

# WELCOME

Fort Dodge Community  
School District

UMR is here for you



A UnitedHealthcare Company



# 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.

**We're available for you:**

**24 hours a day, 7 days a week**

Your UMR customer service team is ready to help you!

A handy contact card for your fridge or wallet

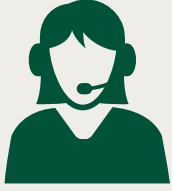
### My FDCSD benefits information 2020-2021 Plan Year

✂

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

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

**Find it online at [umr.com](http://umr.com)**



## 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 located on the back of your UMR ID card.





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.



**Questions?**

**Talk to your  
UMR Customer First  
Representative for  
answers.**



# 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 co-insurance and co-payment 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.

## 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 co-insurance?

**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 co-payment?

**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. Co-payments 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.

– more –



## Still confused?

Go to [justplainclear.com](https://www.justplainclear.com) for a searchable glossary of health care terms.

### 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](http://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.

Page 1

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  
999999999  
Member ID 999999999  
Patient Joe Patient  
Notice Date 02-15-19  
Employer Name Customer Inc.  
Group Number 76-9999999

**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	02-01-19 02-01-19	\$500.00	\$100.00	908	\$50.00	\$25.00	\$325.00	80	\$260.00	\$260.00	\$140.00
<b>Totals</b>		<b>\$500.00</b>			<b>\$50.00</b>	<b>\$25.00</b>	<b>\$325.00</b>		<b>\$260.00</b>	<b>\$260.00</b>	<b>\$140.00</b>

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

Payment To: XYZ Clinic      Payment Date: 02-15-19      Payment Amount: \$260.00

Benefit	Benefit Level	Applied To Date
01-01-19	\$200 Out Net Ind Cal Yr Deductible	\$200.00 Met
01-01-19	\$400 Out Net Fam Cal Yr Deductible	\$300.00
01-01-19	\$400 In Net Ind Cal Yr Deductible	\$205.00
01-01-19	\$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 review your health care options, pharmacy benefits and health coverage estimates using the Internet. Visit our website at [umr.com](http://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.



## 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 unhealthy habits, such as tobacco use and alcohol abuse, are well known in regard to health issues like 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.



### Remember...

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





## 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 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.

### 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

– more –



### What is a PPO network?

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



## 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?

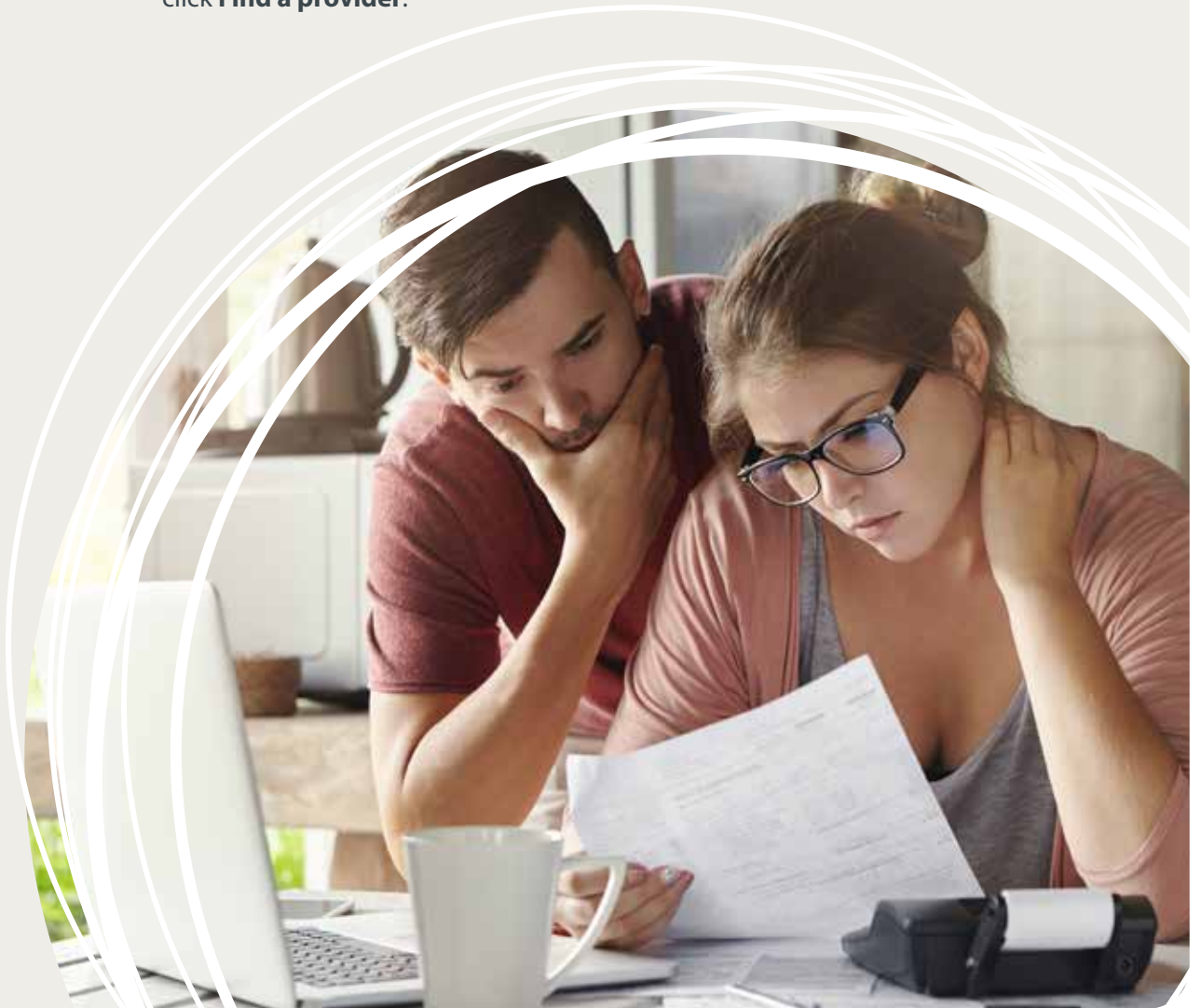
As often as needed.

