



AXIS

Benefit

Guide

Table of Contents

Introduction to the AXIS FlexAccount Plan	1
Start Using Your AXIS FlexAccount Plan	2
The AXIS MasterCard® Debit Card	3
Submitting a Claim	4
Claim Substantiation	6
Customer Service	7
Website	8
Eligibility	8
Healthcare Expenses	10
Proof of Expense	15
FlexAccount Rules	16
Dependent Care (Daycare)	17
Dependent Care Expenses	18
Transportation Reimbursement Plan	20
Tuition Assistance Program	21

Introduction to the AXIS FlexAccount Plan

The AXIS FlexAccount is an employer-funded Health Reimbursement Account (HRA) linked to a debit MasterCard®. Your employer will fund your FlexAccount with an hourly contribution. These contributions accrue in your account on a monthly basis. You may use these funds to pay for health-related expenses for you and your eligible family members throughout the Plan Year.

The FlexAccount Plan can reimburse Participants for health-related expenses such as deductibles, copayments and coinsurance amounts that a Participant may be required to pay, as well as reimbursement of other medical expenses covered by this Plan. Participants of the AXIS FlexAccount Plan may use their debit cards for many eligible Plan reimbursements. For eligible expenses where the debit card cannot be used, Participants should file a claim by fax or mail. AXIS will mail a reimbursement check within three business days of receipt of claim.

It is required that Participants save their receipts for claim verification. The Participant must submit, upon request, documentation showing date of service, description of service and amount paid by Participant.

This is intended for summary purposes only. For full Plan benefits, please refer to your current Summary Plan Description (SPD). If you did not receive an SPD, or for more information, contact AXIS at 1-888-417-2947.

Start Using Your AXIS FlexAccount Plan

- **You do not need to activate your card.** Your card is automatically activated the first time you use it.
- **Use your card for eligible healthcare expenses only.** Please refer to this guide or our Summary Plan Description for a complete list of eligible expenses.
- **Your card can be used at member pharmacies only.** Please contact AXIS for most recent list of participating pharmacies. Funds in your FlexAccount can be used to reimburse you for qualifying purchases you make at non-member pharmacies, even though the card is not accepted.
- **Each time you use your card, you authorize that you are paying for eligible expenses** incurred by you or an eligible dependent and that you have not and will not seek reimbursement for these expenses from any other health plan or source.
- **Save all receipts.** You must submit, upon request, documentation showing that the expense has been incurred. An acceptable receipt must show date of service, description of service and amount paid by Participant. You are required to reimburse your account in the amount of any card purchase if you cannot show the card was used for eligible healthcare products and services.
- **Pre-authorize large expenses.** Card purchases are limited to the amount in your FlexAccount or up to \$300 per day – whichever is less. If you are planning a major expense and you have adequate funding in your FlexAccount, obtain pre-authorization from AXIS for the full amount and avoid filing a paper claim for reimbursement. Your provider may contact the AXIS claims department at 888-417-2947 at the time of payment to obtain authorization.
- **Debit or credit?** Choose the credit option when making a transaction with your card. Your card does not have a PIN.

The AXIS MasterCard® Debit Card

The MasterCard® debit card allows the Participant to access the Flexible Spending Account without submitting a claim for reimbursement. The card is a debit MasterCard® used at the point-of-sale when making eligible purchases. The card can be used to pay for eligible expenses at doctors' offices, vision care centers, dental providers and other eligible providers.

Use of the card automatically transfers dollars from the Participant's account to the provider or merchant to pay for eligible expenses. Eligible expenses will be authorized up to the account balance or \$300 without needing prior authorization. Expenses of \$300 or more must be pre-authorized by contacting AXIS at 1-888-417-2947 Monday through Friday 8:00 a.m. to 8:00 p.m. EST.

If Your Card is Lost or Stolen

Contact AXIS at 888-417-2947 to request a replacement card. The Participant's FlexAccount will be charged a \$10.00 fee for replacement cards.

