

Greetings from UMR!



Welcome to the Fort Dodge Community School District benefits plan guide! The purpose of this booklet is simple: To help you get the most out of your health care plan.

As your benefits administrator, we'll walk you through the plan to give you a better understanding of what it all means. Of course our main goal is to provide you and your family with timely, accurate and caring service.

It starts here, but you also have a whole team of UMR customer service and benefits experts behind you whenever a need or question arises.

To help you reach us, we've included this list of key contacts and information. Stick it on your refrigerator or bulletin board if you wish, or place it in your wallet or purse, so it's there when you need it. You can also find this same information on your UMR ID card.

There's also a folder pocket inside the back cover that includes some more important info about your plan.

Your UMR customer service team is ready to help you!

24 hours a day,
7 days a week

A handy contact card for your fridge or wallet

My FDCSD benefits information 2018-2019 Plan Year

UMR Customer Service 1-800-826-9781
Need ID Cards 1-800-320-3206
UMR Care Management 1-866-494-4502
24-Hour NurseLineSM 1-877-950-5083
Enroll in Maternity Management 1-866-494-4502
Network – UnitedHealthcare Options PPO
Dental – Delta Dental of Iowa 1-800-544-0718
 (deltadentalia.com)

Pharmacy – Express Scripts 1-800-334-8134
 (rxbenefits.com)
Great Western Bank HSA 1-515-576-7531
 (greatwesternbank.com)
Avesis Vision (avesis.com) 1-800-828-9341
One America (oneamerica.com) 1-800-553-5318
Trustmark/Transamerica 1-888-734-6937
 (service@explainmybenefits.com) Option 3
Tria Health (triahealth.com) 1-888-799-8742

Find it online at umr.com

2018-2019
benefits
provided by:



A UnitedHealthcare Company

Working with UMR

UMR provides benefits administration services to you and your employer.

Your employer has hired us to assist in managing your benefits plan. For example, we help new employees sign up to receive health benefits. We also process your health claims, making sure they are handled quickly and accurately.

UMR even has medical professionals on staff. They help coordinate your care if you are in the hospital or are dealing with a health condition.

Filing a claim

A claim is a request that your benefits plan pays for a health service.

You now have an easier way to file claims with UMR. In fact, we call it EZ Claim. We don't need any claim forms, except for prescription drug claims.

With EZ claim, your doctor submits your bills directly for processing. Your ID card has instructions on the reverse side for your doctor's office.

To file a claim, simply show your identification (ID) card at your doctor's office. If you're planning or scheduling a treatment or procedure, you can also write or call us beforehand to find out if it will be covered.

– more –



*How do I
contact UMR?*

Simply call the toll-free number that will be located on the back of your UMR ID.



You will receive an explanation of benefits (EOB) form after your claim is processed. It will tell you:

- How much of your cost is covered
- Where checks will be sent
- What amount you are responsible for paying, if anything

Claim appeals

You may sometimes wish to have UMR review a claim decision. This is called an appeal. Appeals must be made within 180 days after you receive written notice of a denied claim. To file an appeal, send us a written request to the address on your ID card to have a claim reviewed.

After you have filed an appeal, UMR will notify you in writing of the final decision within the time limit listed in your employee benefit booklet.

Member services

UMR has assigned people to help you answer benefit and claim questions. They are trained on your specific benefit plan.

If you have any questions, you can reach a UMR Customer First Representative by calling the toll-free number on the back of your ID card.

We look forward to working with you!



Learn the language of health care



Let's face it. Understanding health and benefits terms is like learning a foreign language for most of us. Knowing the difference between coinsurance and copayment can be confusing. And deciphering an EOB from COB shouldn't require a PhD.

Fortunately, you don't need a foreign language professor or CIA code-breaker to understand all of these terms. That's because our own UMR team of language experts has already defined them for you, along with a few others. Check it out. Before you know it, you'll be speaking benefits as a second language!

What is a deductible?

Definition: The amount you have to pay before your plan pays for specified services. Deductibles are usually an annual set amount. A deductible may apply to all services or just a portion of your benefits. It depends on your benefits plan.

What is a coinsurance?

Definition: A set percentage of costs that are covered by your plan after your deductible has been paid. Your plan pays a higher percentage. You pay a lower percentage.

Tip...think percentage

What is a copayment?

Definition: A small set fee. It is paid each time you have an office visit, outpatient service or prescription refill. The fee is determined by your health plan. Copayments don't vary with the cost of service.

Tip...think set fee

What is an out-of-pocket?

Definition: The amount you pay out of your pocket for particular health care services during a particular period of time. An out-of-pocket maximum limits the amount you have to pay during a particular period of time.

What is coordination of benefits (COB)?

Definition: Many families are covered by more than one health plan. The coordination of benefits (COB) process determines which plan pays first. It also determines if the second plan will pay any remaining charges not covered by the first plan. The process makes sure your doctor doesn't get paid twice for the same service.

What is an explanation of benefits (EOB)?

Definition: An EOB is simply the statement explaining your benefits activity. It includes the services provided, the amount billed and the amount paid, if any. You should review your EOBs carefully. Call the customer service number on your ID card or visit www.umar.com if you have any questions about your EOB.

You deserve an explanation



An explanation of benefits (EOB) is not a bill. It simply tells you everything you might want to know about your claims.


Among the more important things included on your EOB are:

- The service you received
- How much the service cost
- How much you may owe, if anything
- A notes section that explains the meaning of any special codes

- A section that shows how close you are to meeting any plan maximums

There is a second page that includes contact numbers if you have questions. It also tells you how to file an appeal if you want a claim decision reviewed.

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PO Box 30541 Salt Lake City, UT 84130-0541
1-800-826-9781
www.umar.com

Employee: Joe Patient
Employee Address: 1234 W SUNSHINE BLVD, STE 100A, BEST CITY US 12345-9876
Member ID: 999999999
Patient: Joe Patient
Notice Date: 02-15-15
Employer Name: Customer Inc.
Group Number: 76-999999

EXPLANATION OF BENEFITS NOTICE – THIS IS NOT A BILL

Provider: Physician, Joe, MD Patient Account: 1234567890 Claim Control Number: 9999999999

| Service Description | Dates of Service From: To: | Amount Billed | Amount Not Payable | see Note section | Less Deductible | Co-Pay Amount | Allowable Amount | % | Plan Benefit Amount | Amount Paid | Provider May Bill You |
|---------------------|----------------------------|-----------------|--------------------|------------------|-----------------|----------------|------------------|----|---------------------|-----------------|-----------------------|
| Emergency Care | 02-01-15 02-01-15 | \$500.00 | \$100.00 | 908 | \$50.00 | \$25.00 | \$325.00 | 80 | \$260.00 | \$260.00 | \$140.00 |
| Totals | | \$500.00 | \$100.00 | | \$50.00 | \$25.00 | \$325.00 | | \$260.00 | \$260.00 | \$140.00 |

Note Section
908 Provider negotiated discount. You are not responsible for this amount.

Payment To: XYZ Clinic Payment Date: 02-15-15 Payment Amount: \$260.00

| Benefit | Benefit Level | Applied To Date |
|----------|-------------------------------------|-----------------|
| 01-01-15 | \$200 Out Net Ind Cal Yr Deductible | \$200.00 Met |
| 01-01-15 | \$400 Out Net Fam Cal Yr Deductible | \$300.00 |
| 01-01-15 | \$400 In Net Ind Cal Yr Deductible | \$205.00 |
| 01-01-15 | \$800 In Net Fam Cal Yr Deductible | \$305.00 |

The type of service you received

How much the service cost

How much your benefits plan paid

How much you may owe (if anything)

Your code definition

Your plan maximums and how close you are to meeting them

10 ways to control health care costs



Everybody can play a role in controlling the rising cost of health care. In fact, there are many things you can do to reduce how much you spend on health care now and in the future.

1 See preferred doctors

Most health plans let you see any doctor you want. But you can save a bundle by seeing doctors that are part of your plan's preferred network of health care providers. Going to a preferred in-network doctor usually saves you 20 percent to 30 percent or even more off your bill.

2 Go generic

Generic drugs are the same as other medications, just without the brand name. The biggest difference is the price. Generics usually cost you 30 percent to 70 percent less than brand names.

3 Practice prevention

Preventive care includes things like physical exams, vaccines, blood tests and cancer screenings. These services can prevent you from getting sick or detect a health issue before it gets serious. Check your health plan to see if preventive care is covered in full or at discounted rates.

4 Get online

It makes sense to find out everything you can to make informed, cost-saving health care choices. That's why we offer a number of web tools to help you assess health care options, pharmacy benefits and health coverage estimates using the Internet. Visit our website at umr.com.