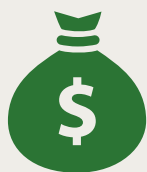
### How do I find a network doctor or hospital?

You can call the toll-free phone number on the back of your UMR ID card or go to [umr.com](http://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.

It's your money to take with you if you change jobs, medical plans or retire.

### Like an FSA or IRA, only better





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

## 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!

\$1,000/year  
invested at 5%

accumulates to



## 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.

## 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.



*Using your debit card makes accessing your HSA dollars easy.*

# 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, Social Security or Medicare taxes for your contributions. You might have to pay state taxes, depending on where you live.

## ✓ It's real money that's always yours

Your employer has no say about how you use your HSA money. Any money in your account will be yours even if you leave the company that offered you the initial HSA.

When you sign up for a qualified high deductible health plan, you decide how much money to put in your account.\* This is your money to keep, save and invest to meet your short- or long-term health care savings goals.

## ✓ Use it at the pharmacy

Before purchasing a prescription, give your medical ID card to the pharmacist. Any discounts available through your plan will be applied and a portion of the cost may be covered.

Then use your HSA debit card or another form of payment to pay the remaining balance.

## ✓ Wait! Pay after you've received an EOB

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

– more –



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

\*The maximum amount you can contribute each year is established annually by the IRS.



## Things to know about your HSA (continued) ...

### ✔ Use your HSA on medical expenses only

You'll never have to worry about paying penalties or having your HSA funds taxed if you make sure you use your account for qualified medical expenses.

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

If your provider refunds dollars that were originally paid from your HSA, you may need to return those dollars back to the HSA, unless you have new expenses not yet reimbursed from the HSA that can offset the amount refunded. Please talk with your tax advisor for details.

Remember, it's always a good idea to save your receipts in case you are audited.

### ✔ Understanding HSA contributions

You are only allowed to contribute to your HSA when you are enrolled in a qualified high deductible health plan (QHDHP). If you ever leave your current employer, you will need to enroll in another QHDHP to continue to put money in your HSA.

However, you can still use your HSA money to pay for medical expenses not paid by your health plan, even after you are no longer covered by a QHDHP.

### ✔ Save for your retirement

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.



# Common questions about your 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.



Visit [umr.com](http://umr.com)

## How can I check my claims?

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

- Visit [www.umar.com](http://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 –

## What expenses are eligible to be paid from my HSA?

In general, qualified medical expenses include:

- Co-pays, deductibles and co-insurance
- 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](http://www.umar.com).

## How do I check my HSA balance?

Your bank or financial institution 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.



### 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

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



## 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.

## 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.

## Ineligible expenses

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 (OTC) 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 participate in a flexible spending account (FSA) for certain health care expenses, such as vision and dental.

When you are enrolled in a high deductible health plan, the U.S. Department of Treasury places restrictions on which expenses can be covered by your FSA before your minimum annual deductible is met. It does, however, allow you to participate in a limited purpose FSA.

The limited purpose FSA covers only vision and dental expenses. No medical expenses, including those applied to your medical deductible, pharmacy or even over-the-counter items, are eligible to be reimbursed from a limited purpose FSA.



If you have additional questions, please contact your human resources manager.

## 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

### More information

The worksheet will help you determine whether a limited purpose FSA is right for you.

*(continued on back)*

## Limited purpose worksheet

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

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 (co-insurance/co-payment)	\$
Dental and vision amounts over the customary allowances	\$
Dental and vision expenses not covered by the plan or amounts in excess of plan maximums	\$
<b>Total estimated annual dental and vision expenses</b>	\$
Total estimated annual expenses divided by the number of pay periods during the plan year	\$ Per payday contribution



*Please refer to your plan document for the specific contribution limits allowed by your plan.*

# 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!

Select **Login/ Register** to enter your username and password, or to register for a new account.

