

Dedicated Transport Holdings, LLC Flex Plan Highlight Sheet

This Plan Highlight Sheet provides a quick reference to some of the most common information regarding your Flexible Spending Account(s). This information is also referenced throughout the Enrollment Handout provided to you during open enrollment and within the claim kit materials you will be receiving.

If you have any questions or need further assistance, please contact a member of the VFGPS, Inc. customer service team at 1-877-289-0448.

Plan Year:	January 1 st to December 31 st
Eligibility Guidelines:	All employees eligible to participate in the employer-sponsored group health plan are eligible to participate.
Benefit Options Available:	Medical Flexible Spending Dependent Care Flexible Spending
Plan Minimums/Maximums:	Medical Flexible Spending: \$234.00/\$3,500.00 Annually Dependent Care Flexible Spending: \$234.00/\$5,000.00 Annually <ul style="list-style-type: none"> • File taxes as married filing separate: \$2,500 Annually • File taxes as a single person or married filing jointly: \$5,000 Annually
Reimbursement Options:	Check or Direct Deposit
Reimbursement Schedule:	Bi-Weekly to match payroll schedule
Claim Filing Deadline for Terminated Employees:	Separated employees will be allowed 90 days following their termination date to submit expenses incurred prior to their termination date.
Claim Filing Deadline at the End of the Plan Year:	Claims must be submitted no later than 90 days after the end of the plan year.
Website and log on information:	www.vfgps.com User Name: dedicated Password: dedicated
Claim Submission:	Mail: VFGPS, Inc. 6200 Rockside Road, Suite 100 P O Box 318082 Cleveland, OH 44131-8082 Fax: 1-216-642-4863 Email: Visit www.vfgps.com for more information (Do not use csflex@vanfin.com .)
Customer Service:	Phone: 1-877-289-0448 Email: csflex@vanfin.com

NOTE:

For Over the Counter (OTC) expenses, a copy of the original receipt must be submitted for reimbursement. The receipt must include the vendor/merchant name, date of purchase, a description of the product or service and the amount paid for it.

My Reimbursement Plan *Flexible Spending Account Guide*



What are Flexible Spending Accounts?

Flexible Spending Accounts (FSAs) allow Participants to use pre-tax money to pay for certain eligible expenses that would otherwise be paid for with after-tax money. FSAs create reimbursement accounts that are used to pay for qualified expenses related to:

- Healthcare (medical, dental, and vision) expenses
- Dependent & daycare expenses

FSAs are not “insurance” plans; rather, they are “tax savings” benefits and participation in each is voluntary. If you decide to participate, the dollars you elect to contribute to these accounts will be set aside through payroll deduction prior to taxes being calculated.

As eligible expenses are incurred throughout the year for you and your tax dependents, you are able to submit a claim against your accounts and be reimbursed with your pre-tax contributions for the amount of those expenses. The dollars you set aside in these accounts are exempt from:

- Federal Income Tax
- State Income Tax
- FICA Tax
- City Income Tax

The Medical Flexible Spending Account is fully pre-funded; in other words, your full annual election is available to you on your first day of participation. Reimbursements for eligible Dependent Care expenses are made to the extent of your available payroll contributions at the time of reimbursement.

You Must Plan Carefully

Flexible Spending Accounts are governed by Federal tax laws. The Internal Revenue Service (IRS) requires that once you set aside money into a Medical or Dependent Care Flexible Spending Account, you can only use those dollars to pay for eligible services that you incur during that same Plan Year. The IRS defines “incurred” as date(s) on which the Medical or Dependent Care expense is performed, not when you are formally billed, charged for, or pay for the care (orthodontia payment plans are an exception).

In no case may the contributions be refunded or moved from one type of account to another. Likewise, changes in your contribution elections are restricted. Changes to your original Medical amount are only permitted if you have a **qualified change in status** :

- Marriage, divorce, legal separation
- Death
- Birth, adoption or placement for adoption of a child
- Change of employment or unpaid leave of absence for you or your spouse.