5 Choose the right care

There is a time and place for everything. A trip to the emergency room may be needed if you are seriously injured or ill. Consider a cheaper option, like a walk-in clinic or urgent care, if you have a minor illness or issue, such as an ear infection. It may save you time as well as money.

– more –

Fast fact...

Generic drugs usually cost you 30 percent to 70 percent less than brand names.

Money Saving Tips



Save money!

Remember...

Review your explanation of benefits (EOB) statement to make sure you are properly billed.

6 Think long-term

Some people go to the doctor for minor reasons once they meet their yearly deductible. While that may not have an instant impact on health care costs, it is a major factor in driving up everyone's overall costs of care.

7 Eat right

A balanced diet can save you money. It keeps you healthier in the short-term and lessens the chances of developing more serious and costly medical conditions in the future.

8 Exercise

Just 30 minutes of walking or other regular exercise each day helps manage weight, stress and possibly your pocketbook. Exercise helps control and prevent high blood pressure and cholesterol, two of the major risk factors for heart disease.

9 Take care of yourself

The harmful effects of habits, such as tobacco use and alcohol abuse, are well known in regard to health issues such as cancer and heart disease. If you use tobacco products, seek help to try quitting. Practice moderation if you drink alcohol. Get help if stress or depression are an issue. You will feel better and also save a few dollars.

10 Review your EOB

Billing mistakes sometimes happen. Review your explanation of benefits (EOB) statement to make sure you are properly billed. Contact your doctor or other care provider if you suspect an incorrect charge.



A valuable connection



Congratulations! Your employer has given you access to a preferred provider organization (PPO) network through UMR. Here are a few frequently asked questions to help you understand what your PPO network is all about and the benefits of using it.

What is a PPO network?

A group of doctors and hospitals that have agreed to reduce what they charge for their services.

What is a preferred provider?

Any doctor, hospital or other medical facility that is part of your PPO network. They are sometimes referred to as in-network providers.

Why is a PPO important?

You will pay less for medical services if you see a preferred provider that is part of the network. Plus, there are usually no claim forms for you to worry about when you go to a PPO doctor or hospital.

Can I get medical services from a doctor or hospital that is not a part of my PPO network?

Yes, but you will pay more for their services and may need to submit a claim form.

How much will I save if I get services from a preferred provider?

You can compare cost savings by looking at your schedule of benefits, which is found in your summary plan description.

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What if my normal doctor is not part of my PPO network?

We encourage you to have your doctor apply to join. Here's how:

- Go to **umr.com**
- Select **Find a provider**
- Click **Medical**
- Scroll down to your provider network list
- The next page you will see has a link you can click to view and print application instructions for your doctor

Your PPO Network



*Get the most
from your
benefit plan...*

Use participating
network health
care providers
whenever possible.

Where can I get information about my PPO network?

Your member ID card contains
information about your plan's PPO.

How often can I see a preferred provider?

As often as needed.

How do I find a network doctor or hospital?

You can call the toll-free phone
number on the back of your UMR ID
card or go to umr.com and click **Find
a provider**.

How do I make sure I get my PPO discount?

Just show your UMR ID card when
you visit your PPO network doctor
or medical facility. It includes all the
important information and phone
numbers that are needed.



Invest in your health



A health savings account (HSA) is an investment option that can help you pay for future medical expenses. An HSA is not part of your actual medical benefits plan. It's actually a cash account with big tax advantages.

To have an HSA, you must first enroll in a qualified high deductible health plan through UMR. You also cannot be covered by any other plan that is not considered a high deductible plan, such as a spouse's plan.

As long as you use the money you put in your HSA for only qualified medical expenses, you won't have to pay FICA or federal income taxes. The only possible exception is you may have to pay state taxes in some parts of the country.

Like an FSA or IRA, only better

Like an FSA

- Any qualified medical expense
- Tax advantaged

But better

- No claims to submit
- No "use it or lose it" rule
- Can use for non-medical expense (but this will result in tax consequences)

Like an IRA

- Tax advantaged savings
- Variety of investments available
- Tax advantaged investment earnings
- Taxed if withdrawn for non-medical expenses

But better

- No FICA or federal income tax if used for qualified medical expenses



Health Savings Accounts (HSAs)

In some ways, an HSA is like a flexible spending account (FSA) or individual retirement account (IRA). But in other ways, it is better.

Unlike an FSA, there are no claim forms to submit.

You also will not lose any money in the account if you do not spend it by the end of the year.

It's better than an IRA because you will never have to pay FICA or federal income taxes if the funds are spent only on qualified medical expenses.

Why choose an HSA?

There are many reasons why you should take advantage of an HSA:



It's always your money with any money left in the account at the end of the year carrying over to the next year



You decide how to spend it and on what



You can keep your HSA even if you change jobs or medical coverage



The cash is always available for an emergency. You can spend the money in your HSA on any expenses if you are willing to pay tax plus a 20 percent penalty. The 20 percent penalty does not apply if you are 65 or older



It's an investment in which earnings are not taxed



You can use your funds for long-term care, Medicare premiums and supplemental retirement income



Health Savings Accounts (HSAs)

Putting money in your HSA

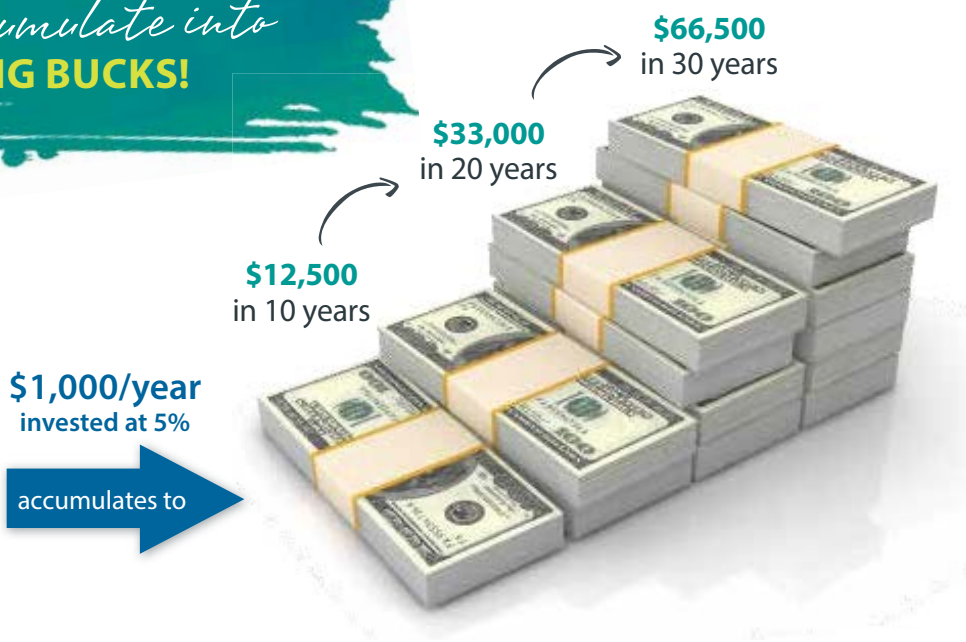
There are single and family maximums that you can deposit in your HSA each year. If you are between 55 and 64, you can deposit additional "catch-up" amounts. All of the amounts you can contribute are subject to yearly HSA contribution rules.

You also have the option of investing these funds, which can build up into big bucks!

For current rates or more information on investment options, please check with your bank or other financial institution.



HSAs can accumulate into
BIG BUCKS!



What your HSA covers

You can use your HSA to pay for qualified medical expenses defined by the Internal Revenue Service (IRS). Generally, those expenses are any amounts spent on medical care for you, your spouse or dependents, including:

- Doctor visits
- Prescribed medicines or over-the-counter supplies
- Eyeglasses and vision care
- Dental care and other services

It does not include amounts spent on things like cosmetic surgery or general items like toothpaste.

Using your debit card makes accessing your HSA dollars easy.

Easy to use

You can use your HSA debit card to pay your doctor or pharmacy. Remember, most health care expenses are eligible under your qualified high deductible health plan.

Do not pay any medical expenses from your HSA until after UMR has processed the claim and applied any discounts.

Here are a couple of examples:

- At the pharmacy, present your medical card to the pharmacist. Your pharmacy benefits manager will discount the drug and may pay a portion of the claim. Your pharmacist will then ask you to pay the remaining balance. You can use your HSA debit card or pay for the amount out-of-pocket.
- With other medical bills, have your medical provider send the bill to UMR. You will receive an explanation of benefits (EOB) once UMR has processed the claim. The EOB will show how much you will need to pay the provider. You can use your HSA debit card or pay for the amount out-of-pocket.



