



## QUALIFYING MEDICAL EXPENSES

The Medical Reimbursement Plan Document contains the rules governing what expenses are or are not reimbursable. Below are some examples to give you a general idea. Please contact National Plan Administrators, Inc. if you have any questions about whether a particular expense is reimbursable or not.

### ***Examples of expenses for which you may be able to receive reimbursement include:***

Over the Counter medications.

Deductibles and co-payments for medical, prescription drug, vision and/or dental expenses.

Chiropractic expenses.

Eye exams, eyeglasses, contact lenses and other vision expenses.

Prenatal Vitamins for pregnancy only.

Hearing exams, hearing aids and batteries.

Individual psychotherapy.

Orthodontia monthly and down payments.

Acupuncture with letter of medical necessity.

### ***Examples of expenses for which you cannot be reimbursed include:***

Vitamins and/or Supplements for general health Purposes.

Cosmetic surgery or other similar procedures or drug, which is directed at improving the patient's appearance and does not meaningfully, promote the proper function of the body to prevent or treat illness or disease.

Health club dues.

Services occurring prior to your plan year.

Custodial care.

Weight management related expenses unless letter of medical necessity from doctor.

Herbal remedies or drugs.

Teeth Bleaching/ Whitening or Vaneers.

## CLAIM SUBMISSION PROCEDURES

According to the Internal Revenue Code Section 125, the Unreimbursed Medical and Dependent Care Flexible Spending Accounts (FSAs) may reimburse an expense if the participant provides

- A written statement, receipt or bill from an independent third party stating the expense(s) has been incurred,
- The amount of such expenses(s)
- The participant must also sign a statement that the medical/dental expense has not been reimbursed or is not reimbursable under any other health plan coverage.

### ***Procedures for submitting claims that will help to ensure prompt and efficient processing:***

1. ALL receipts submitted for Medical Expense Reimbursement expenses must include the following information:
  - Date of service,
  - Description and breakdown of all charges or services,
  - Prescription drug name,
  - Name of the person for whom the service was provided,
  - Provider's name and address,
  - Total amount of payment for which you are seeking reimbursement.
  - An Explanation of Benefits (EOB) from your insurance company, if applicable.
2. When filing orthodontic claims for the first time, NPA must have a copy of the Orthodontic Contract including the down/initial payment, schedule of payments, when banding will occur and the duration of the treatment. Thereafter, simply submit a claim form with the receipts and indicate that it is an orthodontic treatment expense. Claims can only be reimbursed for payments made according to the orthodontic contract payment schedule.
3. **Please be sure to retain copies of all items submitted to NPA for reimbursement.**

