

**YOUR
HEALTH REIMBURSEMENT ACCOUNT
Plan Document
April 1, 2007**

THIS DOCUMENT IS INTENDED FOR ALL EMPLOYEES AND OTHER BENEFICIARIES
ELIGIBLE FOR AND/ OR CURRENTLY RECEIVING COVERAGE FOR BENEFITS UNDER A
HEALTH REIMBURSEMENT ACCOUNT

INDEPENDENT COLLEGES AND UNIVERSITIES BENEFITS ASSOCIATION, INC.

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OVERVIEW

In this document, we will detail important information concerning the HRA (Health Reimbursement Account), such as the eligibility rules, the vesting rules, what constitutes eligible expenditures, and the laws that protect Your rights. This document is **not** a contract between Your Employer, or ICUBA and You. Your Employer and ICUBA intend for the HRA to continue, but reserve the right, in their sole discretion, to amend, modify in any manner or terminate HRA at any time, which may result in the modification or termination of Your coverage. Your Employer has final right to interpret any provision of the HRA. Eligible expenditures incurred prior to the HRA modification or termination will be paid as provided under the terms of the HRA prior to its modification or termination. All assets of the HRA are held in a separate account from Your Employer and therefore, are not intended to be subject to claims of any Employer or ICUBA creditor.

Read this HRA description carefully so that You understand the provisions of the HRA and the benefits You will receive. The most current edition of this plan document is always available through the Internet site Your Employer has designated for such information to be posted. You should direct any questions You have to the Employer or to the current vendor:

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You may also access Your HRA balance at www.mbicard.com. This document constitutes the Summary Plan Description of the HRA required by ERISA Section 102.

INTRODUCTION

Your Employer has established an HRA for Employees who enroll in higher out of pocket (e.g., higher deductibles) medical plans (see IRS Notice 2002-45), such as the PPO 70 or Risk and Reward PPO Medical Plans. Your HRA:

1. Is funded with cash **solely** by Your Employer and not pursuant to any type of salary reduction election under an Internal Revenue Code Section 125 Cafeteria Plan or a 2003 Medicare Prescription Drug Act Health Savings Account (NO Employee contributions to the HRA are allowed);
2. Reimburses You for ALL eligible expenditures (as defined by Internal Revenue Code Section 213 and the regulations promulgated there under) incurred by You and the Your spouse and dependents (as defined in Internal Revenue Code Section 152), or a Section 152 domestic partner, up to the balance of cash funds in your HRA, **while Your spouse and your dependents are also enrolled in a high deductible plan**, currently administered by The Independent Colleges and Universities Benefits Association, Inc. (ICUBA);
3. Increases cash balances with Employer contributions into Your HRA, funded in equal calendar month installments on the last day of the month and any unused portion at the end of the Plan Year (April 1 through March 31) is carried forward as long as eligibility rules are still met **or while enrolled as a COBRA participant**;
4. Earns interest posted quarterly;
5. Allows the accumulated balance to vest with You after 36 continuous months of participation in an HRA; and
6. Balance is available through a MasterCard(r)® health debit card or by submitting a paper claim request, and can be reviewed on-line at www.mbicard.com

An HRA is meant to encourage Employees to choose higher out of pocket medical plans (e.g., PPO 70 or Risk and Reward medical plans offered by Your Employer). Your Employer contributes a monthly payment to Your HRA. The HRA balance is never taxed and earns interest. You may use Your HRA only for eligible expenditures.

All monies deposited into the HRA on Your behalf are put there by Your Employer. The amount of the money deposited is in accordance to the medical plans coverage You choose and determined at the absolute sole discretion of Your Employer.

The Employer's contribution schedule to the HRA may be obtained from Your Human Resources department, or may be viewed at www.mbicard.com and the Internet site designated by Your Employer to contain such information.

The Employers' contributions to an Employee's HRA increases in conjunction with the Employees' out of pocket responsibility determined by the medical plan enrolled in (e.g. higher deductible medical plans). Once You first become enrolled in an applicable medical plans,

money is deposited into Your HRA account on the last day of each month You are eligible for an HRA.

An eligible dependent may participate in the Health Care Spending Account (HCSA) without participating in an ICUBA medical plan; however, a spouse, or a dependent must be enrolled in an ICUBA Medical plans with an HRA in order to receive reimbursement from the HRA.

Unused HRA monies roll over plan year to plan year as long as You are an active Employee enrolled in a medical plan sponsored by Your Employer that provides for an HRA benefit. Employees on COBRA are also allowed access to their balance.

You may continue to receive HRA monthly contributions while on COBRA as long as You pay 102% of the monthly HRA contribution made. For example, if Your Employer provides \$50 per month HRA contribution if you enroll in as an active employee in the PPO 70 Plan, then You may continue to receive the \$50 HRA monthly contribution on COBRA if You pay \$51 per month for that HRA contribution.

If a COBRA participant fails to purchase the monthly HRA contribution, then any HRA balances remaining are forfeited.

