

# Which Expenses Are Eligible?

An overview of expenses eligible for reimbursement under your funding program

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This *Eligible Expenses* insert is provided along with your *Welcome Letter* and *Funding & Reimbursement* guide to help you learn how to access and manage your reimbursement funds and inform you of the types of expenses eligible for reimbursement through your funding program. Keep this insert, your *Welcome Letter*, and your *Funding & Reimbursement* guide with your other important papers for future reference.

## PREMIUM EXPENSES

The funds provided in your reimbursement program can be applied toward the **Medical, Prescription Drug, Dental, Vision, Part B, and Long Term Care** premium expenses incurred while you are eligible for your funding program. Generally, you will be billed by and pay your insurer's premiums on a monthly basis.

## PAYING YOUR PREMIUMS & AUTOMATIC REIMBURSEMENT

Most insurers offer automatic reimbursement options. Using automatic reimbursement, your insurer will automatically draft your premium payments directly from your bank account and submit your request for premium reimbursement to OneExchange automatically. If you choose not to take advantage of automatic reimbursement, or if your insurer doesn't offer automatic reimbursement, you may send your request and its supporting documentation online, by fax, or through the mail each month.

## HOW TO ACTIVATE AUTOMATIC REIMBURSEMENT

If you prefer the advantage and convenience of automatic reimbursement, would like to learn how to activate this feature, use your online account by reading the enclosed *Funding & Reimbursement* guide, or by calling OneExchange at the phone number printed in your *Welcome Letter*. The *Funding & Reimbursement* guide tells you more about automatic reimbursement and how to submit requests.

## OUT-OF-POCKET EXPENSES

Your funding program allows you to be reimbursed for your eligible out-of-pocket medical expenses to the degree that funds are available. Eligible out-of-pocket expenses include copayments, deductibles and coinsurance payments. Other eligible expenses are defined as those incurred while paying for **Medical, Dental and Vision** services as described in Section 213 (d) of the Internal Revenue code. For more information see the IRS publication 502 (available at [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf)), the summary plan description provided by your former employer or benefits provider, or call OneExchange.

## **SAMPLE LIST OF ELIGIBLE OUT-OF-POCKET EXPENSES**

The sample expenses listed below are considered eligible for reimbursement based on IRS Code Section 213 (d). It should not be considered complete, but merely a condensed listing of the most commonly acceptable out-of-pocket expenses eligible for reimbursement within your funding program. It is compiled for your convenience and subject to change at any time and without notice.

### **MEDICAL**

- Abdominal supports
- Acupuncture
- Alcoholism treatment
- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Blood tests
- Blood transfusions
- Cardiographs
- Chiropractor
- Convalescent home (for medical treatment only)
- Crutches
- Dermatologist
- Diagnostic fees
- Guide dog
- Gynecologist
- Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatment
- Lab tests
- Metabolism tests
- Neurologist
- Nursing (including board and meals)
- Obstetrician
- Operating room costs
- Oral surgery
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath
- Oxygen and oxygen equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal treatments
- Practical nurse for medical services
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered nurse
- Spinal fluid test
- Splints
- Surgeon
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Vaccines
- Wheelchair
- X-rays

### **VISION**

- Contact Lenses
- Eyeglasses
- Ophthalmologist
- Optician
- Optometrist

### **DENTAL**

- Dental Treatment
- Dental X-rays
- Dentures Fluoridation unit
- Gum treatment