Keep your receipts

The IRS requires proof that you used your HSA money to pay for qualified medical expenses. Make sure to save your receipts.



Things to know about your HSA



It offers the best tax advantages

Money deposited in your HSA can earn interest and is not taxable if used only for qualified medical expenses and premiums for certain insurance coverages, such as long-term care, Medicare and COBRA medical while unemployed. You won't pay federal income taxes for all contributions or Social Security and Medicare payroll taxes. You could be subject to state taxes in some parts of the country.

It's real money that's always yours

Your employer has no say about the usage of the dollars in your fund. Any money in your HSA will be yours even if you leave the company that offered you the initial HSA.

Use your HSA debit card if you want at the pharmacy

You should first present your medical ID card to the pharmacist to purchase a prescription. Your pharmacy benefits manager will discount the drug and may pay a portion of the claim. You may then use your HSA debit card or checkbook to pay the remaining balance.

Don't use your HSA debit card for initial payment at the hospital or doctor's office

Wait for your claim to be submitted so discounts can be applied. Once you receive your explanation of benefits (EOB) and bill from the doctor, you can then make your payment.

Create a health care "nest egg" for you and your family



– more –

Consider saving your HSA dollars for retirement medical expenses

If you can afford it, you might want to treat your HSA like a 401(k) or IRA. You may then build up much more money for medical expenses after you retire.

Spend your HSA dollars only on qualified medical expenses

If you do so, you will never have to worry about paying penalties or having your HSA funds taxed. It's also a good idea to save your receipts in case you are audited.

Try to avoid spending HSA dollars on non-medical expenses

You will have to pay taxes on any HSA money spent on non-medical purchases. You will also be subject to an additional 20 percent penalty if you are under the age of 65.

Remember the importance of a qualified high deductible health plan (QHDHP)

You are only allowed to contribute to your HSA when you are enrolled in a QHDHP. If you ever leave your current employer, you will need to enroll in another QHDHP to continue to contribute to your HSA.



Common questions about your QHDHP/HSA

Your qualified high deductible health plan (QHDHP) is your health plan or health insurance. Your health savings account (HSA) is paired with your QHDHP and is a special account you can use to pay for qualified medical expenses. You must enroll in a QHDHP to have an HSA.

How can I check my claims?

There are three simple ways you can check your claims activity:

- Visit www.umar.com
- Call the customer support line on the back of your ID card
- Look at your explanation of benefits (EOB)

Should I pay my bill in full when I visit the doctor?

No. Wait until you receive a bill in the mail. This will help make sure any discounts are applied first.

How do I access my HSA dollars?

You can access your HSA dollars through your bank or financial institution. Most have more than one way to make withdrawals, such as debit cards or checks. You can withdraw money from your HSA much like a regular checking or savings account.

Why should I save my receipts?

You are required to keep receipts for qualified medical expenses. If you don't the Internal Revenue Service (IRS) could rule that withdrawals were not for qualified medical expenses and subject you to additional penalties.

– more –

Q & A

What expenses are eligible to be paid from my HSA?

In general, qualified medical expenses include:

- Copays, deductibles and coinsurance
- Eligible expenses that can't be reimbursed under another health plan
- Over-the-counter (OTC) medicines and drugs that include a prescription
- Dental care or vision care services

You can see a sample of eligible/ineligible expenses by visiting www.umar.com.

How do I check my HSA balance?

Great Western Bank will be able to provide your balance and account information. UMR does not have access to your accounts. That means we cannot provide balance or withdrawal information.

You can contact Great Western Bank at 515-576-7531.

find out how!

If you have any other questions, please call the UMR customer service line listed on the back of your ID card.



Know your eligible & ineligible expenses



If you have a health savings account (HSA), you can use pretax dollars to cover eligible expenses. To help better understand what is and isn't eligible, we've developed a list of both. For a more detailed list of eligible and ineligible expenses, check your UMR plan document.

Eligible expenses

Expenses that could be considered dual purpose (having both medical and personal benefits) may need a medical practitioner's note explaining the diagnosis and treatment action that is needed for this specific medical condition. This list is not meant to be all inclusive.

| | | | |
|-------------------------|--|---|--|
| Dental services | Medical treatments/procedures | Medical equipment supplies and services | Tuition fee at special school for disabled child |
| Dental services | Acupuncture | Abdominal/back supports | Weight loss drugs (to treat specific disease) |
| Dental x-rays | Alcoholism (inpatient treatment) | Ambulance services | Wheelchair |
| Dentures | Drug addiction | Arches/orthopedic shoes | Wigs (hair loss due to disease) |
| Exams/teeth cleaning | Hearing exams | Contraceptive, prescribed | Medication |
| Extractions | Hospital services | Counseling | Insulin |
| Fillings | Infertility | Crutches | Prescribed birth control & vitamins |
| Gum treatment | In vitro fertilization | Guide dog (for visually/hearing impaired) | Prescription drugs |
| Oral surgery | Norplant insertion or removal | Hearing devices and batteries | Obstetric services |
| Orthodontia/braces | Physical exam (not employment related) | Hospital bed | Lamaze class |
| Lab exams/tests | Physical therapy | Lead paint removal (if not capital expense and incurred for a child poisoned) | Midwife expenses |
| Blood tests | Reconstructive surgery (if medically necessary due to congenital defect or accident) | Learning disability (special school/teacher) | OB/GYN exams |
| X-rays | Rolfing | Medic alert bracelet or necklace | OB/GYN prepaid maternity fees (reimbursable after date of birth) |
| Cardiographs | Speech therapy | Oxygen equipment | Prenatal and postnatal Treatments |
| Laboratory fees | Sterilization | Prescribed medical and exercise equipment | Practitioners |
| Metabolism tests | Transplants (including organ donor) | Prosthesis | Allergist |
| Spinal fluid tests | Vaccinations/immunizations | Splints/casts or support hose (if medically necessary) | Chiropractor |
| Urine/stool analyses | Vasectomy and vasectomy reversal | Syringes | Christian Science |
| Vision services | Weight loss programs (as prescribed by your doctor) | Transportation expenses (mileage and parking) | Dermatologist |
| Eye examinations | Well baby care | | Homeopath |
| Eyeglasses | | | Naturopath |
| Contact lenses | | | Osteopath |
| Laser eye surgeries | | | Physician |
| Artificial eyes | | | Psychiatrist |
| Prescription sunglasses | | | |
| Radial keratotomy/LASIK | | | |

Health Savings Accounts (HSAs)

Ineligible expenses

Expenses to promote general health are not eligible expenses unless prescribed by a physician for a specific medical ailment. This list is not meant to be all-inclusive.

The IRS does not allow the following expenses to be reimbursed under HSAs, depending on the exclusions in your HSA plan.

| | | | |
|------------------------------------|---|---------------------------------|-------------------------------------|
| Babysitting and child care | Diaper service | Health club dues | Vitamins or nutritional supplements |
| Contact lens or eyeglass insurance | Electrolysis | Insurance premiums and interest | Swimming lessons |
| Cosmetic surgery/procedures | Personal trainers or exercise equipment | Long-term care premiums | Teeth whitening/bleaching |
| Dancing/exercise/fitness programs | Hair loss medication | Marriage counseling | Personal care items |
| | Hair transplant | Maternity clothes | |

Over-the-counter items

Over-the-counter medicines/drugs are not allowed without a prescription.

Eligible

Medicines/drugs with a prescription
Over-the-counter supplies
(including contact solution, Band-Aids, crutches, etc.)

Ineligible

OTC items purchased for personal use
Medicines/drugs without a prescription

Limited purpose FSAs

Save money on your vision and dental expenses

Good news if you have a high deductible health plan and contribute to a health savings account (HSA)! You can still fund a flexible spending account (FSA) for certain health care expenses, such as vision and dental.

The U.S. Department of Treasury places restrictions on funds tied to your medical plan deductible. It does, however, allow you to participate in a limited purpose FSA.

The limited purpose FSA covers only vision and dental expenses. No other medical care is reimbursed under limited purpose feature. This includes expenses that accrue to your medical deductible, pharmacy or even over-the-counter drugs.

Why participate in a limited purpose FSA?

While Treasury regulations limit your FSA, there are still good reasons to fund a limited purpose FSA, since you may:

- Have significant vision expenses planned, such as Lasik eye surgery
- Have significant dental expenses planned, such as orthodontics or major restorative work
- Want to avoid spending your HSA, which can accumulate as tax-free investment income
- Not be able to completely fund your high vision or dental expenses in the HSA
- Have other medical uses for your HSA and still want to take advantage of the FSA tax savings for dental and vision expenses

Important note...