A former Employee with a vested HRA may continue to have access to their HRA account balance as long as they continue to pay the monthly administrative fee to the HRA administrative vendor chosen by Your Employer.

The money in an HRA is accessible to You through a **MASTERCARD(R)® HEALTH DEBIT CARD**.

Monies placed in an HRA by an Employer for an Employee *may not revert to cash under any circumstances*; and may be used only for eligible expenditures. Upon employment termination, except in the case that You are vested in Your HRA, all monies left in the HRA return to Your Employer (i.e., it is Employer money) except for the period of time You are receiving COBRA medical benefits in a Plan that Your Employer provides HRA contributions to active Employees. You will have 90 calendar days from the date of Your employment termination to submit claims incurred during the time You were an active Employee with Your Employer. Ninety calendar days after Your employment termination, any money left in the HRA is the Employer's, unless You have a vested HRA or You are participating in a COBRA medical plan that has an HRA attached to it for active employees.

ELIGIBILITY AND PARTICIPATION

Who Is Eligible?

As an Employee of a Member School participating in the ICUBA medical plan, when You enroll in a plan that offers an HRA, Your eligible dependents that are also enrolled in the ICUBA medical plans are eligible for the HRA. If during open enrollment for the Plan Year of April 1 through March 31, You enroll in a high deductible medical plans for which Your Employer provides an HRA, You commence participation in the HRA on April 1. If Your first day of eligibility in the HRA is for any other reason than during the open enrollment period, You are eligible to commence participating in the HRA the first of the month following the date You first become eligible to participate in the medical plans.

Enrollment and Participation Requirements

You are eligible to participate in the HRA as long as You have funds in Your HRA and You are either an active Employee receiving coverage from an eligible medical plan (i.e. the medical plan has an HRA attached), You are vested, or You are in an eligible COBRA medical plan. These funds can never be converted to cash and are portable (can be accessed beyond separation from employment for a monthly administrative fee) with 36 months continuous participation. If You drop a health plan with an HRA or leave employment and do not have 36 months continuous participation, You forfeit the balance in the HRA account. If You drop a health plan with an HRA and are not vested with 36 months continuous participation, yet remain employed You also forfeit the balance in the HRA account. If You re-enroll during a later enrollment period, You start a new HRA account and a new 36-month vesting period.

COBRA Beneficiaries may participate in an HRA only so long as they are enrolled in a medical plan with an HRA, and the COBRA Beneficiary is current with his or her premium payment, which includes a monthly premium equal to 102% of the monthly HRA contribution. Dependents who become eligible for COBRA receive an HRA in the same fashion as an active Employee. Only an Employee paying for the HRA monthly contribution as a COBRA participant may have access to HRA balances accumulated up until the point of employment termination or other COBRA Qualifying Event.

Dependents are only eligible to use an HRA for eligible expenditures if they are also enrolled in an ICUBA medical plan, or the eligible Internal Revenue Code Section 152 dependent is receiving reimbursement from a vested HRA. Retirees are **not** eligible to participate in the HRA.

If an Employee vests in their HRA balance and then dies, only those eligible dependents enrolled in an Employer medical plan with an HRA may continue to participate in the HRA, and then only for the period of time that the eligible dependent receives COBRA benefits. Dependents on COBRA already at the time of the Employee death are not eligible to participate in the vested HRA.

Under Federal law, if You, Your spouse, and/or Your covered dependents (qualified beneficiaries) lose coverage under this HRA, then You, Your spouse, and/or Your covered dependents may be entitled to Continuation of Health Care Coverage (COBRA). If You take leave under the Family and Medical Leave Act, You may revoke or change Your existing elections for health insurance. If Your coverage in these benefits terminates, due to Your revocation of the benefit due to Your non-payment of contributions while on leave, You will be

permitted to reinstate coverage for the remaining part of the HRA plan year (April 1 through March 31) upon Your return. If You are going into or returning from military service, You may have special rights.

HRA Benefits

The IRS requires that expenditures submitted for reimbursement must be substantiated.

An HRA may only reimburse a medical care expense that is attributable to a deduction allowed under Internal Revenue Code Section 213, and the regulations promulgated there under. Additionally, an HRA may only reimburse a medical care expense that is incurred after the date the HRA is in existence or an expense that is incurred after the date You are enrolled under the HRA, whichever occurs last.

Reimbursement for insurance covering medical care expenses as defined in Internal Revenue Code Section (213)(d)(1)(D) are allowable reimbursements under an HRA, **including amounts paid for premiums for health coverage for retirees and COBRA qualified beneficiaries as well as premiums for qualified long term care insurance.** Employer contributions to an HRA are not attributable to salary reduction merely because it is provided in conjunction with an Internal Revenue Code Section 125 Cafeteria Plan.