Pharmacy

Your AXIS MasterCard® debit card can be used at our member pharmacies to purchase prescription items only. Please contact AXIS for the most recent list of member pharmacies. Funds in your FlexAccount can be used to reimburse you for qualifying purchases you make at non-member pharmacies, even though the card is not accepted. At non-member pharmacies and for over-the-counter (OTC) items, the Participant must pay for the prescription or OTC item and submit a claim to AXIS for reimbursement.

Over-the-Counter (OTC) Items

Beginning in 2011, many over-the-counter (OTC) items will require a doctor's prescription in order to get reimbursed through a health reimbursement account such as the AXIS FlexAccount.

Below is a detailed list of which OTC items will require a doctor's prescription:

Eligible OTC Items that WILL Require a Doctor's Prescription

- Acid Controllers
 - Antibiotics
 - Anti-Gas medicine
 - Anti-Parasitic Treatment
 - Cold Sore Remedies
 - Digestive Aids
 - Feminine Anti-Itch
 - Homeopathic Remedies
 - Mineral Oils
 - Pain Relievers
 - Sleep Aids & Sedatives
 - Allergy & Sinus medicine
 - Anti-Diarrheals
 - Anti-Itch & Insect Bite
 - Baby Rash Ointment
 - Cough, Cold & Flu
 - Epsom Salts
 - Hemorrhoidal Preps
 - Laxatives
 - Motion Sickness
 - Respiratory Treatments
 - Stomach Remedies
-

Eligible OTC Items that will NOT Require a Doctor's Prescription

- Band Aids
 - Birth Control (limited)
 - Braces & Supports
 - Catheters
 - Contact Lens Solution
 - Denture Adhesives
 - Diagnostic Test/Monitors
 - Elastic Bandages & Wraps
 - First Aid Supplies
 - Insulin & Diabetic Supplies
 - Ostomy Products
 - Reading Glasses
 - Walkers & Canes
-

OTC Items must be purchased with out-of-pocket funds and submitted to AXIS for reimbursement. The AXIS Card cannot be used to purchase OTC items.

Submitting a Claim

You can get reimbursed from your FlexAccount for eligible expenses you pay for with your out-of-pocket funds. A claim is considered valid if the following conditions are met:

- It is an eligible expense;
- It is accompanied by a detailed receipt of the expense, including a description of the service rendered, date of service and the amount paid;

- The expense was incurred by the Participant, Spouse or Eligible Dependent(s);
- The expense was submitted for reimbursement within 12 months from the date of service and is accompanied by the appropriate claim form;
- It was not previously paid by any other means of insurance, nor will it subsequently be paid by any other means of insurance.

Claims are to be filed by submitting a completed claim form and attaching required verification to

AXIS Health Partners
12400 SE Freeman Way, Suite 102
Portland, OR 97222

Claims that lack a signature, proper documentation, or are in any other way incomplete will be denied, and a detailed explanation of the reason(s) for denial will be sent to the Participant.

Direct Deposit

Participants can elect to have their claim reimbursement amount directly deposited into their checking or savings account. To elect for this option, Participants must complete an Authorization for Direct Deposit form and attach a voided check. Once elected, all claims will be reimbursed by direct deposit unless participation in the direct deposit program is canceled by the participant.

Pay My Provider

Participants can elect to pay their eligible healthcare provider expenses directly from their FlexAccount. This is a great option to pay a provider that doesn't accept credit cards. AXIS can send a provider a payment by check directly from a Participant's AXIS FlexAccount.

To elect this reimbursement option, Participants must fill out a Pay My Provider Request form. The form must be completed in full and include the following items:

- Provider's tax identification number (TIN), address and phone number.

- A statement or invoice from provider listing: date of service, description of service and amount due.

Please note this reimbursement option is not available for Daycare Provider claims.