Health care FSA contribution amounts are limited due to Health Care Reform Law. Please refer to your plan document for the specific contribution limits allowed by your plan.



Limited purpose worksheet

Here's a worksheet to help you calculate your annual contribution. Please refer to your benefit plan as you complete this worksheet. The following expense items may or may not be covered by your plan.

More information

The following worksheet will help you determine whether a limited purpose FSA is right for you. To find out more, contact your human resources manager.

| Expense (Dental and Vision Only) | Cost Estimate |
|---|-------------------------------|
| Eye glasses and contacts | \$ |
| Dental care plan deductibles | \$ |
| Your share of dental plan expenses above the deductible amount (coinsurance/coinsurance) | \$ |
| Dental and vision amounts over the customary allowances | \$ |
| Dental and vision expenses not covered by the plan or amounts in excess of plan maximums | \$ |
| Total estimated annual dental and vision expenses | \$ |
| Total estimated annual expenses divided by the number of pay periods during the plan year | \$ Per payday contribution |



Find what you need at umr.com

Getting your benefits information is easy using umr.com. You'll be able to find everything you're looking for in no time!

If you have previously registered, enter your username and password here.

If you have not registered, click New user? Register here.



www.umar.com

Personal home page

The place to find what you'll use the most

myMenu

One-click access to claims, coverage and other resources.

I need to...

Another easy way to find what you want fast.

Update your information

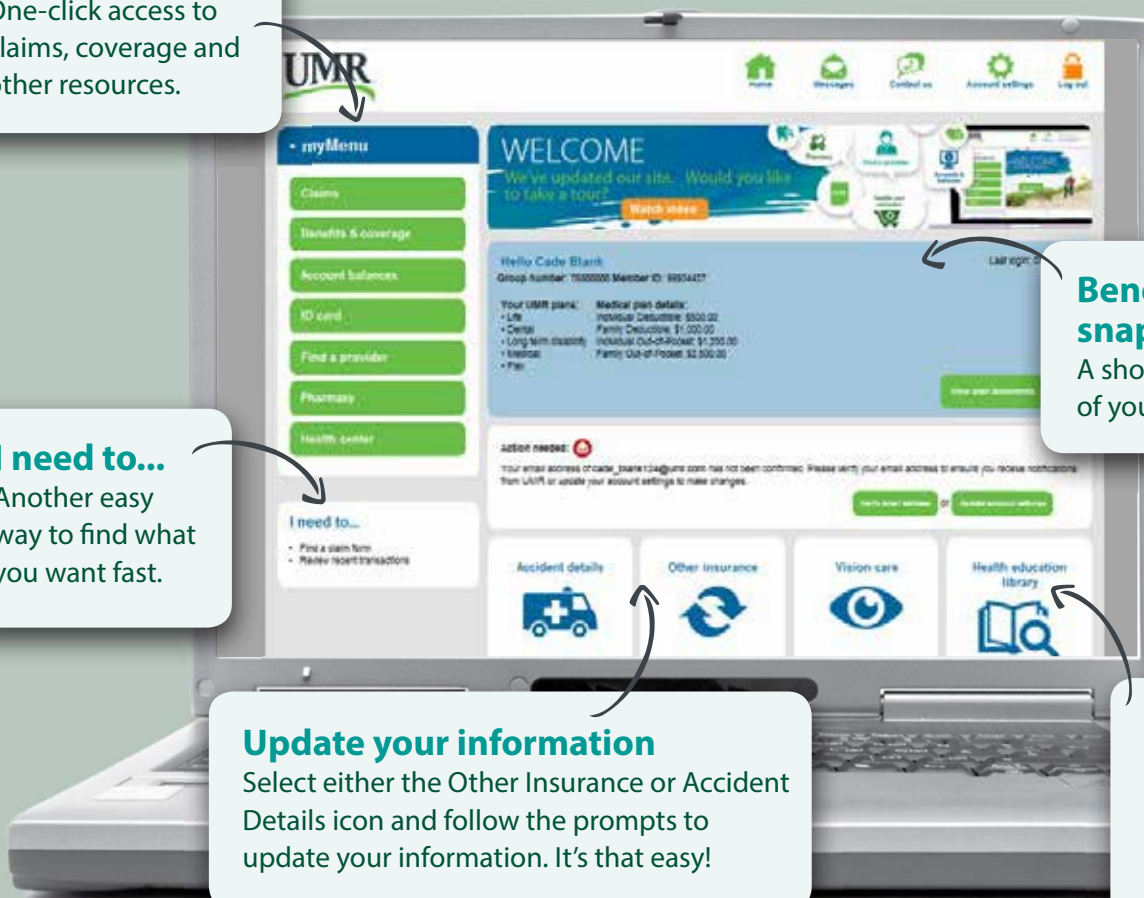
Select either the Other Insurance or Accident Details icon and follow the prompts to update your information. It's that easy!

Benefits snapshot

A short summary of your benefits.

Shortcuts

Simple icons for quick access to key resources and information.



www.umar.com

Protecting your health information

UMR follows strict rules and security procedures to ensure your information stays safe and is accessed only by you or authorized providers and/or representatives. If you, your spouse or a dependent age 18 or older wishes to allow online access to another covered family member, each member must grant access to view his or her information:

Once you've accessed your account settings, scroll to the bottom and locate the access privileges portion to review and make any necessary changes.

If your spouse or adult dependent has already registered for online services, your covered family member can log into umr.com to access their account settings.



www.umar.com

Not registered? Dependents will be asked during the registration process to select family members they will allow to view their personal health information. To register, have your covered family member visit umr.com and click **New User? Register here.**

Claims

A paper-free and pain-free way to view your claim activity

Claim search

Set up your search preferences by dependent(s), claim type, time period and status.

Claim search results

Shows the member name(s), claim type, time period and status you selected.

Claim activity

Find out how many claims have been processed, how many are in process and if any require more action. Also shows the amount the plan paid, what you may owe (if anything) and provides a link to your explanation of benefits (EOB).

Claims cost summary



Monthly claim statements



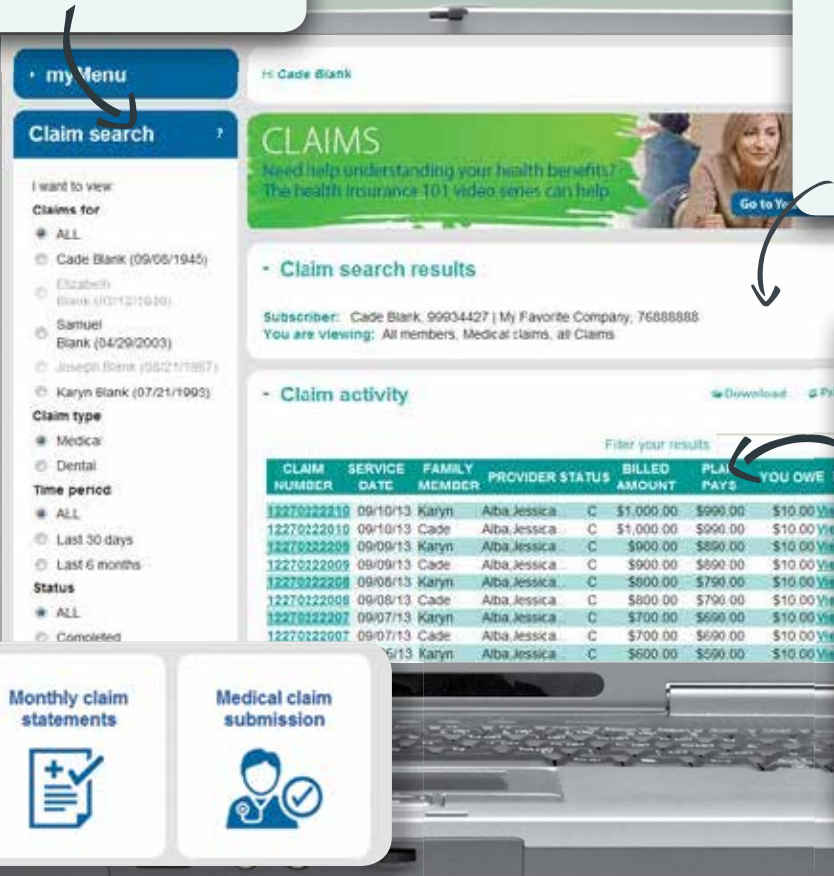
Medical claim submission



Shortcuts

Provides quick access to details, such as how your health care dollars are being spent, your monthly statements and medical claim submission information.

www.umar.com



Benefits & coverage

An at-a-glance summary of your plan

Benefit search

Set up your search preferences by dependent(s), coverage type, network level and coverage period.