Eligible and Ineligible Expense Listing

The HRA will reimburse certain out-of-pocket medical, dental and vision expenses. Those eligible expenditures that qualify are those permitted by Internal Revenue Code Section 213, and the regulations promulgated there under. All expenses reimbursable by a Health Care Spending Account are eligible for reimbursement under this HRA. See IRS Publication 502 "Medical and Dental Expenses"

The following are typical eligible expenditures:

- Deductible and co-payment amounts
- Amounts, which exceed the limits of Your health plan (e.g., visits in excess of 20 for mental health, 60 visits for a chiropractor, \$1500 for a hearing aid, \$3500 for durable medical equipment, etc.)
- Dental and orthodontia charges not paid for by a dental plan (see IRS Publication 502)
- Charges for services in excess of the usual and customary charge
- Vision exams, prescription eyeglasses, and contact lenses
- Lasik and RK eye surgery
- Hearing exams and hearing aids

Eligible health care expenses are expenses incurred for medical care. According to IRS Publication 502, **"Medical care expenses include amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care. Also, expenses that are merely beneficial to one's general health are not expenses for medical care."**

The IRS has further stipulated that the expense must be direct and proximate to the diagnosis, care, mitigation, treatment, or prevention of disease or illness.

Under the HRA, COBRA, retiree insurance premiums, long-term care insurance premiums, as well as any health care expenses that are deductible under Internal Revenue Code Section 213 which are not paid by insurance or any other source that provides benefits, are eligible for reimbursement through the HRA. Please refer to IRS Publication 502 for additional information.

Healthcare expenses are incurred when the services are provided and not when You are billed for or pay for those services.

There is no limit on the age of a child for medical expenses as long as the child qualifies as a dependent for tax purposes, and is also enrolled in the ICUBA medical plans, or is receiving reimbursement from a vested HRA. The Internal Revenue Service (IRS) has four basic rules for reimbursement of eligible expenses through an HRA:

- An individual may only be reimbursed for expenses incurred while a participant in the HRA.
- An expense is incurred when the service is performed (not when it is billed or paid).

- The participant must provide SUBSTANTIATION showing that the expense has been incurred (service has been provided).
- The beneficiary receiving reimbursement from the HRA has not received such reimbursement from any other source, and does not claim such medical expense on his or her tax return.

Your Employer will provide You with a **MASTERCARD(R)® HEALTH DEBIT CARD** to use to pay for Your eligible expenses.

In addition, You may submit to ICUBA proof of the expenses You have incurred that have not been paid by any other health coverage. If the request qualifies as a benefit or expense that the HRA has agreed to pay, You will receive a reimbursement payment soon thereafter. ReMember, reimbursements made from the HRA are generally not subject to federal income tax or withholding, nor are they subject to Social Security taxes.

Expense List

This eligibility listing is based upon interpretation of the IRS rules and regulations pertaining to HRA administration and is not intended to be legal advice. Unless indicated, a doctor's prescription is not required to accompany the reimbursement request. This is only a partial list intended to assist You with determining the scope of eligible expenses:

ACUPUNCTURE:

Acupuncture services are an eligible medical expense.

ADOPTION FEES:

Adoption Fees are **not** eligible. However, medical expenses incurred by an adopted child who is claimed as a dependent are eligible. Care must be for the adopted child and incurred when the child qualifies as Your dependent. A child's medical care expenses are eligible during the adoption process as long as the child qualifies as Your dependent, and is enrolled in Your Employer's medical plans.

AIR CONDITIONERS AND AIR PURIFIERS:

See MAINTENANCE and ALLERGY RELIEF.

ALCOHOLISM, DRUG OR SUBSTANCE ABUSE:

Payment to a treatment center for alcohol or substance abuse is an eligible medical expense. This includes meals and lodging provided by the center during medical treatment (mental, nervous or addictive treatments provided on an inpatient level).

ALLERGY RELIEF:

The following are considered eligible medical expenses. (Note: In the case that these expenses increase the value of the property, only the portion of the expense that exceeds the increase in value is eligible.)

- Electrostatic air purifier

- Home/automobile air conditioners (when the person suffers from allergies)
- Humidifier (when the person suffers from allergies)
- Pillows, mattress covers, etc. to alleviate an allergic condition
- Special vacuum cleaners for persons with respiratory problems

Note: Expenses must be accompanied by a doctor, indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition.

AMBULANCE:

The amount paid for ambulance service is an eligible medical expense.

ARTIFICIAL LIMBS/TEETH:

The amount paid for artificial limbs/teeth is an eligible medical expense.

ARTIFICIAL INSEMINATION:

The following expenses are considered eligible medical expenses:

- Egg donor charges not covered by any medical plans
- Embryo replacement and storage
- Fertility exams
- In vitro fertilization
- Reverse vasectomy
- Sperm implants due to sterility
- Sperm washing

The following expenses do not qualify:

- Medical expenses for a surrogate mother
- Sperm storage for possible future use

BABY FORMULAS:

See MEDICINES

BIRTH CONTROL RELATED:

Birth control items prescribed by Your doctor are eligible medical expenses, including the following:

- Birth control pills
- Norplant

- Depo-Provera Injections

BRILLE BOOKS & MAGAZINES:

The part of the cost of Braille books and magazines that is more than the price for regular books and magazines is an eligible expense. See also **GUIDE DOGS**.

