



**EXPENSES THAT QUALIFY FOR REIMBURSEMENT
UNDER A CAFETERIA PLAN
MEDICAL CARE FLEXIBLE SPENDING ACCOUNT**

Under the plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return (without regard to the 7.5% of adjusted gross income limitation). They include qualifying expenses incurred for services rendered after the date of this election and during the plan year to which it applies. Qualifying expenses include those you have incurred for:

1. Medicine, drugs, birth control pills, and vaccines that your doctor prescribed.
2. Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, acupuncturists and psychoanalysts (medical care only).
3. Medical examination, X-ray and laboratory service, insulin treatment and whirlpool baths the doctor prescribed for a specific medical condition.
4. Nursing help. If you pay someone to do both nursing and housework, you can be reimbursed only for the cost of the nursing help.
5. Hospital care (including meals and lodging), clinic costs and lab fees.
6. Medical treatment at a center for substance abuse.
7. Medical aids such as hearing aids (and batteries), false teeth, eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them.
8. Ambulance service and other travel costs to get medical care. If you used your own car, you may claim what you spent for gas and oil to go to and from the place you received the care; or you may claim 19 cents per mile for 2008. The 19 cents per mile is adjusted each year. Add parking and tolls to the amount you claim under either method.

Qualifying medical expenses include only those expenses incurred for:

1. Yourself.
2. Your spouse.
3. All dependents you list on your federal tax return.
4. Any person that you could have listed as a dependent on your return if that person had not received \$3,500 in 2008 or more of gross income or had not filed a joint return. The \$3,500 is adjusted each year for cost of living.

IRS Publication 502, Medical and Dental Expenses, has a checklist of most of the medical expenses that can be deducted and, therefore, are reimbursable under this Plan. Some other medical expenses are also reimbursable. However, regardless of any statements in Publication 502 to the contrary, expenses under this Plan are treated as being "incurred" when you are provided with the care that gives rise to the expenses, not when you are formally billed or charged, or you pay for the medical care. Also, no reimbursement will be allowed for any privately held insurance policies or long-term care insurance policies.