

## DEDUCTIBLE MEDICAL EXPENSES

LISTED BELOW ARE **SAMPLES** OF EXPENSES ELIGIBLE UNDER THE CAFETERIA PLAN. USING THIS LIST, ESTIMATE YOUR PLAN YEAR OUT-OF-POCKET MEDICAL RELATED EXPENSES

| PARTIAL LIST                             |   |  |
|--|---|--|
| Acupuncture                              | Eye Glasses<br>(exam, also reading glasses)             | Physical exams/therapy/ X-rays   |
| Alcohol and drug addiction treatment     | Fertility treatments                                    | Prescription drugs<br>(for medical care, not general health or cosmetic reasons) |
| Ambulance                                | First aid kit   | Preventative screening   |
| Artificial Limbs, teeth                  | Flu shots   | Psychiatric care   |
| Asthma treatment                         | Hearing devices and batteries                           | Psychoanalysis (1)<br>(must treat specific illness)                              |
| Bandages and wound care                  | Hospital bill (for qualifying medical care)             | Psychologist (1)<br>(must treat specific illness)                                |
| Birth Control                            | Immunizations   | Seeing eye dog   |
| Blood sugar test                         | Laboratory fees   | Smoking cessation<br>(medication/programs)                                       |
| Chiropractors                            | Laser/Lasik eye surgery                                 | Special communication equipment for deaf   |
| Co-Insurance (co-pays)                   | Learning disability instructional fees (1)              | Sterilization procedure  |
| Contact lenses<br>(solution and cleaner) | Medical alert bracelet<br>(medical condition) (1)       | Surgical fee (for qualifying medical care)                                       |
| Contraceptives                           | Medical monitoring/testing (1)                          | Therapy (for qualified medical care)   |
| Deductibles                              | Nursing services  | Transportation/mileage (for qualified medical care)                              |
| Dental Expenses<br>(non-cosmetic)        | Orthodontia   | Tuition for special needs (i.e. learning disability) (1)                         |
| Dentures and Bridges                     | Orthopedic shoes (1)<br>Only excess cost over reg. shoe | Vasectomy  |
| Diabetic (supplies/insulin)              | Oxygen  | Walkers/wheelchair   |
| Diagnostic Fees                          | Physician fees  | Weight loss program (1) (to treat specific medical condition i.e. obesity)       |

OTC drugs and items must be purchased for use by you, your spouse and/or dependents. Examples:

|                  |                       |                       |                       |                               |
|------------------|-----------------------|-----------------------|-----------------------|-------------------------------|
| Antacids         | Cold Medicine         | First Aid Supplies    | Pain Medicine         | Smoking Cessation Aids        |
| Allergy Medicine | Cough Suppressants    | Incontinence Supplies | (Advil, aspirin etc.) | Toothache/teething Medication |
| Asthma Medicine  | Diaper Rash Ointments | Liniments             |                       | Wart Removal Medicine         |

Some items listed above may not be reimbursable under your employers plan. Consult your Summary Plan Description (SPD) for exclusions. Teeth whitening, hair loss drugs and other cosmetic items/procedures are **not** reimbursable.

(1) = Requires written documentation from a Physician specifying medical condition and required treatment. Contact SABC for further information.

All claims must be filed with your insurance carrier first. To claim your expenses, an Explanation of Benefits from your insurance carrier is preferred and may be required. **Important:** The amount you pay your provider at the time of service is not necessarily the amount you will ultimately owe. Your insurance carrier will reduce your out of pocket cost, through network discounts and other predetermined agreements, and a credit will appear on your account.

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