CAPITAL EXPENSE:

Amounts paid for special equipment or improvements in Your home, if primarily motivated by medical considerations, are eligible medical expenses. The amount paid for the improvement is reduced by the increase in the value of the property. The rest is the eligible medical expense. If the value of the property is not increased by the improvement, the entire cost is an eligible expense. The cost for improvements that You would make in the absence of the medical condition does not qualify as a medical expense. Improvements made for personal convenience or that may just be beneficial to Your general health do not qualify. Certain capital expenses made for the primary purpose of accommodating a personal residence to one's handicapped condition that does not increase the value of the property, may generally be included in full as medical expenses. Examples of eligible expenditures include:

- Constructing entrance or exit ramps to Your residence
- Widening doorways at entrances or exits to Your residence
- Widening or otherwise modifying hallways and interior
- Installing railing, support bars, or other modifications to bathrooms
- Lowering or making other modifications to kitchen cabinets and equipment.
- Altering the location of, or modifying electrical outlets and fixtures.
- Installing porch lifts and other forms of lifts. Generally, this does not include elevators, because they may add to the fair market value of Your residence, and any medical expense therefore would have to be decreased to that extent.
- Modifying fire alarms, smoke detectors, etc
- Modifying stairways
- Adding handrails or grab bars whether or not in bathrooms
- Modifying hardware on doors
- Modifying areas in front entrance and exit doorways
- Grading of ground to provide access to the residence

Operation and Upkeep:

If a capital expense qualifies as an eligible medical expense, amounts paid for operation and upkeep also qualify as eligible medical expenses as long as the medical reason for the capital expense still exists. This is so even if none or only part of the original capital expense qualified as a medical care expense. Examples would be cost of fuel to operate, cost of repairs, and cleaning costs.

Improvements to property rented by a handicapped person: Amounts paid by a handicapped person to buy and install special plumbing fixtures, mainly for medical reasons, in a rented house may qualify as eligible medical expenses.

Automobile - Special Equipment: The amount paid for the cost of special hand controls and other special equipment installed in an automobile for the use of a handicapped person is an eligible medical expense. The amount paid for the cost of handicap stickers or tags is an eligible medical expense.

Automobile - Special Design: The amount by which the cost of an automobile specially designed to hold a wheelchair is more than the cost of a regular automobile is an eligible medical expense.

Automobile - Cost of Operation: The cost of operating a specially equipped automobile, except as discussed under TRANSPORTATION, is not an eligible medical expense.

CHILD BIRTH RELATED EXPENSES:

- The services of a midwife are an eligible medical expense
- Childbirth prep classes, Lamaze classes, and breast pumps are not eligible expenses. The IRS considers these items to be for personal convenience and not to be medically necessary.

CHIROPRACTORS:

- Fees paid to a chiropractor for medical care are eligible medical expenses
- Bed boards and back supports are eligible medical expenses if they are prescribed to provide relief for a specific medical condition
- Vitamins and supplements provided by a chiropractor are not eligible

CHRISTIAN SCIENCE PRACTITIONERS:

Fees paid to Christian Science practitioners are eligible medical expenses.

CONTACT LENSES:

- Contact lenses and contact lens solutions are eligible
- Contact lens insurance or maintenance agreements are not eligible

COSMETIC SURGERY OR COSMETIC PROCEDURES:

A cosmetic surgery or procedure is any surgery or procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or alleviate an illness or disease. Cosmetic surgery or procedures are generally not eligible medical expenses unless the surgery or procedures are necessary to improve a deformity that arises from or is directly related to a birth defect, a disfiguring disease or an injury resulting from an accident or trauma.

- Special bras for mastectomy patients are eligible
- Cosmetics (make-up) are not eligible
- Face-lifts are generally not eligible
- Hair removal (by electrolysis or laser) is generally not eligible
- Hair transplants are generally not eligible.
- Liposuction is generally not eligible
- Porcelain veneers (if rejected by the dental carrier), bonding, and tooth whitening are generally not eligible
- Tattooing and body piercing are not eligible

Note: Expenses must be accompanied by a doctor's certification indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition.

COUNSELING:

Counseling must be performed to alleviate or prevent a physical or medical defect or illness. Eligibility is determined by the nature of the treatment and not the license of the practitioner.

- Bereavement and grief counseling is eligible
- Non-licensed therapist counseling is eligible, but it must be for medical care
- Psychotherapy and psychoanalysis are eligible
- Telephone consultation costs are eligible
- Sex therapy costs are eligible, but the cost of a hotel room prescribed by the therapist is not eligible
- Marriage counseling is not eligible

CRUTCHES:

The amount paid to buy or rent crutches is an eligible medical expense. (This also includes canes, walkers, and medical equipment.) See MEDICAL SUPPLIES.

DANCING LESSONS, SWIMMING LESSONS, EXERCISE CLASSES, ETC.:

The cost of dancing lessons, swimming lessons, exercise classes, etc., are not generally eligible medical expenses, even if they are recommended by a doctor for the general improvement of one's health. Hydrotherapy is eligible if recommended by a doctor for a specific medical condition.