Claim Substantiation

The IRS requires that all Flexible Spending Purchases made with debit cards must be verified by the Plan Administrator. We are **required** to verify purchases made with your AXIS MasterCard® debit card.

Claim Substantiation Form: To ensure that all debit card claims are properly substantiated, Participants should remit, via fax or mail, a Claim Substantiation form to AXIS within 30 days of the service date including all related itemized receipts. Claim Substantiation forms are available online at www.axisflex.com, or by calling AXIS at (888) 417-2947.

If a Claim Substantiation form is not filed within 30 days, AXIS will send a written request for substantiation to the Participant.

The following claim types will not require substantiation:

- If the dollar amount of a transaction at a healthcare provider equals the dollar amount of the copayment for that service under a major medical plan of the specific Participant, Spouse or Eligible Dependent(s), the charge is fully substantiated without the need for submission of a receipt or further review.
- Recurring expenses that match expenses previously approved as to amount, provider and time period are considered fully substantiated without the need for submission of a receipt or further review.
- The merchant, service provider, or other independent third-party (e.g. pharmacy manager), at the time and point-of-sale, provides information to verify that the charge is for a medical expense.

If a claim is unsubstantiated, the following protocol will take place to resolve the Participant's account:

- Send a payment to repay your account for the amount of the ineligible expenses. The amount will be credited to your account and made available to be used for an eligible expense, as planned.
- Submit a substitute receipt for an eligible healthcare product or service in any amount that you did not pay for using your MasterCard® debit card and for which you did/will not file a claim. Please note that your account balance must support amount of receipt submitted.
- If we do not receive a response to our written request in 30 days, your card will be temporarily deactivated, and the amount deemed ineligible.

By keeping receipts and records, the Participant minimizes the chances of a claim being denied.

Customer Service

At AXIS, we strive to provide Participants with the highest level of service possible. Contact AXIS Customer Service with any questions concerning eligibility, billing, benefits, providers, claims or other services:

Phone: (888) 417-2947

Fax: (800) 476-8496

Monday to Friday 8:00 a.m. – 8:00 p.m., EST

Para servicio en español, oprima el # 5

To provide current account information, the Integrated Voice Response (IVR) System is available for real-time account and claim information. This system is available toll-free 24 hours a day, 7 days a week at (888) 417-2947. You will be asked to enter your 16-digit card number and your four digit employer ID number (located on the back of your AXIS card) to obtain your balance.

Website

Our website, www.axisflex.com, is another great resource for Participants. You can enroll online, obtain all AXIS forms, see transaction and contribution history, get up-to-date news items, and much more.

Online Account Access

You can access your AXIS FlexAccount online and view your balance and transaction history. To setup access to your account online, complete this simple registration process:

1. Go to www.axisflex.com and click on the Login To Your Account link.
2. You will be directed to our Participant Portal page where you see a login screen.
3. Click on the Create Account link in blue below the Login button.
4. Enter your name.
5. Enter your Employee ID number (this is your social security number without dashes).
6. Skip the Employer ID section.
7. Enter your 16-digit card number.
8. Create a user ID and password for your account.
9. Complete the security questions and click Submit.
10. You now have access to your FlexAccount!

Eligibility

You can use your FlexAccount to pay for eligible expenses incurred by you and/or your eligible dependent(s). Eligible dependents must be listed on your AXIS Enrollment Application. Persons eligible as dependents for purposes of qualifying for eligible expense reimbursement include:

1. The Participant's Lawful Spouse; or
2. The Participant's Qualified Child(ren) who are:

A. Your natural children, grandchildren who are in the Participant's court-ordered custody and are claimed as tax dependents under IRS Regulations (legal documentation will be required); stepchildren; lawfully adopted children or children placed with the Participant for adoption; or any child, whether a member of the Participant's household or not, for whom the Participant has been administratively or court ordered to provide medical or daycare coverage (legal documentation will be required); **and**

- Under 26 years of age; or

B. The Participant's **Qualified Relative** who is:

- The employee's child or descendent of child, sibling, parent, niece/nephew, in-law, or any other member of the employee's household; and
- The person earns less than \$3,650 (this amount will change from year to year); and
- The employee provides at least half the person's support during the tax year; and
- The person is not a qualified child of another taxpayer; and
- A Qualified Relative Certification form must be completed and notarized.

