

YOU CAN MAKE MORE MONEY THIS YEAR!

Sometimes referred to as a cafeteria plan, flex plan, or a Section 125 plan– ProFlex lets you set aside a certain amount of your paycheck into an account – before paying income taxes. During the year you have access to this account for reimbursement of expenses you regularly pay for, such as healthcare and dependent daycare.

When you use tax-free dollars to pay for these expenses, you realize an increase in your spending power, and substantial tax savings.

Reimbursable Expenses can include:

- Deductibles, Co-pays, and Prescription Drugs
- Expenses not covered by insurance
- Dental Services & Orthodontics
- Eyeglasses, Contacts, Solutions & Eye Surgery
- Weight-loss programs (associated with a specific disease)
- Chiropractic services
- Psychiatric care & Psychologist’s fees
- Smoking Cessation programs
- Over-the-counter drugs that are medically necessary like allergy medications or aspirin
- Adult & Child Daycare services
- And more



Without the plan		With the plan	
Gross Earnings	\$ 2,000	Gross Earnings	\$ 2,000
FICA, Federal, State Taxes	\$ 500	Insurance Premium	\$ 100
Insurance Premium	\$ 100	Health and Day Care Expenses	\$ 300
Health and Day Care Expenses	\$ 300	Adjusted Gross Earnings	\$ 1,600
Net Earnings	\$ 1,100	FICA, Federal, State Taxes	\$ 400
		Net Earnings	\$ 1,200

Determining Your Reimbursable Expenses

By completing the following information, you can calculate your annual reimbursable expenses. Take into consideration the services to be provided during the upcoming plan year for you and your dependents.

Healthcare Expenses

Medical (1)*	
Deductibles	\$
Co-payments	\$
Doctor Visits	\$
Prescriptions	\$
Over-the-counter medications**	\$
Over-the-counter supplies	\$
Other	\$
Total	\$
Vision (2)	
Exams	\$
Eye Surgery	\$
Lenses/Frames	\$
Contacts	\$
Solutions	\$
Other	\$
Total	\$
Dental (3)*	
Routine Check-ups	\$
Fillings/Crowns	\$
Orthodontics	\$
Other	\$
Total	\$
Dependent Daycare Expenses	
Children	\$
Adults	\$
Total	\$

Estimated Annual Expenses and Tax Savings

Total Healthcare Expenses (add 1+2+3)	\$
The lesser of Total Dependent Daycare Expenses or \$5000 (the maximum allowed)	\$
Total Expenses	\$
Tax Bracket Percentage (see below)	%
Annual Tax Savings (multiply total expenses by tax bracket percentage)	\$
Savings Amount/Paycheck (divide total expenses by number of paychecks you receive each year: 52, 26, 24, 12)	\$

Tax Estimate Table

Based on a combination of social security, federal, and state income taxes.

Annual household earnings	Estimated tax rate
Less than \$30,000	25% = .25
\$30,000 to \$40,000	29% = .29
\$40,000 to \$70,000	31% = .31
Greater than \$70,000	33% = .33
These tax rates are estimates based on national averages and may not reflect your actual tax rate.	

*Cosmetic procedures like teeth bleaching and face lifts are not eligible expenses for reimbursement.

**Letter from doctor required for these purchases.

Please review eligible expense list on our website at www.consociate.com or call 800.798.2422.