DENTAL TREATMENT:

The amounts paid for dental treatment such as x-rays, fillings, braces, extractions, and dentures are eligible expenses. Bonding and sealants for dentures are eligible.

Services that may be deemed cosmetic such as teeth bleaching, bonding, porcelain veneers (unless allowed by the dental carrier), and whitening are not eligible for reimbursement. See **COSMETIC SURGERY** or **PROCEDURES** and **ORTHODONTIA**.

DIAPERS:

Diapers, such as Depends™, for a handicapped or disabled child or adult are eligible medical expenses.

DOCTORS' FEES:

Fees paid to doctors are eligible medical expenses. This includes, but is not limited to, fees paid to a (n):

- Anesthesiologist
- Chiropracist
- Chiropractor
- Christian Science Practitioner
- Dentist
- Dermatologist
- Gynecologist
- Neurologist
- Obstetrician
- Oculist
- Ophthalmologist
- Optician
- Orthopedist
- Osteopath
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Psychiatrist

Other:

- Charges for transfer of medical records are eligible.
- Charges for use of facility for blood donations are eligible.
- Late fees, finance fees, etc. are not eligible.
- Missed appointments fees are not eligible.

DRUG ADDICTION:

The cost of long distance telephone counseling for a substance abuser seeking professional help is an eligible expense. See **ALCOHOLISM**.

ELECTROLYSIS OR HAIR REMOVAL:

The amount paid for hair removal through electrolysis or laser hair removal is generally considered cosmetic and is not eligible medical expense unless deemed medically necessary. See **COSMETIC SURGERY**.

EYEGASSES:

Fees for eyeglasses and contact lenses needed for medical reasons are eligible medical expenses.

- Eye examinations are eligible
- Prescription eyeglasses are eligible
- Prescription sunglasses and prescription sports goggles are eligible
- Contact lenses and cleaning solutions are eligible
- Over-the-counter reading glasses are eligible
- Radial Keratotomy is eligible
- Lasik eye surgery is eligible
- Artificial eye and polish are eligible
- Contact lens insurance and maintenance agreements are not eligible
- Non-prescription sunglasses are not eligible

FUNERAL EXPENSES:

- Funeral expenses are not an eligible medical expense.
- Bereavement counseling is eligible. See **COUNSELING**.

GUIDE DOG:

The cost of a guide dog for the blind or deaf is an eligible medical expense. Amounts paid for the care of the dog are also eligible medical expenses.

HAIR TRANSPLANT:

Surgical hair transplants are not an eligible expense unless deemed medically necessary because of trauma, injury, disease or genetic defect.

HANDICAPPED PERSONS:

The fee for training and maintaining a guide dog or other animal (including food, veterinarian fees) for the benefit of a visually or hearing impaired person is an eligible expense. The fee for employing someone to escort a blind dependent to School is eligible. Cassette books for a visually handicapped person may be included. The difference in cost between the recorded book and the typewritten book is considered an eligible medical expense. A tape recorder for a blind person is also eligible.

HEALTH CLUB DUES:

Health or fitness club dues are not eligible even if incurred at the suggestion of a physician.

HEARING AIDS:

The cost of a hearing aid and the batteries needed to operate the aid are eligible medical expenses. A telephone or television adapter for the deaf, lip reading lessons, hearing exams are eligible medical expenses.

HOSPITAL SERVICES:

Amounts paid for hospital services are eligible medical expenses.

HOUSEHOLD HELP:

The cost of household help, even if recommended by Your doctor, is not eligible as a medical expense. Certain expenses paid to an attendant providing nursing type service may be eligible. See **NURSING**.

INSURANCE POLICIES AND PLANS:

Only expenses for COBRA insurance, retiree health insurance, and long-term care insurance premiums are **ELIGIBLE EXPENDITURES**.

LABORATORY FEES:

The amounts paid for laboratory fees that are part of Your medical care are eligible medical expenses. For example, blood tests, cardiographs, metabolism tests, stool exams, spinal tests, urinalysis, x-ray exams, pap smears, cholesterol tests, thyroid profile, and storage fees for blood taken for future surgery. Laboratory handling fees are also eligible.

LEAD-BASED PAINT REMOVAL:

The cost of removing lead-based paints from surfaces in Your home to prevent a Dependent that has or has had lead poisoning from eating the paint is eligible. These surfaces must be in poor repair (peeling or cracking) or within the Dependent's reach. The cost of repairing the scraped area is not an eligible medical expense. If, instead of removing the paint, You cover the area with wallboard or paneling, You would treat these items as **CAPITAL EXPENSES**. Do not include the cost of painting the wallboard as a medical expense. Paint removal or asbestos removal as a precaution and not because of a specific medical condition does not qualify.

LEARNING DISABILITY:

Eligible medical expenses include tuition fees You pay to a special School for a dependent that has learning disabilities caused by a mental or physical handicap, including nervous system disorders. Your doctor must recommend that the dependent with the specific medical condition or disability attend the School. The School must specialize in the treatment of the disorder. Tutoring fees You pay, on Your doctor's certification, for the dependent's tutoring by a teacher who is specially trained and qualified to work with people who have severe learning disabilities, is an eligible expense. Remedial reading for a dependent suffering from dyslexia or speech therapy to improve reading disabilities is eligible.