C. Dependents of any age who are incapable of self-support by reason of mental or physical incapacity and are a tax dependent under IRS Regulations. Proof of incapacity and dependency must be furnished to AXIS by completing the Disability Certification form within thirty-one (31) days of the Dependent's attainment of maximum age and each birthday thereafter.

D. Dependent Parent(s) who is incapable of self-support by reason of mental or physical incapacity, which is/are financially supported by the Participant, and is claimed as a tax dependent in accordance with the IRS Regulations. Dependent Parent(s) includes parents or ancestors (grandparents) of the Participant or the Participant's Spouse.

E. Domestic Partnership. A notarized Affidavit of Domestic Partnership form must be signed by both partners.

Healthcare Expenses

This Healthcare Expense list will assist you in locating which expenses are eligible, whether to use your card or file a claim.

Healthcare Expense	Eligible	Payment Method
Abortion	Yes	Card
Acne treatments (OTC)	Yes (Rx)	Claim
Acupuncture	Yes	Card
Adoption (medical expenses related to)	Yes	Claim
Adoption fees	No	
Alcoholism treatment	Yes	Card
Allergy & sinus medicine and products (OTC)	Yes (Rx)	Claim
Allergy medication	Yes (Rx)	Card
Alternative dietary supplements (for treatment of a medical condition)	No	
Alternative drugs, medicines and treatment products (for treatment of a medical condition)	Yes (Letter)	Claim
Alternative healers (for treatment of a medical condition)	Yes (Letter)	Claim
Ambulance and emergency health services	Yes	Card
Anesthesia (for non-cosmetic purposes)	Yes	Card
Antacid (OTC)	Yes (Rx)	Claim
Antibiotic ointment (OTC)	Yes (Rx)	Claim
Aspirin or other pain reliever (OTC)	Yes (Rx)	Claim
Asthma medicines or treatments (OTC)	Yes (Rx)	Claim
Bandages and related items (OTC)	Yes	Claim
Birth control (prescription)	Yes	Card
Birth control (OTC)	Yes	Claim
Blood pressure monitor	Yes	Claim
Blood sugar test kits and test strips	Yes	Claim
Body scans	Yes	Card
Braille books and magazines (difference in cost only)	Yes (Letter)	Claim
Breastfeeding classes	No	
Breast pump	Yes	Claim

Healthcare Expense	Eligible	Payment Method
Breast reconstruction surgery (following mastectomy)	Yes (Letter)	Card
COBRA premiums	Yes	Claim
Canker & cold sore treatments (OTC)	Yes (Rx)	Claim
Chest rubs (OTC)	Yes (Rx)	Claim
Child or newborn care instruction	No	
Childbirth classes	Yes	Card
Chiropractic office visit or treatment	Yes	Card
Christian Science practitioners	Yes	Card
Co-insurance (medical, dental, RX, or vision)	Yes	Card
Co-payment (medical, dental, RX, or vision)	Yes	Card
Cold & flu medicine (OTC)	Yes (Rx)	Claim
Cold cream (OTC)	No	
Compression or anti-embolism socks, stockings or hose	Yes (Letter)	Claim
Condoms	Yes	Claim
Contact lenses, cleaning solutions, etc.	Yes	Claim
Contraceptives (prescription)	Yes	Card
Contraceptives (OTC)	Yes (Rx)	Claim
Corn and callus remover (OTC)	Yes (Rx)	Claim
Corneal keratotomy	Yes	Card
Cosmetic procedures or surgery	No	
Cough drops & sore throat lozenges (OTC)	Yes (Rx)	Claim
Cough syrup (OTC)	Yes (Rx)	Claim
Counseling (for treatment of a medical condition)	Yes	Card
CPR classes (adult or child)	No	
Crutches, canes, walkers or like equipment (purchase or rental)	Yes	Card
Deductibles (medical, dental, RX or vision)	Yes	Card
Dental care (for non-cosmetic purposes, including sealants)	Yes	Card
Dental products (for treatment of a dental condition and/or general health)	No	
Dental reconstruction (including implants)	Yes	Card
Dental veneers	No	
Dentures, bridges, etc.	Yes	Card
Diabetic monitors, test kits, strips and supplies	Yes	Claim

