any other source for expenses reimbursed by voucher, and you certify that you are not eligible to bill any other source for the reimbursed expenses.
- If you receive reimbursement for expenses, you can not claim these expenses for income tax purposes.
- You can not bill for a service period that begins in one plan year and ends in the next plan year. You will need to submit two reimbursement claims; one for each plan year covering the period during that plan year.
- Complete ALL the information on the claim form for each amount claimed for reimbursement.
- Attach copies of receipts from service providers or the Explanation of Benefits Form from insurance carriers to the claim.
- Sign and date the claim form.
- Make a photocopy of the claim for your records.
- Submit your claim with attached receipts to Pinnacle Claims Management, Inc. according to the procedures provided by your Employer.

DEPENDENT CARE EXPENSES

1. You can use a Dependent Care Spending Account only if you pay dependent day care expenses to be able to work. Your day care services can take place either inside or outside of your home. If you are married, your spouse must also work, go to school full time, or be incapable of self-care for you to be eligible.
2. Only (a) dependents under the age of thirteen, or (b) dependent adults or children thirteen years old or older who are mentally or physically incapable of self-care are covered.
3. Your Maximum Contribution Amount can not be more than the smaller of (a) or (b).
 - a. Your income or your spouse's income, whichever is smaller. If your spouse is a full-time student or incapable of self-care, your spouse is considered to earn: \$2400 per year with (1) dependent or \$4800 per year with (2) or more dependents.
 - b. \$5,000 per year if your tax filing status is "married filing jointly" or "single head of household," or \$2,500 per year if your tax filing status is married filing separately.
4. You can not claim expenses if the service provider is your child or stepchild and is under the age of 19, or if you claim the service provider as a dependent for Federal Income Tax purposes.
5. To be reimbursed, you must include the facility's name, address, and tax identification number or the Social Security number of individual providing the dependent day care service.
6. The maximum amount you can be reimbursed during the time you are covered in the Plan Year can not exceed the salary reduction amounts you have elected and made under the Dependent Care Assistance Plan less any previous reimbursements paid.

UNREIMBURSED HEALTH CARE EXPENSES

- The total annual election for eligible health expenses (less any previous reimbursements paid) is available when requested.
- Refer to the provisions in the Unreimbursed Medical Expense Spending Account Plan document for the maximum annual election amount.
- To be reimbursed, you must include the dependent's name, date expenditure incurred, name of service provider, description of the expense, and the amount of the claim minus any amounts that have been paid by insurance or other sources.
- Internal Revenue Service Publication 502 lists the eligible tax-free expenses. An "eligible expense" means any item for which you could have claimed a medical expense deduction on an itemized federal income tax return for which you have not otherwise been reimbursed from insurance, or some other source. The expenses must be incurred by you or your dependents while participating in the Plan.

Below is a partial list of tax-free expenses eligible under a Health Expense Spending Account. Only expenses NOT reimbursed by insurance can be claimed.

Acupuncture	Drugs- Prescription	Orthopedic shoes
Alcoholism treatment	Experimental treatment	Over-the-Counter Drugs
Ambulance Service	Eyeglasses	Oxygen
Artificial limbs & teeth	Guide Dog	Periodontal fees
Birth Control Pills	Hearing aid & exams	Psychoanalysis
Braille books	Hearing treatment	Smoking Cessation Programs
Car controls for handicapped	Hospital services	Special schools for handicapped
Chiropractic care	In-patient therapy	Surgery
Contact lenses	Injections	Telephone for the deaf
Contact lens Solutions	In-vitro fertilization	Transplants of organs
Crutches	Lab fees	Transportation for medical care
Dental fees	Learning disability tuition	Vaccinations
Dental implants	Nursing services	Vitamins prescribed by a doctor
Diagnostic tests	Optometrist fees	Wheelchairs
Drug addiction treatment	Orthodontic treatment	Wigs
Doctor examinations		X-rays

HOW TO REQUEST CHANGES IN PLAN PARTICIPATION

You can cancel or change your participation in the plan only if you have a change in family status. The allowable changes in family status include birth, death, marriage, divorce, significant changes in the medical benefits or premiums available either to you, through your employment with the Company, or to your spouse, through his or her employer; or termination of your employment, your spouse's employment, or change of either your, or your spouse's employment status from full-time to part-time or vice versa; or certain other situations as determined by the Plan Administrator.

If one of the above events occurs, and you desire to make consistent changes to your benefit elections, **you must notify us of your change within 30 days of the occurrence.** All changes are made prospectively from the date that Pinnacle Claims Management, Inc. receives a properly completed and signed "Enrollment" form. Enrollment forms are available for download at www.pinnacletpa.com/healthview or can be obtained thru your Employer's Personnel Department.