Benefit search results

Shows the member name(s), coverage type, network level and coverage period you selected.

Benefit summary

Shows all your benefit information, including copays, coverages and how much you have paid toward deductibles and out-of-pocket maximums.



Health center

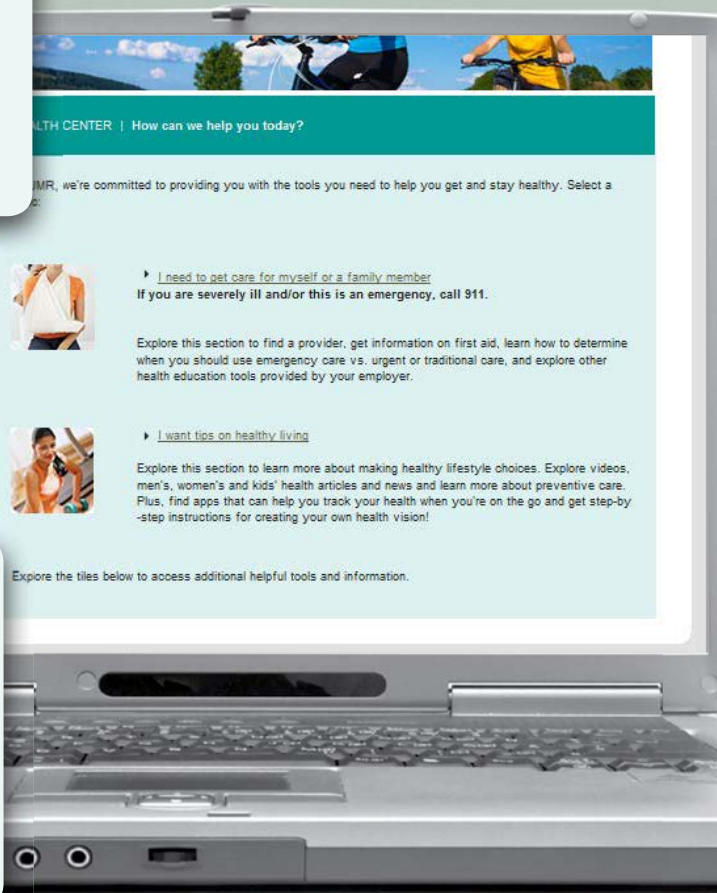
Resources to help you make healthier decisions

Getting care

Find a provider, get first aid information, explore health education tools and learn when to seek emergency care vs. urgent or traditional care.

Healthy living tips

Explore videos and health articles, learn about preventive care, find health tracking apps and step-by-step instructions to realize your own health vision.



ID card

Copy, order or fax in an instant

I want to

Allows you to easily order an ID card or fax a copy of your ID card.

View your ID card

Shows all the details of everything that is included on the front and back of your ID card, including your member ID, group number and customer service number (located on the back).



www.umar.com

Mobile Web

Access to your health benefits anywhere, anytime using your mobile phone browser.

Just use the same username and password that you use on our full site. What's even better — there's no app to download, nothing to install, no waiting.

What's new

Find out about new tools and information to help you live a healthier life.

Log in

Log in here to get instant access to all our mobile inquiry tools.

Find a provider

Need to find a doctor fast? Access an alphabetical listing of network providers without logging in.

View, scan or fax your ID card

View your ID card, allow your provider to scan the on-screen bar code for instant access to your benefit information and/or fax a copy to a provider.

Find a provider

Find an in-network provider while you are "on the go".

Simplified navigation

- Home – Return to the main menu.
- Menu – Display the menu.
- Gear – Log out or learn more about UMR and our mobile site.

Need help?

Click the question mark any time you are confused about a term or benefit and get an explanation.

Look up claims

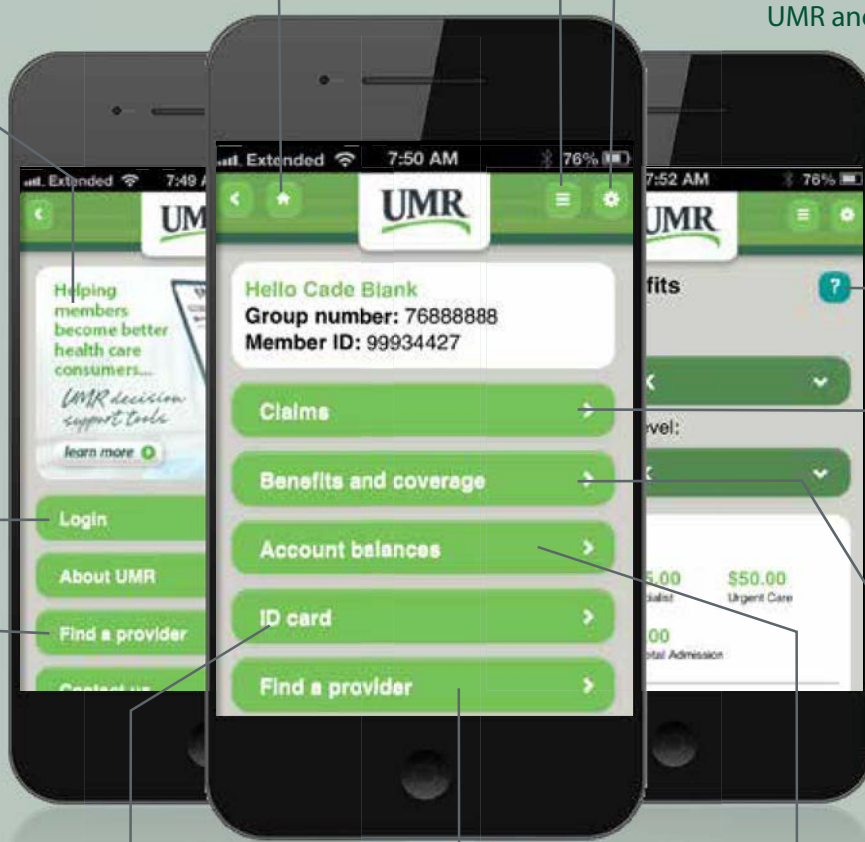
Look up a claim for yourself or an authorized dependent.

Check your benefits

View medical and/or dental benefits, as well as persons covered.

Access account balances

Look up balances for your special accounts.



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Note: The images above reflect available features within our mobile site. These features may or may not be available to all users depending on your individual and/or company benefits.

Health Education Library

Your key to better health information



There are articles, images, videos and other visuals on diseases, conditions, symptoms, medications, injuries, surgeries, procedures and preventive health tips. This wealth of health knowledge comes in a variety of forms, including:

- A.D.A.M. Health Multimedia Encyclopedia
- Care Guides
- DrugNotes
- Drug Interactions
- Symptom Navigator

HEALTH EDUCATION LIBRARY

ADAM Health Navigator

Select

Symptoms Diseases Show All

Injuries Tests

Self Care Surgeries

Find Medical Information Fast & Easy

Use the search box to find the information you want.

Change the type of information you want to see. Select from the options below.

Click on the "Go" button to search.

Just click on an area of the body or select from a list of nearly 300 symptoms to quickly find what you need to know.

Over 1,600 diseases and conditions are covered in male, female, adult and child views.

Millenium

Icons for male, female, adult, and child views.

www.umar.com

Health education library



It's easy to get started. Just look for the **Health education library** tile on your personal home page.

Health Plan Cost Estimator

Your doorway to comparing health plan options



The Health Plan Cost Estimator is the first step to better health plan comparison shopping. It's perfect for making pre-enrollment plan decisions.

Compare premiums, health care usage costs, employer contributions.

Compare annual plan costs and per-paycheck contributions.

Calculate and optimize account contributions and tax savings.