Healthcare Expense	Eligible	Payment Method
Diagnostic services	Yes	Card
Diaper rash ointments and creams	Yes (Rx)	Claim
Diapers and diaper services	No	
Dietary supplements (for treatment of a medical condition)	Yes (Rx)	Claim
Drug addiction treatment	Yes	Card
Drugs (experimental or imported)	No	
Drugs (prescription)	Yes	Card
Dyslexia treatment	Yes	Card
Ear drops & wax removal (OTC)	Yes (Rx)	Claim
Electrolysis	No	
Exercise equipment	No	
Eye examinations	Yes	Card
Eye related equipment/materials	Yes	Card
Eye surgery or treatment to correct vision	Yes	Card
Eyeglasses (OTC)	Yes	Claim
Eyeglasses (prescription)	Yes	Card
Face lifts	No	
Feminine hygiene products	No	
Fertility monitor (OTC)	Yes	Claim
Fertility treatment	Yes	Card
First aid kits (OTC)	Yes	Claim
Fitness programs	No	
Flu shots	Yes	Card
Funeral expenses	No	
Gastrointestinal medication (OTC)	Yes (Rx)	Claim
Guide dog (dog, training, care)	Yes	Claim
Hair regrowth products	No	
Hair removal/transplant/treatment	No	
Hand lotion (OTC)	No	
Health club dues	No	
Hearing aids and batteries	Yes	Card
Herbal or homeopathic medicines (OTC)	Yes (Letter)	Claim
Hospital services and fees	Yes	Card
Household help	No	
Humidifier, air filter and supplies	Yes (Letter)	Claim
Illegal operations or substances	No	
Immunizations	Yes	Card
Incontinence supplies	Yes	Claim
Individual insurance premiums (not group policy)	Yes	Claim

Healthcare Expense	Eligible	Payment Method
Insulin, testing materials and supplies	Yes	Card
Laboratory fees	Yes	Card
Lamaze classes	Yes	Card
Laser eye surgery	Yes	Card
Lasik	Yes	Card
Late payment fees charged by health care provider	No	
Laxatives (OTC)	Yes (Rx)	Claim
Learning disability treatments	Yes	Claim
Lice treatment (OTC)	Yes (Rx)	Claim
Lodging (essential to receive medical care)	Yes (Letter)	Claim
Long term care premiums	Yes	Claim
Marriage counseling	No	
Massage therapy (for treatment of a medical condition)	Yes (Letter)	Card
Mastectomy-related special bras	Yes	Claim
Maternity clothes	No	
Medical equipment (for treatment of medical condition)	Yes	Card
Medical monitoring and testing devices	Yes	Card
Medical records charges	Yes	Card
Medical savings account (MSA) contributions	No	
Medical supplies (for treatment of a medical condition)	Yes	Claim
Medicare insurance/premiums (Part A, B & D)	Yes	Claim
Medicines (OTC)	Yes (Rx)	Claim
Medicines (prescription)	Yes	Card
Monitors & test kits (OTC)	Yes	Claim
Nasal sprays	Yes (Rx)	Claim
Nasal strips (OTC)	Yes (Rx)	Claim
No show fees charged by health care provider	No	
Norplant insertion or removal	Yes	Card
Nursing services (wages and taxes)	Yes	Card
Nutritional supplements (for treatment of a medical condition)	Yes (Letter)	Claim
OB/GYN fees	Yes	Card
Occlusal guards to prevent teeth grinding	Yes	Card