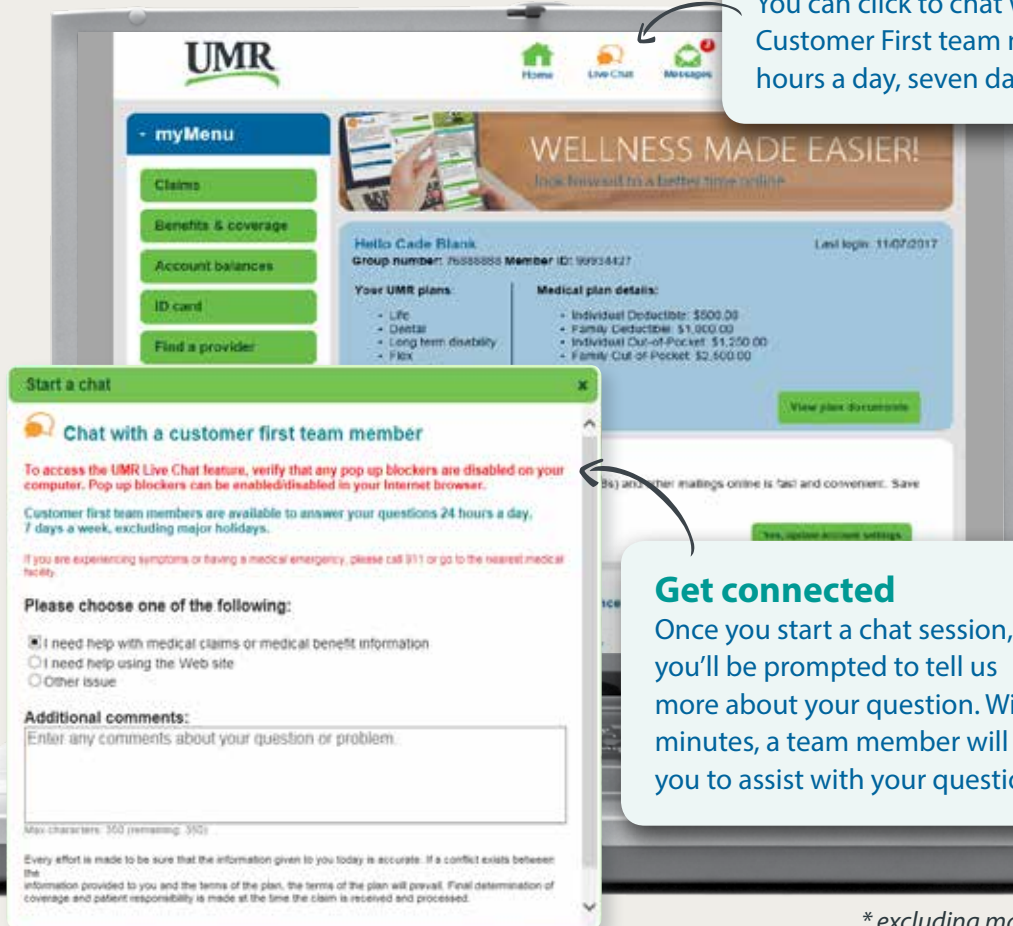


# Your live connection to UMR customer service

Our team members are available online to answer your questions about your claims and benefits with just the click of your mouse. Once you've logged in to your umr.com account, just click the Live Chat icon in the top navigation bar on your member home page. It's that easy.

## Click to chat

You can click to chat with a Customer First team member 24 hours a day, seven days a week.\*



## Get connected

Once you start a chat session, you'll be prompted to tell us more about your question. Within minutes, a team member will join you to assist with your question.

\* excluding major holidays



# A launch pad for all your health benefit needs

From your personalized home page, you can see a summary of your benefits, link to key areas of the site using myMenu, find out what tasks you need to complete to keep your benefits up to date, and chat with a UMR customer service team member.

## myMenu

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

## My taskbar

Your personalized taskbar will prompt you to take action in three main areas:

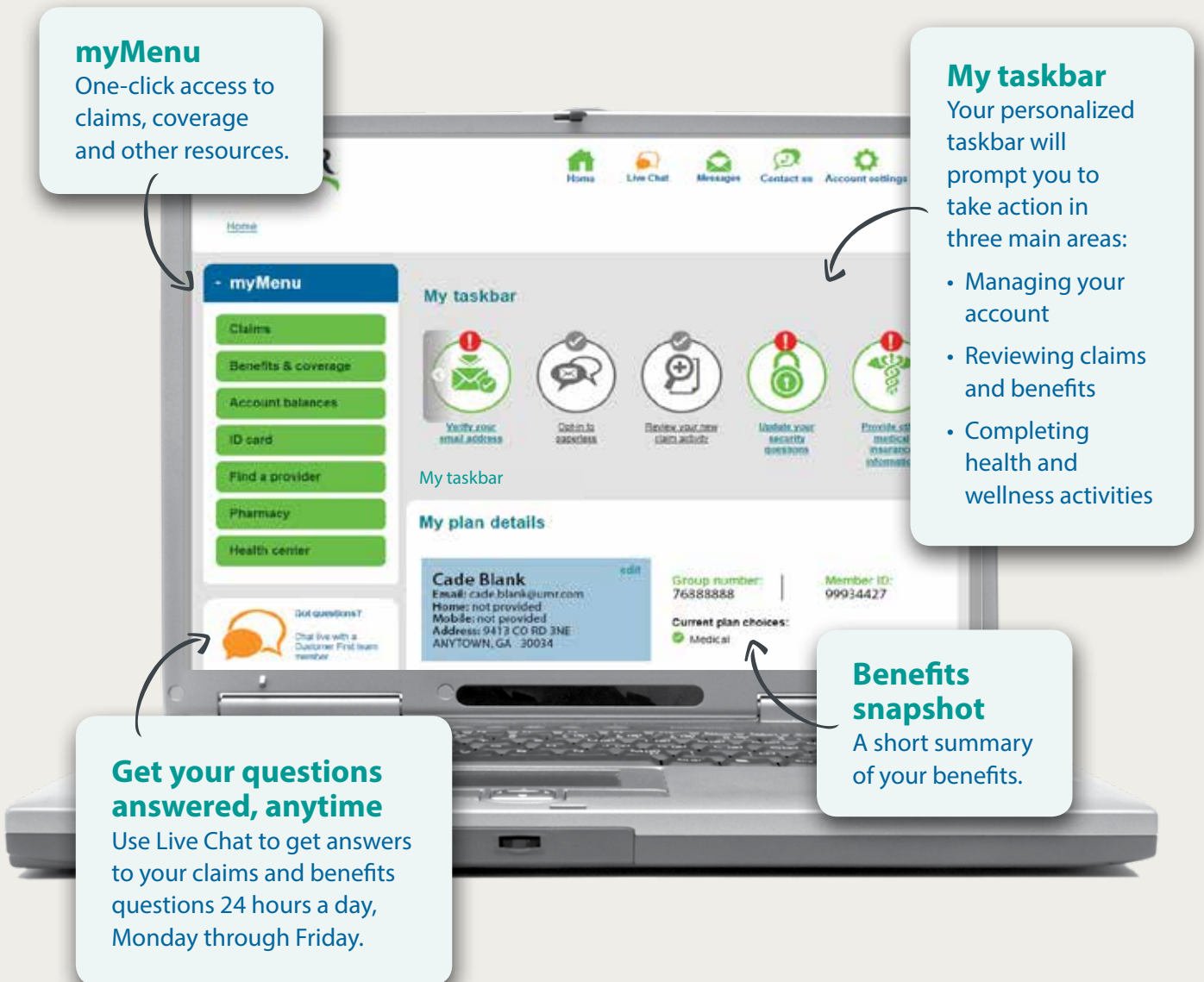
- Managing your account
- Reviewing claims and benefits
- Completing health and wellness activities

## Benefits snapshot

A short summary of your benefits.