The contribution change must be on account of and consistent with the Change in Status Event. Changes to the Dependent Care Account can be made as the need for or availability of day care services change.

You should plan very carefully when putting dollars into a Flexible Spending Account. Be sure to use the worksheet included in this booklet when estimating your annual ‘out of pocket’ expenses for the Medical and Dependent Care Flexible Spending Accounts.

Active Employees: Your employer will specify the number of days after the end of the Plan Year to submit claims for expenses incurred during the Plan Year. Claims submitted (postmarked/fax dated) after the deadline will not be paid, and any balance remaining in your accounts will be forfeited per IRS rules. Please refer to your employer’s Plan Highlight Sheet for guidelines related to your deadline.

Terminated Employees: Your employer will specify the number of days from your separation date to submit claims for expenses incurred prior to your separation date. No claims will be paid for expenses incurred after your termination of employment (subject to COBRA continuation guidelines). Any balances remaining in your account after the deadline has expired will be forfeited per IRS rules. Please refer to your employer’s Plan Highlight Sheet for guidelines related to your deadline.

How Do These Plans Save You Money?

Illustrated below is an example of how the tax advantages of the Flexible Spending Plan can increase spendable income.

Estimated annual 'out-of-pocket' Medical expenses of \$1,400.

	Without A Medical Flexible Spending Account	With A Medical Flexible Spending Account
Jane's Annual Income	\$30,000.00	\$30,000.00
Annual Contribution (based on estimated Medical expense)	\$0.00	(\$1,400.00)
Jane's Taxable Income	\$30,000.00	\$28,600.00
Federal Income Tax (15% tax rate)	(\$4,500.00)	(\$4,290.00)
FICA Tax (7.65% tax rate)	(\$2,295.00)	(\$2,187.90)
State Tax (3% tax)	(\$900.00)	(\$858.00)
City Tax (2% tax rate)	(\$600.00)	(\$572.00)
Net Income	\$21,705.00	\$20,692.10
Jane's After-Tax Medical Expenses	(\$1,400.00)	\$0.00
Jane's Net Spendable Income	\$20,305.00	\$20,692.10

**Annual Increase Of
Net Income = \$387.10**



Set aside
\$1,400.00
in a
Flexible
Spending
Account for
eligible
expenses
and...

**Save
\$387.10**

*Based on average
27.65% tax savings
by not paying
Medicare, Federal,
State, and Local
Taxes*

Medical Flexible Spending Account

A Medical Flexible Spending Account allows you to pay for eligible medical, dental and vision expenses which are not reimbursed by any other plan of this nature or any insurance plan.

In general, eligible expenses include those listed under Section 213(d) of the Internal Revenue Code. For an extensive list, please visit our website at www.vfgps.com. Listed below are some examples of eligible expenses:

Examples of Eligible Medical Expenses are:

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia and Braces

EYES

- Artificial Eyes
- Eyeglasses & Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy/LASIK

HEARING

- Hearing Devices and Batteries
- Hearing Examinations

LAB EXAMS/TESTS

- Blood Tests/Metabolism Tests
- Body Scans
- Cardiographs
- Laboratory Fees
- Urine and Stool Analyses
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Abdominal and Back Supports*
- Air Purification Equipment*
- Arches and Orthopedic Shoes

MEDICAL EQUIPMENT/ SUPPLIES

- Blood Pressure Monitoring Kit
- Contraceptive Devices
- Crutches and Wheel Chairs
- Exercise Equipment*
- Hospital Beds
- Mattresses*
- Medic Alert Bracelet or Necklace
- Oxygen*
- Post-Mastectomy Clothing
- Prosthesis
- Splints/Casts or Support Hose*
- Syringes
- Wigs*