Healthcare Expense	Eligible	Payment Method
Office visits (medical, dental, vision, chiro, therapy)	Yes	Card
Optometrist / ophthalmologist fees	Yes	Yes
Oral care (OTC)	No	
Organ transplants (recipient and donor)	Yes	Card
Orthotics	Yes	Card
Ortho keratotomy	Yes	Card
Orthodontia (braces and retainers)	Yes	Card
Orthopedic and surgical supports	Yes	Claim
Orthopedic shoes and inserts	Yes (Letter)	Claim
Ovulation monitor (OTC)	Yes	Claim
Oxygen	Yes	Card
Pain reliever (OTC)	Yes (Rx)	Claim
Personal use items (toothbrush, toothpaste, etc.)	No	
Physical exams	Yes	Card
Physical therapy	Yes	Card
Pregnancy tests (OTC)	Yes	Claim
Prosthesis	Yes	Card
Psychiatric care	Yes	Card
Psychoanalysis	Yes	Card
Psychologist fees	Yes	Card
Radial keratotomy (RK)	Yes	Card
Reading glasses (OTC)	Yes	Claim
Removal of benign mole, cyst or tumor	Yes	Card
Retin-A (for non-cosmetic purposes)	Yes (Rx)	Claim
Smoking cessation (programs/counseling)	Yes	Card
Smoking cessation drugs (prescription)	Yes	Card
Smoking cessation gum or patches (OTC)	Yes (Rx)	Claim
Special foods (gluten-free, salt-free)	No	
Speech therapy	Yes	Card
Spermicidals	Yes (Rx)	Claim
Sunglasses (OTC)	No	
Sunglasses (prescription)	Yes	Card
Sunscreen (OTC)	No	
Teeth bleaching or whitening	No	

Healthcare Expense	Eligible	Payment Method
Teeth grinding prevention devices	Yes	Card
Therapy (for treatment of a medical condition)	Yes	Card
Toothache and teething pain reliever (OTC)	Yes (Rx)	Claim
Toothpaste, toothbrush, floss, etc.	No	
Transgender treatments/surgery	No	
Travel expenses (essential to receive medical care)	Yes (Letter)	Claim
Tubal ligation	Yes	Card
UV protection clothing	No	
Vaccinations	Yes	Card
Varicose vein removal surgery (for medical care)	Yes	Card
Vasectomy	Yes	Card
Viagra and similar prescription medications	Yes	Card
Vitamins (OTC, for general health purposes)	No	
Vitamins (prescription)	Yes	Card
Walking aids (canes, walkers, crutches and related supplies)	Yes	Card
Wart removal treatments (OTC)	Yes (Rx)	Claim
Weight loss counseling	Yes (Letter)	Claim
Weight loss foods	No	
Weight loss program (to improve or maintain general health)	No	
Weight loss program (medical)	Yes (Letter)	Claim
Wheelchair and repairs	Yes	Card
X-ray fees (dental)	Yes	Card

Proof of Expense

You must provide proof from each expense listed on your claim form. If you paid for the expense with your AXIS card, you will need proof of your purchase for substantiation. Your receipt should include the following:

- Date of service
- Description of service or item purchased
- Patient's name and amount paid

Credit card receipts are not acceptable proof of payment

Yes (Rx): In addition to the required detailed receipt, you will need to submit a prescription written by your doctor in order to get reimbursed.

Yes (Letter): In addition to the required detailed receipt, you will need to submit a written statement from your doctor indicating: 1) the diagnosis, and 2) the medical necessity of the expense. The written statement must be submitted and approved by AXIS prior to payment of expense.