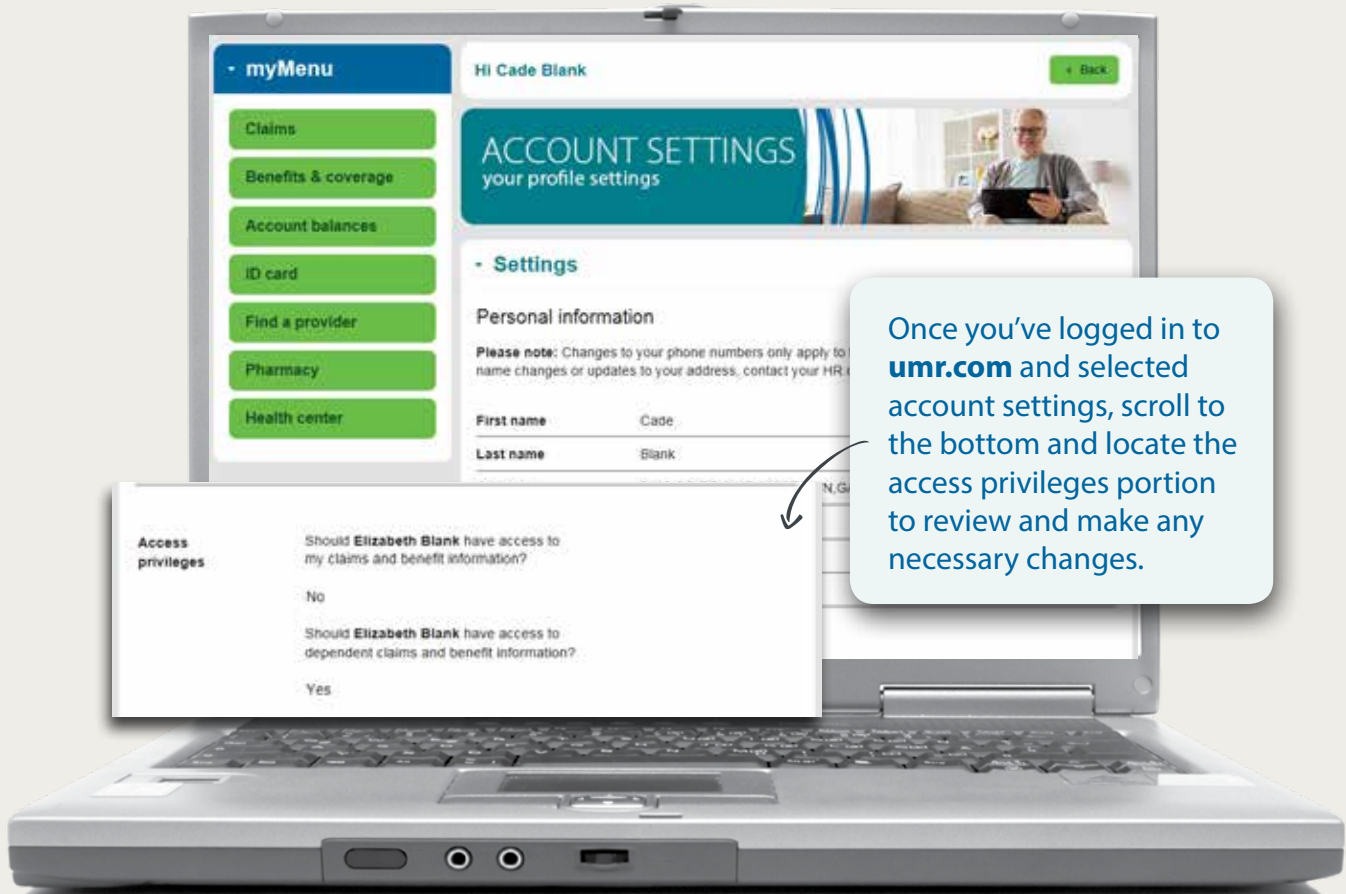
## Get your questions answered, anytime

Use Live Chat to get answers to your claims and benefits questions 24 hours a day, Monday through Friday.



# 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:



**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 select **Login/Register**.

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.

# View your claim activity

## Claim search

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

## Take action

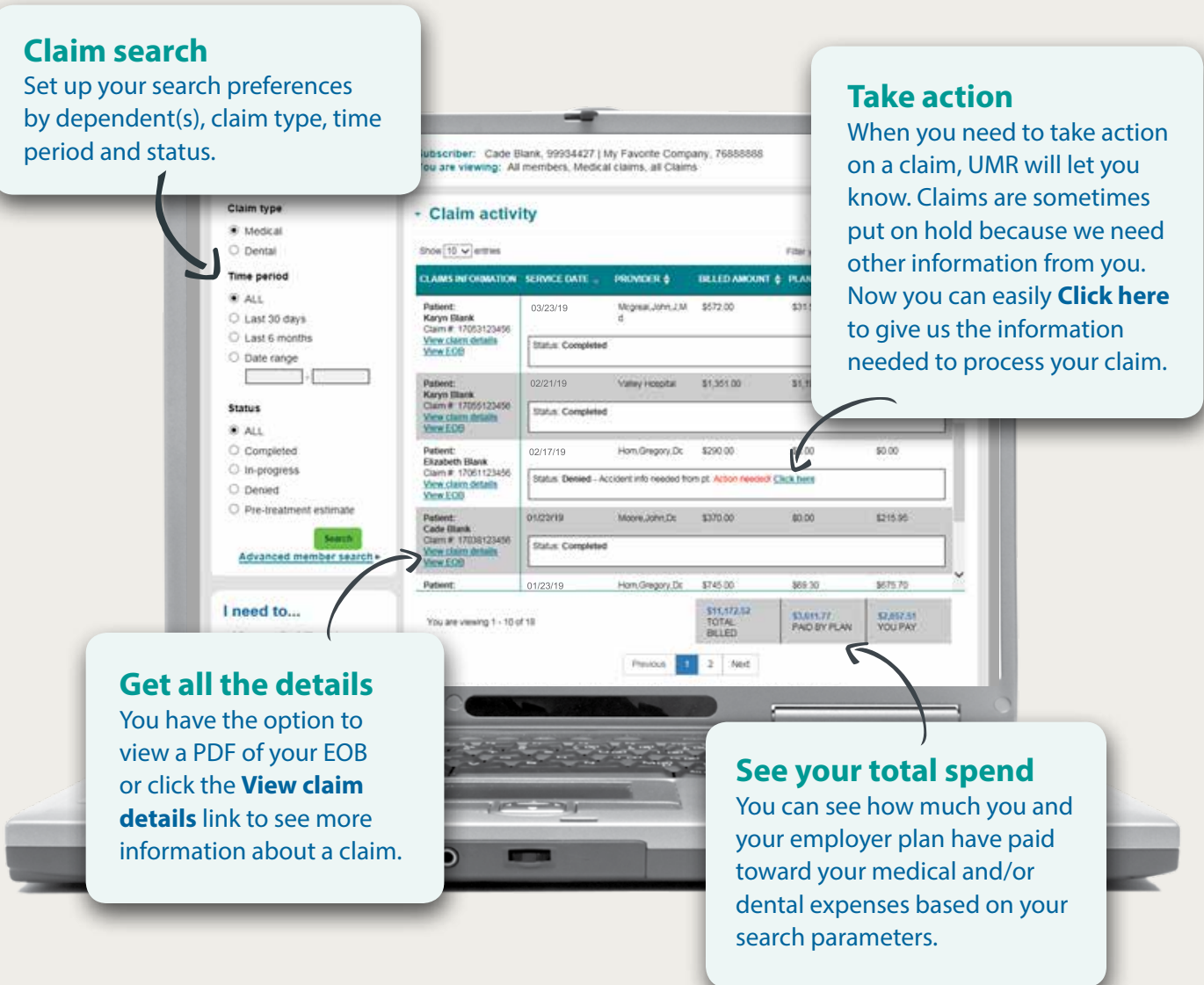
When you need to take action on a claim, UMR will let you know. Claims are sometimes put on hold because we need other information from you. Now you can easily **Click here** to give us the information needed to process your claim.