MEDICAL PROCEDURES/ SERVICES

- Acupuncture
- Alcohol and Drug Addiction
- Ambulance
- Hospital Services
- Infertility Treatment
- In Vitro Fertilization
- Norplant Insertion/Removal
- Physical Examination (not employment-related)
- Sterilization/Sterilization Reversal
- Transplants (including donor)
- Vaccinations and Immunizations

MEDICATION

- Birth Control
- Homeopathic Medications*
- Insulin
- Prescription Drugs

OBSTETRICS

- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments
- Breast Pumps & Supplies

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath or Naturopath*
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Occupational
- Speech

Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk () are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*



Examples of Eligible Over-the-Counter (OTC) Expenses are:

For ALL Over the Counter (OTC) Expenses, a copy of the original receipt must be submitted for reimbursement. The receipt must include the vendor/merchant name, date of purchase, product name and the amount paid for the item.

- Baby Care: Pediatric Electrolyte Solutions, Thermometers
- Condoms/Contraceptives
- Denture Adhesives
- Diabetes Care: Blood Test Strips, Glucose Food, Glucose Kits, Monitors and Testers
- Ear Care: Ear Drops, Ear Wax Removal
- Eye Care: Contact Lens Supplies, Eye Drops, Eye Patches, Reading Glasses
- First Aid Products: Bandages, First Aid Kits, Gauze, Gloves, Hydrogen Peroxide, Medical Tape, Pads and Elastic Bandages, Rubbing Alcohol, Supports and Braces, Wound Care Products
- Foot Care: Cushions, Pads, Supports
- Health Monitors/Medical Equipment: Blood Pressure and Heart Rate Monitors, Cholesterol Tests, Crutches, Medical Bracelets and Necklaces
- Hand Sanitizers
- Incontinence Supplies
- Pregnancy Products: Ovulation Monitor, Pregnancy Testing Kits
- Smoking Cessation Products: Gum and Lozenges, Inhalers, Nicotine Patches
- Thermometers

Examples of Over-the-Counter (OTC) Expenses Eligible Only With a Prescription:

- Acne Treatment Products
- Allergy/Asthma/Sinus Medications: Antihistamines, Asthma Flow Meters and Nebulizers, Nasal Spray, Nasal Strips, Asthma Mist
- Anti-arthritis: Chondroitin, Glucosamine
- Anti-fungal Products
- Anti-Gas
- Antiparasitic Treatments
- Baby care: Diaper Rash Ointment, Petroleum Jelly
- Cold, Cough and Flu Medications: Capsules, Drops, Rubs, Syrups
- Cold Sore Remedies
- Digestive Aids/Medications: Antacids, Antidiarrheals, Lactose Intolerance Medications, Laxatives
- Feminine Anti-Fungal / Anti-Itch
- First Aid Products: Analgesics, Antibiotic Ointments, Bug Bite and Anti-Itch Medications, Ointments, Sunburn Cream, Wart Removal Products
- Foot Care: Callous and Corn Removers, Creams
- Hemorrhoid Treatments
- Homeopathic Medicines*
- Lice & Scabies Treatment
- Nausea and Motion Sickness Medications
- Pain and Fever Reducers: Acetaminophen, Aspirin, Heating Pads, Ibuprofen, Menstrual Cycle and Migraine Medications, Muscle/Joint Pain Relief Creams and Balms
- Respiratory Treatments
- Sleep Aids & Sedatives
- Toothache and Teething Pain Relievers
- Weight Loss Drugs (to treat a specific medical condition)*

Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk () are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*

Effective 1/1/2011 participants with an FSA can no longer use their account to purchase OTC medicines, drugs and biological treatments unless they have a prescription from their doctor.



Important Note Regarding IRS Guidelines:

The foregoing examples of reimbursable and non-reimbursable expenses under a Medical Flexible Spending Account are based on our understanding of the current Internal Revenue Code and its regulations, as defined under Code Section 213(d).