FlexAccount Rules

The following rules are required by IRS regulations:

1. By enrolling in the plan, you agree to abide by the terms, conditions and provisions of the Plan contained in the Summary Plan Description (SPD).
2. Your account can be used to pay for eligible expenses incurred while you are enrolled. Expenses are considered incurred on the day of service, not when you are billed or pay.
3. Your account cannot be used to pay for expenses incurred before or after you are covered under this Plan or for services you plan to receive in the future.
4. Your account can only be used to pay for medically necessary and eligible healthcare expenses for which you have not and will not seek reimbursement from any other health plan or source.
5. Each time you use the card, you authorize that you are paying for eligible expenses incurred by you or an eligible dependent during your current coverage period and that you have not and will not seek reimbursement for these expenses from any other health plan or source.
6. You cannot take a deduction or a tax credit on your tax return form for any healthcare expense paid for through this account.
7. You are responsible for maintaining documentation (e.g. detailed receipts) to verify your

expenses (the nature of each expense, the amount and the date incurred). Keep these with your other important tax papers for the calendar year. You may be requested to submit these in the future.

8. You will have up to 12 months from the date of service to either pay or get reimbursed for an eligible expense.

Dependent Care (Daycare)

This benefit is only eligible if elected as an option by your Employer. Refer to the Errata Insert of your Summary Plan Description for Plan options.

The **MasterCard® debit card** may not be used for dependent care expenses. All eligible dependent care expenses must be paid for by the Participant and a claim for reimbursement submitted to AXIS.

Dependent Care Definitions:

The following are important points to remember regarding Dependent Care (Daycare) Claims:

1. Dependent Care accounts are set up using a percentage of your flexible spending funds. This percentage must be elected on your **Enrollment Application form**. The percentage elected for Dependent Care can be changed at any time by submitting a new Enrollment Application form with the revised percentage.
2. Participant may include only those child/dependent care (daycare) expenses incurred in order for the Participant and Spouse to be gainfully employed. Only expenses incurred for care and well being qualify under this Plan.
3. Expenses are eligible for payment from the Plan based on when the expense was incurred – not when paid. Expenses are incurred when the Dependent is provided with the care that gives rise to the expenses, and not when the Participant is billed, charged for, or pays for the care.

4. Day care expenses are limited to care for children under age 13, for whom the Participant has more than 50% custody, or for a Spouse or Dependent who is physically or mentally incapable of caring for him/herself, who lives in the Participant's home at least 8 hours a day. **Evidence of age and or capability will be required.**
5. Claims will be paid to Participants for *eligible licensed* Dependent Care (Daycare) entities. Submit the **Dependent Care (Daycare) Claim form** to AXIS along with copies of invoices or statements from the provider to serve as proof that the incurred expense is allowable in order to receive reimbursement. **Statements must include:** provider's name, date(s) of service, description of the service, and the amount charged. Copies of personal checks and paid receipts without this information are not acceptable. Documentation or copies will not be returned.
6. In lieu of providing the above documentation, the provider may sign the "Provider Signature" section of the **Dependent Care (Daycare) Claim form.**
7. The **tax identification number** of the Dependent Care (Daycare) provider must be included on the Dependent Care (Daycare) Claim form. Please check with the childcare provider before using this Plan to be sure their tax identification number is obtainable.

Dependent Care (Daycare) Expenses

Pay for eligible dependent care expenses by filing a Dependent Care Claim form.