## Get all the details

You have the option to view a PDF of your EOB or click the **View claim details** link to see more information about a claim.

## See your total spend

You can see how much you and your employer plan have paid toward your medical and/or dental expenses based on your search parameters.



# Benefits and coverage summary at-a-glance

Know how much you've contributed to your deductibles and out-of-pocket expenses using this easy-to-read summary.

## Benefit summary

Shows helpful benefit information, including co-pays, coverages and how much you have paid toward deductibles and out-of-pocket maximums.

## Benefit search

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

## Get more details

Sometimes you need to know about a specific benefit or procedure and what is covered in your plan. Select from the drop down of **Additional benefits** information to get more details. Or, click on the **Summary plan description** button if you still can't find what you are looking for.

**Coverage Type**  
 Medical  
 Dental

**Network Level**  
 In network  
 Out of network

**Benefit Period**  
 Current (01/01/2019)  
 Previous (01/01/2009)  
 Previous (01/01/2000)

**- Benefits**

**Copays**

Office visit	\$20.00	Specialist	\$25.00	Urgent care	\$50.00	Emergency room	\$150.00
--------------	---------	------------	---------	-------------	---------	----------------	----------

**Benefit percentage**

Plan pays	80%	You pay	20%
-----------	-----	---------	-----

Accumulator period: 01/01 - 12/31

**Individual deductible** \$500.00 to go  
\$0.00 out of \$500.00

**Family deductible** \$1,000.00 to go  
\$0.00 out of \$1,000.00

**Individual out-of-pocket** \$1,250.00 to go  
\$0.00 out of \$1,250.00

**Individual integrated out-of-pocket** \$7,350.00 to go  
\$0.00 out of \$7,350.00  
\*Applies amount includes \$218.81 for prescriptions

**Family out-of-pocket**

## - Additional benefits

to know more about?

- Mental, Alcohol and Drug
- Routine Wellness Adult
- Routine Care for Children
- Chiropractic**
- Therapy
- Prior Authorization Requirements

### Chiropractic

**Chiropractic All:**  
major medical benefits apply  
Dollar amount maximum: \$500.00 per calendar year

**Office Visits Copay:**  
\$25 copay per visit/major medical benefits apply

Not sure what you are looking for?

View/download a PDF of your plan summary information using the buttons below

[Summary plan description](#)

# Health information all in one place

## Online health information: up-to-date and ad-free

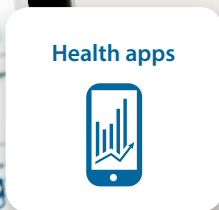
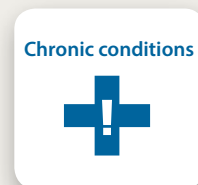
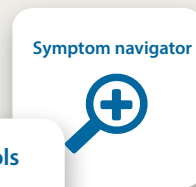
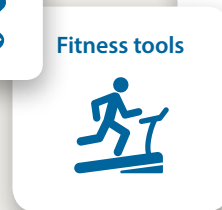
- Search your health symptoms
- Understand your treatment options
- Learn about drug interactions
- Find first aid information

## Free tools, apps and calculators

- Calculate your body-mass index (BMI)
- Download apps to help you stay healthy
- Track your nutrition and fitness goals

## Our top picks for healthy eating and exercise

- Get the essentials on men's, women's and kids' health
- Watch step-by-step recipe videos
- Log your exercise and activity