Check our website www.vfgps.com for more information.

The Plan will reimburse these items when your claim is accompanied by a note from your physician recommending their use for the treatment, cure, diagnosis or mitigation of a medical condition.

Examples of Eligible Expenses with a Physicians Recommendation are:

The Plan will reimburse these items when your claim is accompanied by a note from your physician recommending their use for the treatment, cure diagnosis or mitigation of a medical condition.

- Cosmetic Supplies (to correct deformity)
- Dietary Supplements
- Fiber Supplements
- Hypnosis
- Lactose Intolerance Medication
- Massage Therapy
- Mattress - Special
- Orthopedic Shoes & Inserts
- Prenatal Vitamins
- Prescribed Exercises
- Shampoo (for Specific Scalp Infection)
- Snoring Aids
- St. John's Wort

Examples of Ineligible Expenses are:

- Cosmetic Surgery
- Dental Bleaching
- Health Club Membership / Dues
- Deodorant
- Facial Lotions
- General Purpose Health Items
- Hair Transplants
- Medicated Soap
- Personal / Cosmetic Items
- Shampoo
- Skin Moisturizers
- Toiletry Items
- Vitamins or Supplements

Note: This list is not meant to be all-inclusive. Also, expenses marked with an asterisk () are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.*



Contact our Customer Service Department
with any questions. **1-877-289-0448**

Dependent Care Flexible Spending Account

A Dependent Care Flexible Spending Account allows you to pay for eligible dependent & daycare expenses incurred so that you and your spouse can continue working; your spouse can look for employment; or, your spouse can attend school full time (**NOTE: this is not for healthcare expenses for your dependents**). Eligible Dependents include children under the age of 13. Expenses for other Dependents who are physically or mentally unable to care for themselves may also qualify.

To comply with IRS regulations, your reimbursement from this Plan may not exceed the smaller of the following limits:

- \$5,000 or \$2,500 (if married but filing separate returns).
- Your taxable compensation (after your pre-tax salary reductions are made).
- If you are married, your spouse's actual or deemed earned income.

Some Examples of Eligible Dependent Care Expenses are:

- Nanny expenses for services provided inside your home.
- Care outside the home (if qualifying dependent regularly spends at least 8 hours per day in your home).
- Registration fees for day care facility.
- Before and after school for children under the age of 13
- Expenses for dependents cared for by a relative, age 19 or over, provided the caregiver is not claimed as an exemption on your Federal tax return (the family member's wages are
- Food and incidental expenses if part of dependent care charge.
- FICA and FUTA payroll taxes of daycare provider.
- Pre-school/nursery school expenses for daycare.

Some Examples of Ineligible Expenses are:

- Food, transportation and incidentals (diapers, activities, etc.) if charged separately from dependent care expenses.
- Payments to your child who is under age 13 at the end of the tax year or payments to any other dependent whom you could claim a 151(c) exemption.
- Charges for overnight stays.
- Kindergarten fees.



There are special tax rules concerning Dependent Care Flexible Spending Accounts. In some cases, depending on your family income and tax filing status, you may have a greater tax advantage by taking the direct tax credit on your annual income tax return.

You should consult with your tax advisor if you have any questions on how this affects your individual situation.

Flexible Spending Expense Worksheet

Please use this worksheet to help you determine the amount of your contributions to the Plan. Review your records for last year's expenses, and forecast this year's expenses for you and your eligible dependents.

Flexible Spending Expense Worksheet

Dependent Care Flexible Spending Account

This Year

Next Year

- | | | |
|---|----------|----------|
| 1. If you are a single parent or your spouse works, how much do you pay for Dependent Care for children under age 13? | \$ _____ | \$ _____ |
| 2. How much do you pay for Dependent Care for any other eligible dependents you have? | \$ _____ | \$ _____ |
| Projected 'Out of Pocket' Dependent Care: | \$ _____ | \$ _____ |

Now divide by the number of payrolls and that will be your per-pay contribution for Dependent Care. The total annual election cannot exceed \$5,000 for Dependent Care Flexible Spending.