Note: Expenses must be accompanied by a doctor's certification indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition.

LEGAL FEES:

- Legal fees paid to authorize treatment for mental illness are eligible. However, if parts of the legal fees include, for example, guardianship or estate management fees, You may not include that part in medical expenses.
- Legal fees to get a divorce, even if recommended by a physician, do not qualify

LIFETIME CARE:

- Fees paid to a long-term care facility do not qualify.
- Medical expenses incurred while a resident in a long-term care facility qualify unless the individual has been certified as incapable of self-care.

LODGING:

Eligible medical expenses may include the cost of meals and lodging at a hospital or similar institution, if the primary reason for being there is to receive medical care.

The cost of lodging (not provided in a hospital or similar institution) while away from home is an eligible medical expense if:

- The lodging is primarily for and essential to medical care.
- The lodging is not lavish or extravagant under the circumstances.
- Medical care is provided by a doctor in a licensed hospital or in a medical care facility related to, or the equivalent of, a licensed hospital.
- There is no significant element of personal pleasure, recreation or vacation in the travel away from home.

The amount You include in medical expenses may not exceed \$50 for each night for each person. Lodging is included for a person for whom transportation expenses are a medical expense because that person is traveling with the person receiving the medical care. For example, a parent traveling with a sick child is allowed up to \$100 per night as a medical expense for lodging. Meals are not an eligible expense.

LONG TERM RESIDENTIAL CARE:

See LIFETIME CARE. Long-term residential care services do not qualify. Medical expenses incurred while a resident in a long-term care facility qualify. Long-term care insurance premiums are **ELIGIBLE EXPENDITURES**.

MAINTENANCE:

- Air conditioners, central air, heaters, humidifiers, or air purifiers, which are installed to relieve an allergy or difficulty in breathing due to a medical condition, are eligible medical expenses.
- The maintenance cost for operating the devices (e.g., electricity for air conditioner use) is also an eligible medical expense.
- The maintenance cost for a home swimming pool for a person suffering from emphysema may be considered an eligible expense. An appraisal of the property value before and after installation is required with submission. Only the portion of the expense that exceeds the increase in property value is eligible as a medical expense.
- Furnace air filters are eligible.
- Warranties are not eligible.

Note: Expenses must be accompanied by a doctor's certification indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition. See **CAPITAL EXPENSE**.

MATERNITY CLOTHES:

Maternity clothes are not an eligible expense.

MEALS:

See **LODGING**. You can only include meals that are part of inpatient care.

MEDICAL INFORMATION:

- Amounts paid to a plan that keeps Medical plans information by computer and that can give the information when needed are eligible medical expenses (e.g., a national information bank that holds medical information on computer).
- Charges to transfer records due to a change in physicians are eligible.

MEDICAL SUPPLIES:

Expenses paid for medical supplies used to aid a person suffering from a physical defect/illness are eligible. This includes but is not limited to the following:

- Bandages
- Blood pressure kit
- Cholesterol testing kit
- Diabetic supplies (including diabetic training classes)
- Glucose kit
- Orthopedic shoes (excess cost over regular shoes), orthotics

- Rental of medical healing equipment: wheelchairs, crutches, canes, walkers, etc.
- Truss

Note: Expenses may require a doctor's certification indicating the specific medical disorder, the specific supplies needed, and how these supplies will alleviate the medical condition.

MEDICINES/DRUGS:

Amounts paid for medicines and drugs are eligible expenses. This includes over-the-counter cough and cold medicines as well as bandages, ointments, and pain relievers. Toiletries, cosmetics, and sundry items are not eligible for reimbursement.

- Hygienic supplies are not eligible.
- Special Baby Formulas: The cost difference between Protein formulas and soybean formulas and non-milk formulas are eligible if You have a prescription or a certification from the baby's doctor noting that this particular formula is necessary for the child's well being.
- Drugs for weight loss do not qualify unless the weight loss is required due to a specific medical condition. If prescribed for general health this item does not qualify.

MENTALLY HANDICAPPED, SPECIAL HOME FOR:

The cost of keeping a mentally handicapped person in a special home, not the home of a relative, on the recommendation of a psychiatrist to help the person adjust from life in a mental hospital to community living is an eligible medical expense.

MISCELLANEOUS:

Additional items that are considered eligible expenses:

- Circumcision
- CPR training
- Dental adhesive
- Home pregnancy tests
- Homeopathy with doctor's certification prescribing the cure
- Hypnosis with doctor's certification prescribing the specific ailments
- Medical alert bracelet
- Medical services for persons unable to get about or subject to seizures
- Public or Employer health screening (i.e., VDRL, cholesterol, diabetes-glucose, blood pressure)
- Sales tax and shipping and handling fees associated with:
 - Tanning bed prescribed by a doctor for psoriasis

- Waterbed prescribed by a doctor for a specific ailment and not for general well being.