# Always have your ID card handy

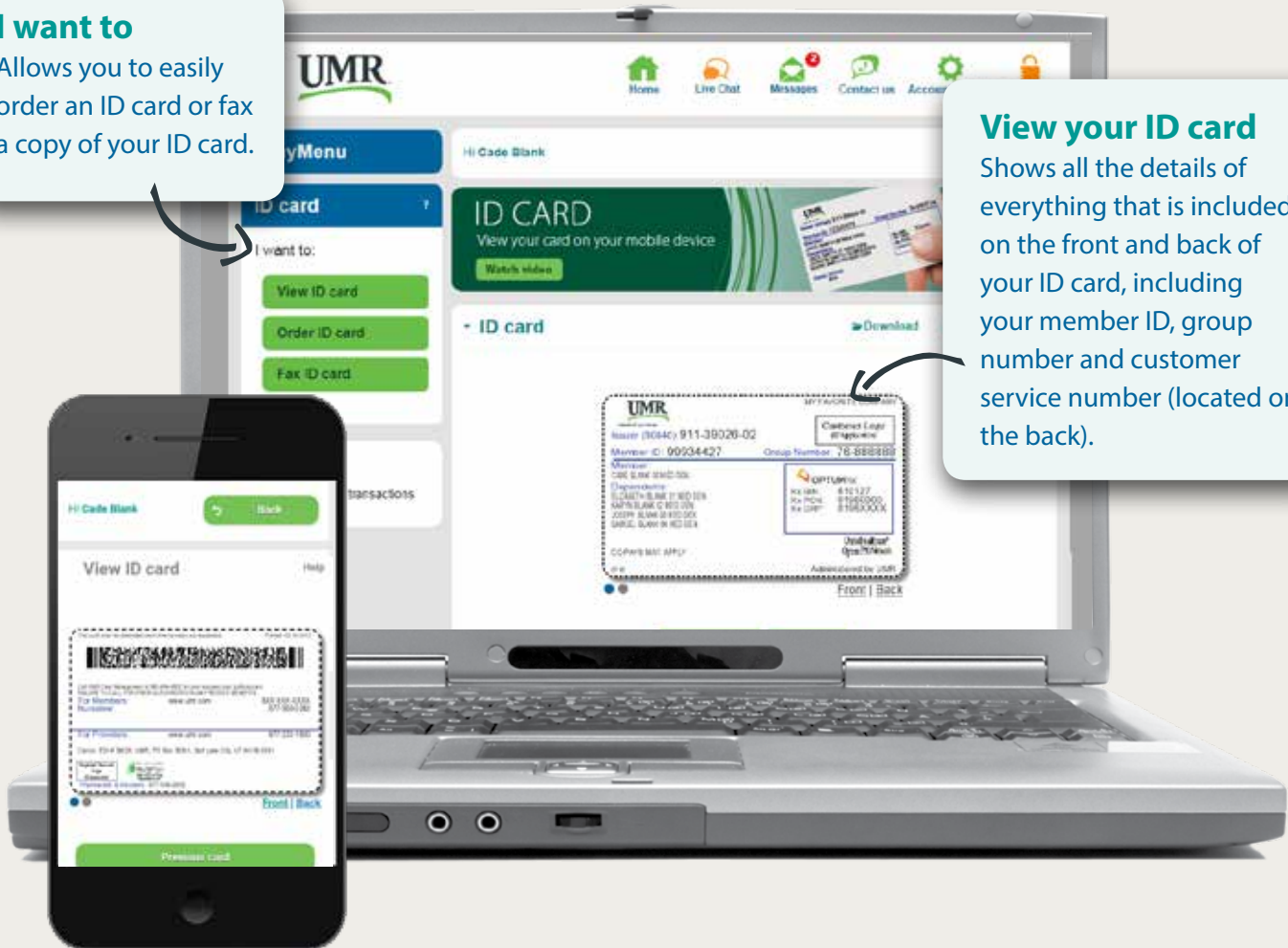
With a couple of clicks, you can have a copy of your ID card pulled up on your smart phone or get a new card mailed to your home.

## 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).



# On-the-go with umr.com

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

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

## 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.

## Estimate health care costs

See what you can expect to pay before receiving care.

## Simplified navigation

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

## 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.



# A trusted source for 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
- Health Navigator

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.

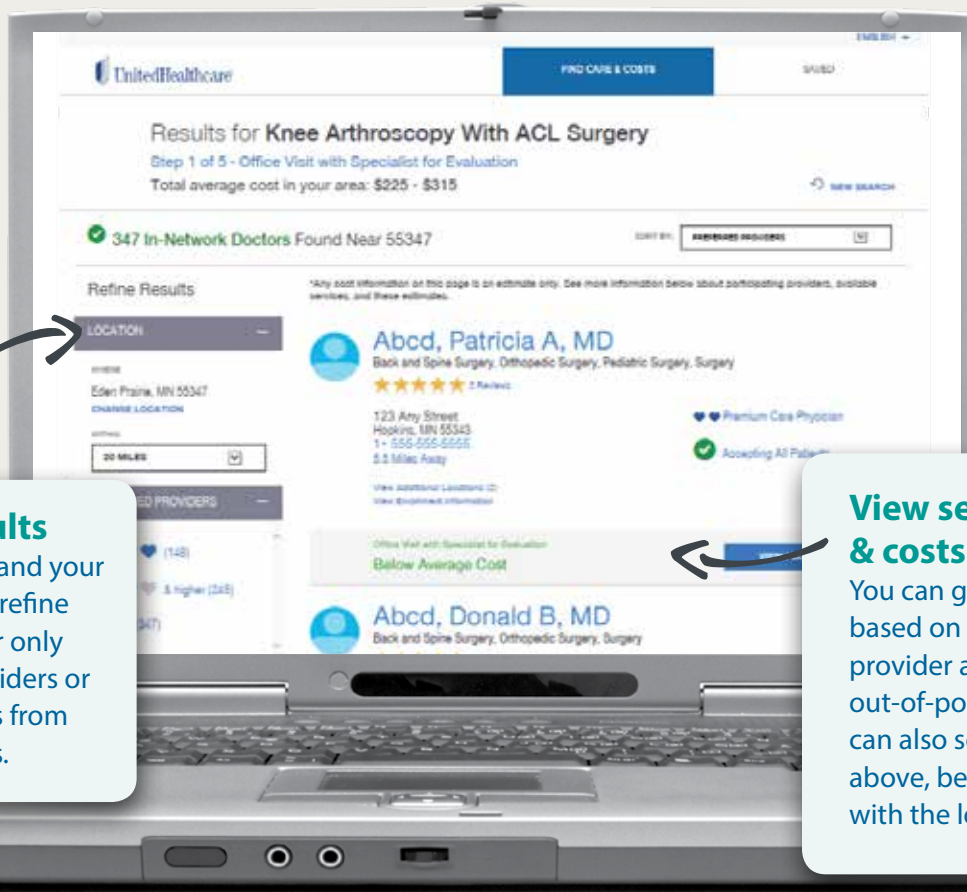
Over 1,600 diseases and conditions are covered in male, female, adult and child views.