\$ _____

Medical Flexible Spending Account

Medical Expenses (Not covered by insurance or another plan):

- | | | |
|--|----------|----------|
| 1. Deductibles, co-insurance, co-pays and Over-the-Counter expenses? | \$ _____ | \$ _____ |
| 2. Vision Care: laser surgery, eye exams, contact lenses, glasses? | \$ _____ | \$ _____ |
| 3. Chiropractic Care? | \$ _____ | \$ _____ |
| 4. Other medical expenses not covered by insurance? | \$ _____ | \$ _____ |

Dental Expenses (Not covered by insurance or another plan):

- | | | |
|---|----------|----------|
| Exams, cleaning, x-rays, etc.? | \$ _____ | \$ _____ |
| Fillings, crowns, bridge, TMJ treatment? | \$ _____ | \$ _____ |
| Orthodontia? | \$ _____ | \$ _____ |
| Other dental expenses not covered by insurance? | \$ _____ | \$ _____ |

Projected 'Out of Pocket' Medical Expenses: \$ _____ \$ _____

Now divide by the number of payrolls and that will be your per-pay contribution for Medical.

\$ _____

Please use this worksheet to help you determine the amount of your contributions to the Plan.

Review your records for last year's expenses, and forecast this year's expenses for you and your eligible dependents.

Keeping track of your account

- You may access personal account information, claim filing forms, a list of all eligible expenses and other useful information at www.vfgps.com using the group specific plan ID and password found on your Plan Highlight Sheet.
- A third quarter statement will be sent to you that includes information on account balances and claims submitted to date.
- Each claim payment includes a summary statement that lists account balances and available funds.
- You may contact Vantage Customer Service with any questions at (877) 289-0448 or via email at csflex@vanfin.com

Filing a claim

Documents necessary to file a claim for reimbursement are available on our website at www.vfgps.com and include:

- Claim Form
- Claim Filing Instructions
- Plan Highlight Sheet
- Optional Direct Deposit Form if you would like electronic claim payment to your bank account



To submit your claim for payment, please:

- Complete a Claim Form (include your employer's name, your name, social security number, list of eligible expenses and your signature)
- Attach all corresponding receipts and/or Explanations of Benefits (EOBs). These receipts must include the following:
 - Merchant or Provider's name
 - Date of Purchase
 - Product Name or Service Rendered
 - Amount Paid

Fax your completed Claim Form and Receipts to:
Vantage Customer Service at (216) 642-4863

Email your Claim Form and Receipts via secure website:
www.vfgps.com

Or you may mail your Claim Form and Receipts to:
**Vantage Financial Group Plan Services
6200 Rockside Road
Cleveland, Ohio 44131**

**Save
All
Receipts**

**Customer Service
(877) 289-0448
Monday - Friday
8:15am - 4:45pm
EST**

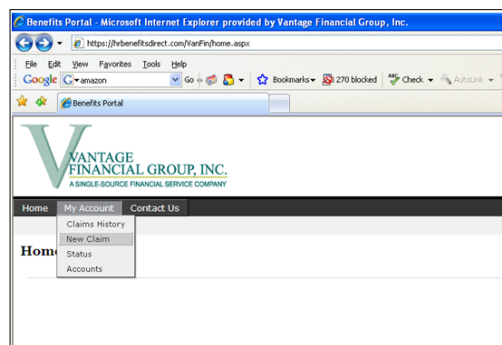
Online Claim Submission

You may submit your Flex claims online through our secure website www.vfgps.com. Just a few simple steps and your claim is submitted, no postage, no lost mail, no delays, no headaches.