Note: Expenses may require a doctor's certification indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition.

NURSING HOME:

The cost of medical care, including meals and lodging in a nursing home or home for the aged, rest home or sanitarium, is an eligible medical expense if the primary reason for being there is to get medical care. Such expenses are not eligible if the person has been certified as capable of self-care. See **LODGING**.

NURSING SERVICES:

Eligible medical expenses may include wages and other amounts paid for nursing services. Services do not need to be performed by a nurse as long as the services are the type generally performed by a nurse. This includes services connected with caring for the patient's dressings, as well as bathing and grooming the patient. Extra rent or utilities expense for a large apartment with enough space (extra bedroom) for a nurse or private attendant is eligible.

OPERATIONS:

Amounts paid for legal operations/surgery that are not cosmetic in nature are eligible medical expenses. See **COSMETIC SURGERY**.

OPTOMETRIST:

Optometrist fees are eligible.

ORTHODONTIA:

Orthodontia is a covered medical expense, but it can be "tricky" because of the extended nature of the treatment and the manner in which fees are paid. We strongly encourage any participant planning to pay for orthodontia treatment through the HRA to call the Employer in advance. Orthodontic treatment is usually provided over an extended period, with an initial examination and installation, and monthly adjustments. The services are often paid for over an extended period, with an initial down payment, and monthly payments over the life of the contract. ReMember the person seeking reimbursement From the HRA for Orthodontia treatment must also be enrolled in an ICUBA medical plan, or be receiving reimbursement from a vested HRA.

Expenses may only be reimbursed after they have been incurred (i.e., after the service for which fees are paid have been performed), which means after the actual service has been provided. However, if the orthodontia fee payment schedule is a reasonable approximation, in both time and dollars, of the actual costs and services provided over the duration of treatment, then eligible expenditures may include the initial down payment and the monthly charges as each payment is made according to the fee schedule. The participant, therefore, has two ways to submit documentation in order to be reimbursed - either on a "services provided" basis or on a "fee payment schedule" basis.

The first method is the same as any other medical expense and requires the participant to submit a statement from the orthodontist showing that a service has been provided and stating the cost of that service. The second method allows the participant to submit proof that payment has been made at the required time called for by the payment schedule. For example, if we assume the treatment is expected to last 24 months, and the contract calls for a down payment of \$800 and a monthly charge of \$100 for each of the next 24 months. Eligible Expenditures include the \$800 down payment as long as accompanied by a receipt showing that the initial service has been provided and payment has been made. Eligible Expenditures also include \$100 per month upon receipt of documentation showing that the monthly payment has been made. This documentation could either be a receipt from the orthodontist showing that payment has been received for the current month's scheduled charge, or a photocopy of the current month's payment coupon and the participant's personal check.

- You cannot pre-pay for services and be reimbursed at the time of that payment. You can only be reimbursed as services are provided.
- If You decide to pay off the contract early while the treatment is yet to be completed You can only be reimbursed as services are provided.
- If the treatment is completed sooner than expected and You decide to pay off the remainder of the contract early, You can be reimbursed for that payment because the services are complete.

OXYGEN:

Amounts paid for oxygen or oxygen equipment to relieve breathing problems caused by a medical condition is eligible medical expenses.

PENILE IMPLANTS:

This is an eligible expense if impotence is due to organic causes, trauma, post-prostatectomy or diabetes.

Note: Expenses must be accompanied by a doctor's certification indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition.

PERSONAL ITEMS:

You may include in medical expenses an item ordinarily used for personal living and family purposes only if it is used primarily to prevent or alleviate a disease or disability and You would not have had the expense were it not for the medical condition. See **MISCELLANEOUS**.

- Diapers (e.g., Depends™) are eligible if they are needed to relieve the effects of a particular disease
- Hospital kits are eligible
- Special Baby Formula: The cost difference between protein formulas, soybean formulas, and non-milk formulas is eligible if You have an Rx or a certification from the baby's doctor noting that this particular formula is necessary for the child's well being.

- Wig for hair loss due to any disease is eligible
- Hospital telephones, TV, newspapers, etc., are not eligible
- Sanitary napkins are not eligible

Note: Expenses may require a doctor's certification indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition.

PROSTHESIS:

A prosthetic is an eligible expense. See Artificial Limb/Teeth.

PSYCHIATRIC CARE:

Amounts paid for psychiatric care are eligible medical expenses. Eligible expenses include the cost of supporting a mentally ill dependent at a specially equipped medical center where the dependent receives medical care. Such dependent must be enrolled in an ICUBA medical plan or be receiving reimbursement from a vested HRA See **COUNSELING**.

PSYCHOANALYSIS:

Amounts paid for psychoanalysis are eligible expenses. A payment for psychoanalysis that is part of a person's training to be a psychoanalyst is not an eligible expense. See **COUNSELING**.

PSYCHOLOGIST:

Amounts paid to a psychologist for medical care are eligible expenses. See **COUNSELING**.