Print estimates, download plan summaries or add your own plan estimate.

| | Template 1 - HSA | Template 2 - HRA | Template 3 - FSA |
|--|------------------|------------------|------------------|
| Employee Plan Premium | \$0 | \$0 | \$0 |
| Employee Healthcare Usage Costs | \$200 | \$200 | \$200 |
| Employer Health Account Contributions | \$0 | \$0 | \$0 |
| Total Annual Employee Healthcare Costs | \$200 | \$200 | \$200 |

| | HSA Contribution Amount: | FSA Contribution Amount: | FSA Contribution Amount: |
|--|--------------------------|--------------------------|--------------------------|
| Annual Plan Costs for Comparison | \$200 | \$200 | \$200 |
| Per Paycheck Deductions to Pay Annual Plan Costs | \$0 Bi-Weekly | \$0 Bi-Weekly | \$0 Bi-Weekly |

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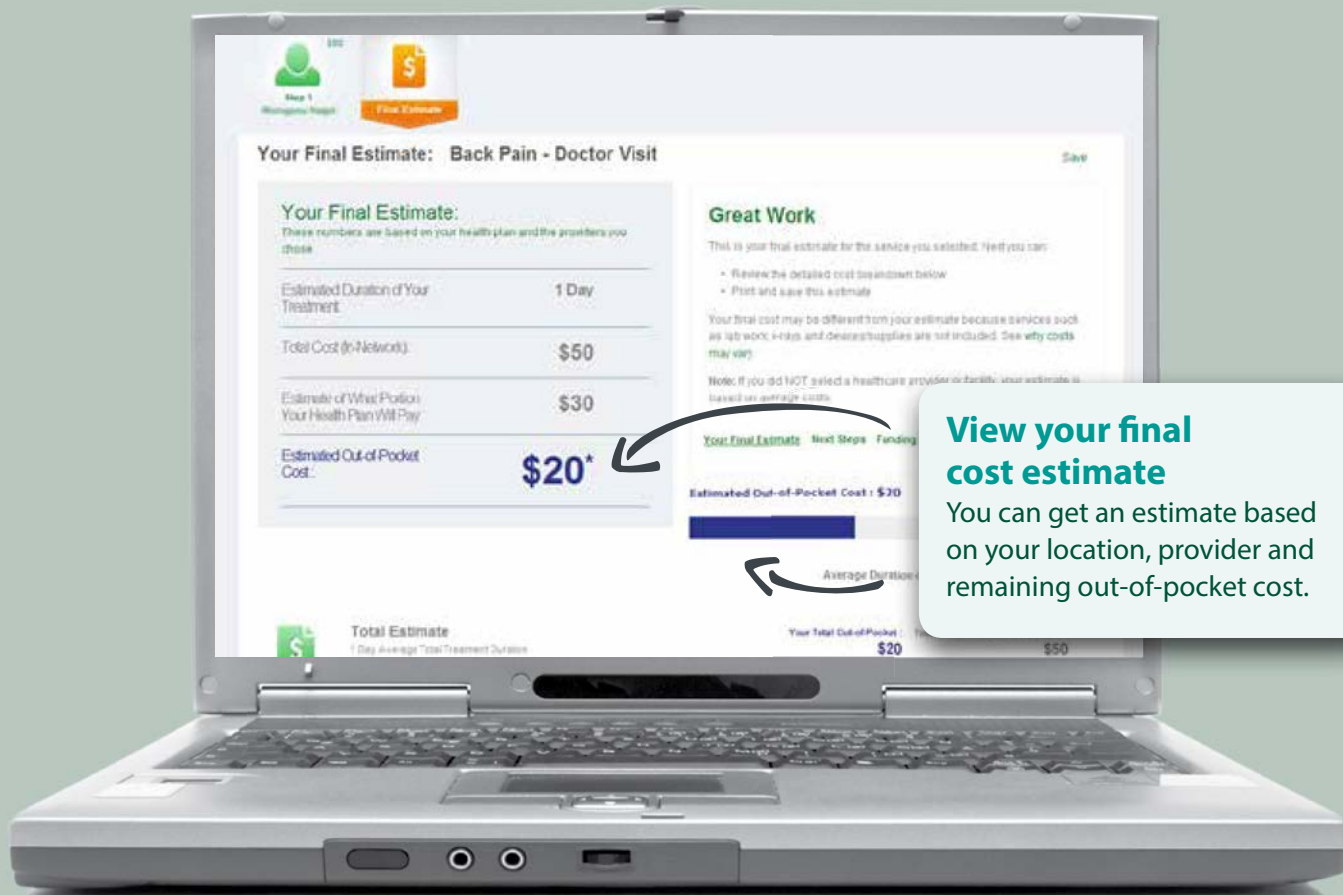
It's easy to get started. Just look for the **Plan cost estimator** tile on your personal home page.

myHealthcare Cost Estimator (myHCE)

Your window to cost transparency and quality care



myHCE allows you to research treatment options and learn about the recommended care and estimated costs associated with your selected treatment option. You can even access quality and efficiency measurements for participating providers.



View your final cost estimate

You can get an estimate based on your location, provider and remaining out-of-pocket cost.

www.umar.com

Health cost estimator



It's easy to get started. Just look for the **Health cost estimator** tile on your personal home page.

A valuable part of your medical benefits

Few things in life are more important than the health of you and your family. Fortunately, you have UMR Care Management on your side to help you understand all your medical care options.

UMR Care Management is a staff of experienced, caring nurses (RNs) who help you get the most out of your health plan benefits. They work with you, your doctors and other medical advisors to get the services that best meet your needs.

Our expert nurses can guide you before, during and after your medical care. They will listen to your concerns, answer questions and explain your options.

Helpful support in any situation

Whether you're having a baby, have an emergency hospitalization or need non-emergency care, our nurses are there for you.

For example, we can assist you during a hospital stay, after you are released and with your home care. You can concentrate on getting well knowing your care management nurse will review your progress with your doctor.

As an added bonus, our services can save you money and prevent delays in your medical claim processing.

— more —



Our services can save you money and prevent delays in your medical claim processing.



You will also learn about quality medical services and become a more informed health care consumer.

Here for you in times of crisis

Hopefully, you or a family member never experience a serious injury or long-term illness. But if you do, we will have UMR nurses on the case at no cost to you.

In fact, we call them nurse case managers. They will assist with your medical care and treatment by:

- Helping negotiate treatment from the beginning of your care to recovery
- Helping you look at treatment needs and options under the direction of your doctor
- Serving as your advocate with your benefits administrator
- Providing an understanding of any complex issues to your claims payer
- Helping you better understand your health benefits

Assessing your health

A clinical health risk assessment (CHRA) helps judge your risk for getting a chronic disease so you can take action to reduce the chances. It includes questions about your medical history and lifestyle habits.

Web support

We provide helpful online tools to help you reach your health goals. You can set goals, track your progress, keep a personal health record and more.

Action plans

By enrolling in an online action plan, you can participate in programs specific to your health needs. Examples include heart disease prevention, how to stop smoking, managing stress and weight management.



Important note...

Your doctor remains solely responsible for decisions concerning your medical treatment and care.

Maternity management

A healthy baby starts with a healthy you

The idea behind UMR's maternity management program is simple: Healthier women are more likely to have healthy babies.

So if you are thinking of having a baby or already expecting, this is the program for you.

Maternity management can teach you how to reduce your risk of complications and prepare you to have a successful, full-term pregnancy and healthy baby.

What the *expecting* can expect

From the time you start thinking about having a family to after your baby is born, our maternity management program can support you every baby step of the way.

Here's what you can expect:

- Our experienced nurses will help you understand your health risks before you become pregnant
- When the time arrives, our registered nurses will provide timely pre-birth education and follow-up calls. They will also refer you to case management if a serious condition arises
- Your nurse coach will call you each trimester and then one time after your baby is born
- If you are identified as high-risk, a nurse case manager will monitor your condition. The nurse will also work to reduce your claims costs throughout your pregnancy and after delivery

– more –



You can enroll yourself by calling the number on the back of your member ID card. You can also go to **umr.com.**





Maternity Management...

if you are thinking of having a baby or already expecting, this is the program for you.

What you will get

A big part of the program is one-on-one phone calls with a nurse who:

- Provides complete pre-pregnancy and pre-birth assessments
- Answers your questions
- Shares information before and during your pregnancy
- Encourages you to call when you have questions or concerns
- Calls after delivery to see how you and your baby are doing

Another important part is free educational mailings. They include a choice of high-quality books and materials. The materials contain helpful information about pregnancy, early labor, childbirth, breast feeding and infant care.

How to sign up

There are two ways you can join the program:

- You can enroll yourself by calling the number on the back of your member ID card. You can also go to **umr.com**
- You can wait to be invited if you are identified as pregnant through a health risk assessment or other program referrals

Free incentive

If you enroll during the first or second trimester and actively participate in the program, you will receive a \$25 reward card as a thank-you!

Disease management

A program that could change your life



When you face a new or existing medical challenge, it's nice to have a team of experts on your side. That's exactly what's available to you and your dependents through the UMR Disease Management program.

This program is designed to help participants better manage their chronic conditions. By controlling their conditions, participants can feel good and do the things they really want and need to do.

Free coaching

If you're at high risk, you'll be paired with a coach to work on new ways to improve your health. After completing your coaching sessions, you may receive periodic phone calls and materials to help you stick with your new, healthier habits.