1. Go to www.vfgps.com. Enter your company's User Name and Password (found on your Plan Highlight Sheet).

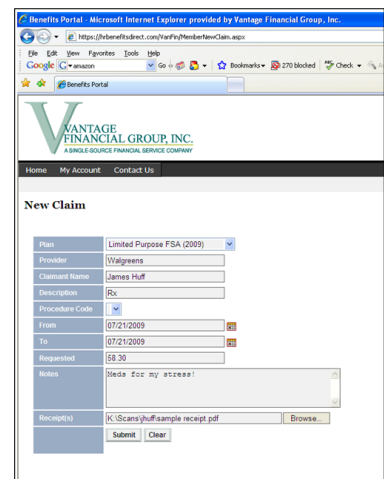


2. Click on your Flex Plan benefit link.
3. Click on the Personal Account Information banner at the top of the page.
4. Once redirected to the hrbenefits.com portal, enter your personal login information.
5. Locate My Account on the menu bar at the top of the page and select New Claim from the pull-down menu.

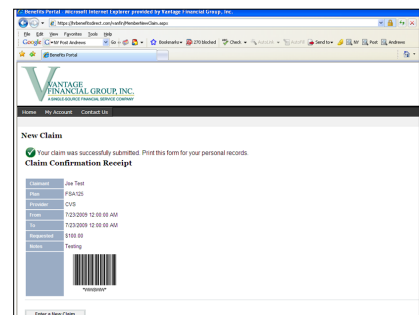


6. Enter your claim information:
 - Select the proper Plan.
 - Enter the product or service provider's name.
 - Enter the name for who the product/service was for.
 - Enter a description of the product or service.
 - Enter the From and To dates (often are the same date).

- Enter the dollar amount requested for this claim.
- Enter any relevant notes.
- **MOST IMPORTANTLY**, attach a copy of your receipt(s) by using the Browse button.
- **CLAIMS SUBMITTED WITHOUT A COPY OF A RECEIPT(S) WILL AUTOMATICALLY BE DENIED.**
- Click on the Submit button to send your claim to our Customer Service Department for approval.



7. A Claim Confirmation Receipt will appear on your screen to print for your records.



You are done! Your claim has been submitted and will be reviewed in short order. If your claim is eligible it will be processed for reimbursement, if all or a portion of your claim is ineligible you will receive a detailed statement with any portion of the reimbursement you are eligible for. Call Customer Service with questions.

Online claim submission:
no postage,
no lost mail,
no delays,
no headaches.

How Do I Enroll?

Indicate your desired contribution for Medical and Dependent Care. Keep the following in mind when choosing your elections:

1. For Medical/Dependent Care Accounts, your annual election is binding for the entire Plan Year, unless you experience a Qualified Change of Status event and submit a Change of Election form to your Benefit Department within 30 days of the change of status event date.
2. If you choose to contribute to a Dependent Care Flexible Spending Account and file Form 1040, you must complete IRS Form 2441 (Child and Dependent Care Expenses) as well. It is recommended that you consult with a tax advisor to determine if it is more cost effective to claim a dependent care tax credit, if eligible, rather than participate in the Dependent Care Flexible Spending Account.
3. No portion of an FSA balance can be refunded to you except to the extent that you submit eligible claims (subject to COBRA continuation guidelines).
4. No reimbursement will be made for any expense incurred after separation of employment from your employer.
5. You may not transfer account balances between accounts.

Medical/Dependent Care Flexible Spending Account elections are made on the benefits open enrollment system. Your Plan Highlight Sheet provides eligibility requirements and guidelines.

Who Do I Call if I Need More Information?

If you have questions or need additional information, Vantage Financial Group Plan Services may be reached toll-free, weekdays from 8:15 am to 4:45 pm, EST, at (877) 289-0448.



Vantage Financial Group Plan Services 6200 Rockside Road Cleveland, Ohio 44131
Toll-free: (877) 289-0448 Fax: (216) 642-4863 Email: csflex@vanfin.com Web: www.vfgps.com

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