

Which Expenses Are Eligible?

An overview of eligible expenses for reimbursement under your funding program

This Eligible Expenses insert is provided 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 for future reference.

PREMIUM EXPENSES

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

PAYING YOUR PREMIUMS & AUTOMATIC REIMBURSEMENT

Most insurers offer automatic reimbursement options. Using automatic reimbursement, your insurer will draft your premium payments directly from your bank account and submit your request for premium reimbursement to Via Benefits 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, go to your online account or call Via Benefits at 1-888-598-7809, Monday through Friday, 6:00 a.m. to 7:00 p.m. Mountain Time.

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, Pharmacy, 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), the summary plan description provided by your former employer or benefits provider, or call Via Benefits.

SAMPLE LIST OF ELIGIBLE OUT-OF-POCKET EXPENSES

The sample list below is generally considered eligible expenses for reimbursement based on IRS Code Section 213 (d). It is not a complete list, is referenced here for your convenience and is subject to change without notice. The list includes some common out-of-pocket expenses that may not be eligible for reimbursement under your specific funding program. For more information on eligible expenses covered by your specific program refer to your summary plan description or contact Via Benefits.

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
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath

- Oxygen and oxygen equipment
- 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

PHARMACY

- Prescription medicines
- Rx Drugs (prescription)

DENTAL

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

VISION

- Contact Lenses
- Eyeglasses
- Ophthalmologist
- Optician
- Optometrist