Whether you sign up for coaching or not, all program members receive newsletters and communications on making healthy changes.

Web support

We provide helpful online tools to help you reach your health goals. You can set goals, track your progress, keep a personal health record and more.

Don't miss this opportunity

All members with a chronic condition can benefit from disease management. Our goal is to give you important information you can share with your doctor to help you receive the best care possible.

Higher risk members will be contacted and invited to participate in coaching sessions. It's like having your own personal trainer and a program that could change your life.

Selected conditions

The disease management program helps people with these chronic conditions:

- Asthma
- Congestive heart failure
- Diabetes
- Heart disease
- Hypertension (high blood pressure)
- Chronic obstructive lung disease (COPD)
- Depression

The UMR Disease Management program is free and completely confidential.

24-hour NurseLineSM

You have questions, our nurses have answers



Nobody likes to feel alone when it comes to their health. When we have questions about a medical issue, we want answers fast - even if it's not an emergency.

So if you find yourself up late with a sick child, or worrying about a recent diagnosis or upcoming surgery, we're here for you.

Let's talk!

A call to UMR's NurseLine service will connect you to a team of registered nurses who can answer your questions and provide advice.

Our nurses are standing by to help any time of day, seven days a week. We even have nurses available to chat live with you online at umr.com.

Best of all, it's part of your health benefits, so there is no cost to you.

Reach out by phone

Calling NurseLine is easy. Simply dial the toll-free phone number on the back of your member ID card, and your call will be answered in 36 seconds, on average.

Your nurse can help you choose the right health care setting for an illness or injury, or offer information about common health issues or symptoms.

We can assist callers in more than 140 languages, as well as those who need hearing assistance.

Plus, we have an audio library of health information on more than 1,100 topics.

Chat online

Our Nurse Chat feature gives you convenient access to nurses who can answer questions and provide information about common conditions, treatments and preventive care.



Call NurseLine today!

Use the number on the back of your ID card.

Chat live online

Log in to umr.com

Select **Health center** from myMenu

Look for the link in the "I need to..." section

A benefit that saves you money!



Pay your health care or dependent care expenses and save money at the same time by enrolling in a flexible spending account (FSA) plan!

In a nutshell, an FSA:

- Let's you take money out of each paycheck before taxes are applied
- Use that pretax money to pay for health or dependent care expenses not covered by your benefit plan

Since the money is taken out before taxes, your taxable income is reduced. That means you pay less in federal income and Social Security taxes.

How to sign up

You can enroll in an FSA by filling out a form for your employer at the beginning of your plan year. You will list the total amount of money you want to put in that account.

The money will be taken out in equal amounts from each of your paychecks. It will then be used to pay you back for expenses that qualify according to your plan.

Important note...

The amount you can contribute to your health care FSA is limited due to health care reform law. Please check your plan document for the specific limits allowed by your plan.

Here's how it works...

Here's an example of how you can reduce your taxes and increase your take-home pay by enrolling in a UMR flexible spending account.

| | |
|----------------------|-------------------------------------|
| You deposit | \$1,000 in your FSA |
| You save | \$200 in federal income tax* |
| You save | \$76 in FICA taxes** |
| You take home | \$276 in yearly tax savings |

*Assumes federal income tax rate of 20%

**Includes Social Security tax rate of 6.2% and Medicare tax rate of 1.45%

Things to know about your health care FSA



A health FSA covers a wide range of qualified expenses. Here are some common questions and information you should know about your health care account.

What is covered by a health care FSA?

Your health care spending account can be used for expenses like:

- Health deductibles and copayments
- Eye exams, glasses, contacts and corrective laser eye surgery
- Dental care, including braces
- Routine physicals, X-rays and lab fees
- Prescription medication
- Prescribed over-the-counter medications and over-the-counter supplies, if allowed by your plan

Is there a limit to the amount of money that can be contributed to a health care FSA?

Health care reform law limits the amount that can be contributed to a health care FSA. Please refer to your plan document for the specific limit allowed by your plan.

What is a letter of medical necessity?

Expenses that could be used for medical and personal benefits sometimes need a doctor's note to explain why the expense is necessary for a medical condition. Some examples include massage therapy, weight loss programs and diet supplements.

Does a copy of a medical necessity letter need to be included each time an FSA claim is submitted or is an original note needed each time?

A doctor's recommendation is good for one calendar year, unless a shorter length of time is stated in the letter. UMR keeps a copy of these letters on file.

– more –

Important note...

Your eligible expenses are listed in your plan document.

Q & A



Remember...

Over-the-counter medicines and drugs require a prescription.

Who needs to write a letter of medical necessity?

The letter needs to come from a medical practitioner (such as a doctor), who has the professional competence to diagnose and treat the condition.

Are a spouse's health expenses covered by my account?

The health care FSA can be used to cover the employee, a spouse and dependents, even if the family members are not covered under the employee's medical and dental benefits.

Are prescription copays covered?

Yes. Prescription drugs are an eligible expense.

Are insurance premiums covered?

No.

Are orthodontic claims covered?

Refer to your employer's plan document to find out.

Is there a limit on over-the-counter items that can be purchased?

The Internal Revenue Service (IRS) regulations state that in order for an expense to be eligible under a health FSA, it must be purchased AND used within the plan year to be reimbursed. So stockpiling items at the end of the plan year to use up remaining dollars will not be acceptable.

If you have questions about the number of items you can purchase, contact our customer service department. Please remember that over-the-counter medicines and drugs require a prescription.

Are shipping and sales tax costs included?

Yes, since they are part of the cost to obtain the covered item.

Things to know about your dependent care FSA

A dependent care FSA covers more than just day care for small children. Here are some common questions and information you should know about your dependent care account.

What is covered by a dependent care account?

Your dependent care spending account covers work-related expenses. You can set aside up to \$5,000 a year (the limit per household) to cover expenses like:

- Day care for children under 13 by babysitters, day care centers, nursery schools/preschools (if the primary purpose is to care for the child rather than educate)
- In-home services by a full-time, live-in housekeeper who cares for qualified dependents
- Service for family members who cannot take care of themselves and are dependent on you for more than half of their support. The dependent must spend at least eight hours a day in the home if care is provided outside the home

– more –

Important note...

Your eligible expenses are listed in your plan document.



Here's how it works...

Here's an example of how you can reduce your taxes and increase your take-home pay by enrolling in a UMR dependent care flexible spending account:

| | |
|--|----------------|
| Deposits (reduction in taxable income) | \$4,000 |
| Federal income tax savings* | \$800 |
| FICA tax savings** | \$306 |
| Yearly tax savings, increase in take-home pay | \$1,106 |

*Assumes federal income tax rate of 20%

**Includes Social Security tax rate of 6.2% and Medicare tax rate of 1.45%



Think ahead...

Provide for your family members with a dependent care account.

Does it matter if the dependent care provider does not claim the income on their tax return?

The provider will only need to claim the income if it is over a certain amount. The amount depends on their age and marital status. Check with a tax specialist or visit the IRS website for more information.

Are kindergarten expenses covered?

No. It is not a qualifying expense. Kindergarten is considered educational, whether it is half-day, full-day, voluntary or mandated by the state.



Estimating your yearly FSA expenses



You know what an FSA is about and have a good idea what it covers. Now you need to decide how much to contribute to your account.

Health reform law and the IRS have set limits on the maximum you can contribute to an account. But deciding how much you want to set aside below those limits is up to you.

Plan carefully!

To get the most out of your plan, you should estimate your future expenses as closely as possible.

All expenses must be for services you received during the plan year. Most plans allow you 120 days after the plan year ends to submit your expenses for the services you received during the plan year.

It is important to note that funds not requested within those 120 days will be forfeited, unless your plan offers the option of carrying over funds into the following plan year. Not all plans have this feature. Please refer to your plan document for your plan details.

There are a couple of things you can do to estimate your expenses:

- Complete the FSA worksheets provided by UMR
- Visit our UMR member website and use the online FSA calculator

Grace periods

If your plan has a grace period, you may still make qualified FSA purchases up to 75 days after your plan year and be paid back from your prior year FSA.

Plans with this feature usually allow you to submit your expenses up to 45 days after the end of the grace period.

Not all plans have this feature. Please refer to your plan document for your plan details.

Status change exception

You usually cannot change the amount you contribute to your FSA during the plan year. The only exception is if you have a **qualified change in status** permitted by IRS regulations. Those changes include:

- Marital status
(example: marriage or divorce)
- Dependent status
(example: birth of a baby)
- Employment status
(example: loss of job)
- Benefits coverage



Use it or lose it!

