

DEPENDENT DAY CARE EXPENSES

Each family may pre-tax up to \$5,000 per tax year or \$2,500, if married and filing tax returns separately. Examples:

- Babysitters
- Before/After School Programs
- Day Care Centers
- Elder Day Care Centers
- Nursery School
- Summer Day Camps (including sports camps)



PRIVATELY HELD INSURANCE PREMIUMS

Use Pre-tax dollars to pay for premiums for:

- COBRA
- Contact lens replacement
- Dental
- Disability (not recommended - benefits become taxable when premium is paid on a pre-tax basis)
- Supplemental health
- Vision



The Preferred Group

Give Yourself

A Tax

Break Today!

Enroll in

The Preferred Group
FLEX PLAN



and

SAVE!

SAVE!

The Preferred Group administers your school's Flexible Spending Plan. Preferred's Flex Services are endorsed by NYSUT.

We are proud to be known as the company that reimburses you the very SAME day we receive your claim.

When we receive your claim by 2 p.m., a check will be sent to you that very SAME DAY!

The Preferred Group
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Albany, NY 12212-5136

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Fax: 518-641-0325
flexadmin@thepreferredgroup.com

Please visit us on the web:
www.thepreferredgroup.com

How Can I Give Myself a TAX Break?

Sign up for your school's Flexible Spending Plan!

You get 100% value from every dollar you make.

NO FICA

NO STATE TAX

NO FEDERAL TAX

taken out of your money in this plan!

YOU save 30%-40% of every hard earned dollar.

YOU decide how much money to put in your FLEX Unreimbursed Medical Account, Dependent Day Care Account and/or Premium Expense Account.

YOU use the money during your school's plan year to pay for expenses for yourself, your spouse and your dependents.

YOU pay for health expenses and your money is available from day ONE of the Plan Year.

YOU are required to use all your money in your accounts by the end of the Plan Year.

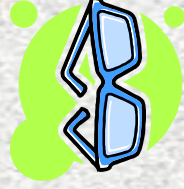


WHAT CAN I USE PRE-TAX MONEY FOR?

HEALTH CARE PREMIUMS

Pays for your share of employer-sponsored premiums:

- Medical
- Dental
- Vision
- Prescription Drug
- Hearing



UNREIMBURSED MEDICAL EXPENSES

Pays for any out-of-pocket expenses your insurance does not cover, for example:

MEDICAL EXPENSES

- Chiropractic expenses
- Contraceptives
- Dermatologist
- Hospital bills
- Insulin
- Laboratory fees
- Mammography
- Medical Co-pays
- Nursing
- Ob/gyn exams
- Over-the-counter drugs, (aspirin, Advil, allergy medicine, Roloids, etc.)



- Physicals
- Substance abuse treatment
- Surgical expenses
- Wheelchairs
- X-rays

DENTAL EXPENSES

- Crowns, bridges, dentures and orthodontic expenses
- Dental co-pays and deductibles

HEARING EXPENSES

- Hearing aids, batteries

PRESCRIPTION DRUGS

- Drug co-pays
- Covers most non-cosmetic drugs



PSYCHIATRIC SERVICES

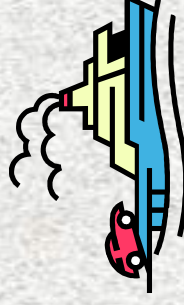
- Psychiatrists, psychologists, counselors

VISION EXPENSES

- Contact lenses, saline solution
- Eyeglasses, prescription sun glasses
- Lasik eye surgery

OTHER

- Home improvements for medical purposes
- Transportation expenses for medical purposes - tolls, ferry, parking, car mileage, common carriers, meal/lodging allowance



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