



USE-IT-OR-LOSE IT RULE

The IRS has a requirement that you use and spend down your FSA balance by the end of the plan year, otherwise the remaining balance in the account is forfeit. Please plan and budget these dollars wisely. A 2 ½ - month grace period is available to help you use your remaining account balance by mid-March of the following calendar year. All claims for reimbursement must be submitted by 3/30 of the following year.

TOOLS AND RESOURCES

Voya administers the FSA and HSA plans. For more information, or to obtain forms, or file claims, visit their website at <https://myhealthaccountsolutions.voya.com/> and create an account or download the mobile app.



DENTAL

Ryan Lawn & Tree offers Dental benefits through Delta Dental of Kansas. This description provides a high-level look at the amounts you pay when visiting in-network providers; please refer to the full plan description for greater detail. Delta Dental has a unique program for employees with children called **Right Start 4 Kids**. Under this program, if an in-network provider is seen, there is **100% coverage for kids 12 & under** for all services (except orthodontics) and no waiting periods or deductibles.

PROVIDERS

Delta Dental gives you access to a multitude of dental providers. Visit www.deltadentalks.com for an online directory to search for a complete list of providers. Customer Service can be reached at 800.234.3375.

Delta Dental of Kansas Dental Plan	
Type of Service	In-Network*
Deductible (waived for Preventive) Maximum Benefit Per Calendar Year	\$50 single /\$150 family \$1,500/person
Diagnostic/Preventive Care	
Unlimited Cleanings – Regular and Maintenance Exams, X-rays, Fluoride Treatments, Space Maintainers, Sealants	100%
Basic Services	
Fillings, Extractions, Oral Surgery, Endodontics, Periodontics, Emergency Exam	90%
Major Services	
Crowns, Dentures and Bridgework, Repairs	60%
Orthodontia (Children Under 19)	
Benefit % Paid Lifetime Orthodontia Maximum	50% \$1,000

**In-network benefits only shown; please refer to the supplemental plan designs or call customer service for out-of-network benefit questions.*

	Employee Cost Per Pay Period	Total Premium Per Month Shared by RYAN + Employee
Employee	\$5.46	\$35.69
Employee + Spouse	\$11.51	\$75.58
Employee +Child(ren)	\$13.50	\$87.75
Employee + Family	\$20.58	\$137.70