All FSA expenses must be for services you received during the plan year.

Submitting your claims and receiving payment

After setting up your FSA and deciding how much to contribute to it, there's one more important step: Getting your expenses paid from your account.

There are several ways to submit an FSA claim for reimbursement depending on your plan's options. All plans allow you to mail or fax your FSA claim form to UMR.

You can find a claim form on our website, umr.com. You can mail or fax it to the address/fax number listed on the form.

How quickly are claims processed and paid?

UMR processes FSA claims every business day. Most health care claims are processed and paid within five business days. Most dependent care claims are turned around within three working days.

Things you should know about FSA claims

Are health care and dependent care claims processed differently?

Yes. Health care claims are processed based on the total dollar amount you have decided to contribute to your FSA.

Dependent care payments are based on the current balance in your account at that time.

– more –



What you need to include...

One of the following three things must be included when you submit an FSA claim:



or

A written statement/bill from your service provider. It should state what eligible medical expenses you received and the cost, **or**



or

An explanation of benefits (EOB) form from your medical or dental coverage. It should show the amount you need to pay, **or**



A completed claim form signed by your dependent care provider in the section to confirm your information is accurate

Flexible Spending Accounts

If the funds are not currently available in your dependent care account when the claim is processed, the payment will not be made until the next contribution is received.

How will I know a claim has been paid?

You will get an EOB each time one of your FSA claims is paid. It will provide a summary of your account to date. Your paid claim will also appear on your UMR member website once it is processed.

Where can I find my account balance or claim status?

You can find it using the umr.com desktop or mobile website. Or, call our toll-free customer service number listed on the back of your UMR ID card.

What do I need to include if I fax a claim to UMR?

You simply need to include the same thing as a mailed claim along with a cover sheet. The cover sheet should include your employer name, your name, daytime phone number and number of pages sent. The fax number will be on the claim form.

What if I didn't receive the full amount I requested?

Dependent care claims will only be paid based on the balance currently in your account. If a health care claim is not paid in full, review your EOB. It will tell you part of the expense was denied because more information is needed.

Check your FSA account balance online!

At umr.com, there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

Log in now to:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment history
- Download plan information, forms and notifications
- Add or update a direct deposit account



Say goodbye to claim forms with automatic reimbursement

If you're reading this, you're in luck! Your employer is offering you the chance to take advantage of our UMR automatic reimbursement program.

If you do, all of your FSA claims administered by UMR or an approved pharmacy benefits manager can be automatically processed.

This means when you visit your doctor, dentist or pharmacy, your claim is automatically filed.

If you are responsible for any amount on the claim, it will be automatically taken from your FSA and paid directly to you.

As a result, you will not need to submit a claim for payment!



Good news!

With automatic reimbursement, when you visit your doctor, dentist or pharmacy, your claim is automatically filed.



Your health care spending account worksheet

This account covers health-related expenses not paid by your medical or dental plans. Please refer to your benefit plan as you complete this worksheet. The following expense items may or may not be covered by your plan:

| Expense | Cost estimate |
|---|--|
| Medical and dental care plan deductible(s) | \$ |
| Your share of medical and dental plan expenses above the deductible amount (copayments) | \$ |
| Amounts over the customary allowances | \$ |
| Medical, dental, vision and hearing care expenses not covered by the plan | \$ |
| Eye glasses and contacts | \$ |
| Hearing aids | \$ |
| Prescription medications | \$ |
| Prescribed over-the-counter medications and over-the-counter supplies, if allowed by the plan | \$ |
| Routine physical exams | \$ |
| Other health-related expenses, such as travel | \$ |
| Total estimated annual health care expenses | \$ |
| Total estimated annual health care expenses divided by the number of pay periods during the plan year | \$ <i>(Per payday contribution)</i> |

Your dependent care spending account worksheet

Dependent care expenses cover expenses not claimed on your income tax return, up to a maximum of \$5,000 per household. You must decide whether to use the FSA or claim the tax credit. Please review the terms of your benefit plan as you complete this worksheet.

| Expense | Weekly cost | X | Number of weeks | Cost estimate |
|--|-------------|---|-----------------|---------------|
| Day care for children younger than age 13 | \$ | X | | \$ |
| Day care for a dependent older than age 13 (such as a parent or spouse) who is incapable of self-care due to mental or physical disability | \$ | X | | \$ |
| Total estimated annual dependent day care expenses | | | | \$ |
| Maximum of \$5,000, divided by number of pay periods during the plan year | | | | \$ |

Per payday contribution



Know your eligible & ineligible expenses



If you have a flexible spending account (FSA), you can use pretax dollars to cover eligible expenses. To help better understand what is and isn't eligible, we've developed a list of both. For a more detailed list of eligible and ineligible expenses, check your UMR plan document.

Eligible expenses

Expenses that could be considered dual purpose (having both medical and personal benefits) may need a medical practitioner's note explaining the diagnosis and treatment action that is needed for this specific medical condition. This list is not meant to be all inclusive.

| | | | |
|-------------------------|--|---|--|
| Dental services | Medical treatments/procedures | Medical equipment supplies and services | Tuition fee at special school for disabled child |
| Dental services | Acupuncture | Abdominal/back supports | Weight loss drugs (to treat specific disease) |
| Dental x-rays | Alcoholism (inpatient treatment) | Ambulance services | Wheelchair |
| Dentures | Drug addiction | Arches/orthopedic shoes | Wigs (hair loss due to disease) |
| Exams/teeth cleaning | Hearing exams | Contraceptive, prescribed | Medication |
| Extractions | Hospital services | Counseling | Insulin |
| Fillings | Infertility | Crutches | Prescribed birth control & vitamins |
| Gum treatment | In vitro fertilization | Guide dog (for visually/hearing impaired) | Prescription drugs |
| Oral surgery | Norplant insertion or removal | Hearing devices and batteries | Obstetric services |
| Orthodontia/braces | Physical exam (not employment related) | Hospital bed | Lamaze class |
| Lab exams/tests | Physical therapy | Lead paint removal (if not capital expense and incurred for a child poisoned) | Midwife expenses |
| Blood tests | Reconstructive surgery (if medically necessary due to congenital defect or accident) | Learning disability (special school/teacher) | OB/GYN exams |
| X-rays | Rolfing | Medic alert bracelet or necklace | OB/GYN prepaid maternity fees (reimbursable after date of birth) |
| Cardiographs | Speech therapy | Oxygen equipment | Prenatal and postnatal Treatments |
| Laboratory fees | Sterilization | Prescribed medical and exercise equipment | Practitioners |
| Metabolism tests | Transplants (including organ donor) | Prosthesis | Allergist |
| Spinal fluid tests | Vaccinations/immunizations | Splints/casts or support hose (if medically necessary) | Chiropractor |
| Urine/stool analyses | Vasectomy and vasectomy reversal | Syringes | Christian Science |
| Vision services | Weight loss programs (as prescribed by your doctor) | Transportation expenses (mileage and parking) | Dermatologist |
| Eye examinations | Well baby care | | Homeopath |
| Eyeglasses | | | Naturopath |
| Contact lenses | | | Osteopath |
| Laser eye surgeries | | | Physician |
| Artificial eyes | | | Psychiatrist |
| Prescription sunglasses | | | |
| Radial keratotomy/LASIK | | | |

Flexible Spending Accounts

FSA's...putting more money in your pocket!

Ineligible expenses

Expenses to promote general health are not eligible expenses unless prescribed by a physician for a specific medical ailment. This list is not meant to be all-inclusive.

The IRS does not allow the following expenses to be reimbursed under HSAs and FSAs, depending on the exclusions in your FSA plan.

| | | | |
|------------------------------------|---|---------------------------------|-------------------------------------|
| Babysitting and child care | Diaper service | Health club dues | Vitamins or nutritional supplements |
| Contact lens or eyeglass Insurance | Electrolysis | Insurance premiums and interest | Swimming lessons |
| Cosmetic surgery/procedures | Personal trainers or exercise equipment | Long-term care premiums | Teeth whitening/bleaching |
| Dancing/exercise/fitness programs | Hair loss medication | Marriage counseling | Personal care items |
| | Hair transplant | Maternity clothes | |

Over-the-counter items

Over-the-counter medicines/drugs are not allowed without a prescription.

Eligible

Medicines/drugs with a prescription
Over-the-counter supplies
(including contact solution, Band-Aids, crutches, etc.)

Ineligible

OTC items purchased for personal use
Medicines/drugs without a prescription



Please note...

Health care FSA contribution amounts are limited due to health care reform law. Please refer to your plan document for the specific contribution limits allowed by your plan.