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


# Know what you'll pay before getting care

The health cost estimator 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.



**Refine results**  
Narrow or expand your search area or refine your search for only preferred providers or by star reviews from actual patients.

**View services & costs**  
You can get an estimate based on your location, provider and remaining out-of-pocket cost. You can also see if a provider is above, below or in line with the local average cost.

**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.

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

– more –



## BONUS!

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



## 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

### Important note...

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





## Get a healthy start to motherhood

If you're thinking about having a baby, are pregnant for the first time, or are adding a new little brother or sister to your family, UMR can help support you throughout your pregnancy.

### What the *expecting* can expect

UMR offers one-on-one guidance and support to help you reduce your risk of complications and prepare to have a successful pregnancy and a healthy baby.

- Our experienced nurses will help you understand your health risks before you become pregnant

- When the time arrives, our registered nurses will provide timely prenatal 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 –

### JOIN TODAY!

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

Moms to be enjoy ongoing conversations with a personal coach 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.

### Talk to a nurse and earn a reward

If you sign up during your first or second trimester and actively participate throughout your pregnancy, you'll receive an incentive reward, sent to you after your delivery.





## Expert help for your chronic condition

**When you face a new or existing medical challenge, it's nice to have a team of experts on your side. That's why UMR offers personalized guidance and support for those living with certain health conditions.**

The goal is to help you set reachable goals for managing your symptoms and addressing any unhealthy habits that might be holding you back.

### Free coaching

If you or an eligible family member has one or more of the managed conditions, you may be contacted and invited to participate in a series of one-on-one calls with a health coach.

Your nurse coach will help you better understand your condition and follow your prescribed treatment plan.

### Selected conditions

UMR's registered nurses help individuals overcome the physical, mental and emotional hurdles that may affect those with the following illnesses:

- Asthma
- Congestive heart failure
- Diabetes
- Heart disease
- Hypertension (high blood pressure)
- Chronic obstructive lung disease (COPD)
- Depression (when occurring with one of the other listed conditions)

### 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.



# 24-hour NurseLine<sup>SM</sup>

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.

## Chat live online

- > Log in to **umr.com**
- > Select **Health center** from myMenu
- > Look for the link in the "**I need to...**" section

Call  
NurseLine  
today!

Use the number  
on the back of  
your ID card.





# 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**
<b>You take home</b>	<b>\$276 in yearly tax savings</b>

\*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 co-payments
- 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.



**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 co-pays 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.



# Using your FSA for dependent care

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:

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

\*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 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 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.<sup>1</sup>

UMR provides the following tools to help estimate your expenses:

- FSA worksheets provided by UMR
- FSA calculator on [umr.com](http://umr.com)

## 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.<sup>1</sup>

## Status change exception

You usually cannot change the amount you contribute to your FSA during the plan year. Here are the exceptions:<sup>2</sup>

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



## Plan carefully!

You should estimate your future expenses as closely as possible

<sup>1</sup> Not all plans have this feature. Please refer to your plan document for your plan details.

<sup>2</sup> -These are the only exceptions permitted by IRS regulations.



# Submitting and receiving FSA 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](http://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.

## 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 –

*Things you should know about FSA claims*

## What you need to include...

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



or



or



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

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](http://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 may tell you part of the expense was denied because more information is needed.

## Check your FSA balance online!

At [umr.com](http://umr.com), there are no hassles and no waiting – just the answers you're looking for, anytime, night or day.

### Log in 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

**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.





# Budgeting for your FSA

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 (co-payments)	\$
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	\$
<b>Total estimated annual health care expenses</b>	\$
Total estimated annual health care expenses divided by the number of pay periods during the plan year	\$ (Per payday contribution)





## Budgeting for your dependent care

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		\$
<b>Total estimated annual dependent day care expenses</b>				\$
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

<b>Dental services</b>	<b>Medical treatments/procedures</b>	<b>Medical equipment supplies and services</b>	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	<b>Medication</b>
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	<b>Obstetric services</b>
Orthodontia/braces	Physical exam (not employment related)	Hospital bed	Lamaze class
<b>Lab exams/tests</b>	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	<b>Practitioners</b>
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
<b>Vision services</b>	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			

## FSAs ... putting more money in your pocket!

### 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.

### 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.

## Ineligible expenses

The IRS does not allow the following expenses to be reimbursed under 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