Child Care Expenses	Eligible?
Activity fees	No
After school program	Yes
Au Pair	Yes
Babysitting (work related, in your home or someone else's home)	Yes
Babysitting (not work related, for other purpose)	No

Child Care Expenses	Eligible?
Babysitting by your relative who is not a tax dependent (work-related)	Yes
Babysitting by your tax dependent (work-related or for other purpose)	No
Before or after school programs	Yes
Child care	Yes
Dance Lessons	No
Dependent care (while you work, to enable you to work, or look for work)	Yes
Extended care (supervised program before or after regular school hours)	Yes
Field trips	No
Kindergarten tuition	No
Language classes	No
Late payment fees	No
Meals, food or snacks	No
Nanny	Yes
Nursery school	Yes
Piano lessons	No
Pre-school	Yes
Private school tuition (for kindergarten and up)	No
School tuition	No
Sick child care	Yes
Sleep-away camp	No
Summer day camp	Yes
Tutoring	No

Elder Care Expenses	Eligible?
Adult day care center	Yes
Custodial elder care (not work related, for other purpose)	No
Custodial elder care (work-related)	Yes
Day nursing care	No
Elder care (while you work, to enable you to work, or look for work)	Yes
Elder care (in your home or someone else's)	Yes
Nursing home care	No
Senior day care	Yes

Transportation Reimbursement Plan (TRP)

This benefit is only eligible if elected as an option by your Employer. Refer to the Errata Insert of your Summary Plan Description for Plan options. The Transportation Reimbursement Plan provides Plan Participants with a pre-tax benefit for the payment of certain commuting expenses.

The **MasterCard® debit card** may not be used for transportation expenses. All eligible transportation expenses must be paid for by the Participant. A Transportation Reimbursement Claim form plus detailed receipts (parking receipt, used transit pass, etc.) can be submitted to AXIS for reimbursement.

During the benefit Plan Year, employees may receive reimbursement for transit/vanpooling expenses and for qualified parking expenses (these amounts may vary from year to year). Qualified transportation benefits cover three distinct forms of transportation expenses, including costs for:

Commuter Highway Vehicle (Vanpooling):

A commuter highway vehicle is any highway vehicle that seats at least six adults (not including the driver) and is operated by the employer. In addition, you must reasonably expect that at least 80% of the vehicle mileage will be for transporting employees between their homes and work place.

Transit Pass: A transit pass is any pass, token, fare card, voucher, or similar item entitling a person to use mass transit facilities or vanpooling services offered by an outside vendor (other than the employer). Mass transit may be publicly or privately operated and include bus, train, or ferry; or in a vehicle that seats at least six adults (not including the driver) if a person in the business of transporting persons for pay or hire operates it.

Qualified Parking: Qualified parking is parking expenses incurred by an employee to park close by or near the employer's business premises.

It also includes parking on or near the location from which employees commute to work using mass transit, commuter highway vehicles, or carpools. It does not include parking at or near an employee's home.

Tuition Assistance Program

This benefit is only eligible if elected as an option by your Employer. Refer to the Errata Insert of your Summary Plan Description for Plan options.

Ongoing in-service training may be required by the Employer. The Participant's FlexAccount will pay for in-service training and workshops, provided they relate directly to the Participant's job duties and have prior approval of the President/CEO of the Employer. The Tuition Assistance Program is a Participant only benefit; dependents are not eligible.

The FlexAccount will pay the cost of the tuition fees for educational courses at local educational institutions under the same conditions as for workshops based on the following:

GRADE	REIMBURSEMENT
A (4.0 - 3.50)	100%
B (3.49 - 2.50)	90%
C (2.49 - 2.0)	80%
Below C (1.99 or less)	None

AXIS recognizes the fact that some courses may not furnish grade point averages. In courses that are strictly a "pass or fail" situation, the Participant's FlexAccount will reimburse 100% of the expense for courses completed with a passing grade. There will be no reimbursement allowable for the course if not passed.

The **MasterCard® debit card** may not be used for tuition expenses. All eligible tuition expenses must be paid for by the Participant. Remember to retain all receipts. Upon completion of the course, final grades and a Tuition Reimbursement Claim form may be submitted to AXIS for reimbursement. If account balance permits, the funds will be reimbursed according to the above schedule.



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