SCHOOLS, SPECIAL:

- Payments to a School for a mentally impaired or physically disabled person are eligible expenses if the reason for using the School is its resources for relieving the disability. For example, the cost of a School that teaches Braille to the visually impaired, lip reading to the hearing impaired, or gives remedial language training to correct a condition caused by a birth defect is an eligible expense.
- The cost of meals, lodging, and education supplied by a School or institution is eligible as a medical expense only if the reason for the patient being on-site is the resources the School has for relieving the mental or physical disability.
- The cost of sending a problem dependent to a School for benefits the dependent may get from the course of study and disciplinary methods is not an eligible expense. The cost of a boarding School while recuperating from an illness is not an eligible expense.
- The cost to prepare a dependent to live alone or become self-sufficient in the future would be eligible.

SMOKING CESSATION PROGRAM:

Smoking is considered an addiction therefore the cost of a program or prescription medication to stop smoking is an eligible medical expense. However, non-prescription medicines are not eligible. Most stop-smoking patches and gum are non-prescription and therefore are not eligible.

SPEECH/VOICE THERAPY:

Eligible if rendered for developmental delay or is restorative or rehabilitative in nature. No doctor's note is required.

STERILIZATION:

The cost of legal sterilization is an eligible medical expense. Vasectomy or tubal ligations are eligible.

SUBSTANCE ABUSE:

See **ALCOHOLISM, DRUG OR SUBSTANCE ABUSE**

TELEPHONE:

The cost and repair of special telephone equipment that allows a deaf person to communicate over a regular telephone is an eligible medical expense. See **HANDICAPPED PERSONS**.

THERAPY:

- Therapy You receive as medical or mental treatment is an eligible expense.
- Massage for a specific disorder is eligible. No prescription is required unless the condition is one that would normally be diagnosed by a physician, but the receipt must clearly state the condition being treated.
- Patterning Exercises: Payments made to an individual for giving patterning exercises to a mentally handicapped dependent are eligible. These exercises consist of physical manipulation of the dependent's arms and legs to imitate crawling and other normal movements.

TRANSPLANTS:

You may include as medical expenses payments for surgical, hospital, laboratory and transportation expenses for a donor or a possible donor of a kidney or other organ (heart, eye, etc). See **DOCTOR'S FEES**.

TRANSPORTATION:

Amounts paid for transportation primarily for and essential to medical care qualify as medical expenses. An individual may be reimbursed \$.13 per mile or actual car expenses when traveling in his/her own vehicle to obtain medical care. Mileage documentation is required. The cost of tolls and parking can be added to this amount. This includes:

- Actual use expenses, such as gas and oil (rate of \$.13 per mile). Do not include expenses for general repair, maintenance, depreciation, and insurance.
- Bus, taxi, train, plane fare, or ambulance service
- Cost of transportation for parents if accompanying a child who needs medical care.
- Parking fees and tolls (receipts required)
- Trips to pharmacy to pick up prescriptions and/or medical supplies
- Transportation expenses for regular visits to see a mentally ill dependent, if these visits are recommended as part of treatment
- Transportation expenses of a nurse or other person who can give injections, medications, or other treatment required by a patient who is traveling to get medical care and is unable to travel alone
- Transportation to Alcoholics Anonymous meetings
- Transportation expenses to attend special conferences in order to obtain information for the treatment of a specific medical condition. Lodging and meals do not qualify.

This does not include:

- Transportation expenses to and from work, even if the condition requires an unusual means of transportation.
- Transportation of disabled to and from work
- Transportation expenses if, for non-medical reasons only, You choose to travel to another city, such as a resort area, for an operation or other medical care prescribed by a doctor.
- Transportation expenses incurred primarily or substantially for personal reasons.

TRIPS:

- Trips to a doctor or dentist are eligible. See **TRANSPORTATION**.
- Childcare fees while at doctor's office are not eligible.
- A trip or vacation taken for a change in environment, improvement of morale, or general improvement of health, even if made on the advice of a doctor, is not an eligible medical expense.

TUITION FEES:

Tuition charges for a medically dysfunctional dependent are eligible expenses. Tuition fees paid to a private School as a personal preference over public Schooling for general education are **not** an eligible expense. See **LEARNING DISABILITY** and **SCHOOLS, SPECIAL**.

VITAMINS:

Vitamins must be prescribed by a doctor and available only with a prescription to be considered eligible. Over-the-counter vitamins are not eligible even if prescribed by a doctor.

WATER FLUORIDATION UNITS AND WATER PIK:

These are eligible as a medical expense if prescribed by a doctor for treatment for a specific medical condition.

Note: Expenses must be accompanied by a doctor's certification indicating the specific medical disorder and that this treatment will directly cure or mitigate the medical condition.

WEIGHT LOSS PROGRAM:

The cost of exercise equipment or weight-loss programs for general health, even if recommended by a doctor, is not an eligible medical expense. Weight loss expenses incurred directly as treatment of a particular medical condition do qualify.

Note: Expenses must be accompanied by a doctor's certification indicating a specific medical disorder that requires the weight loss program, the specific treatment needed, and how this treatment will alleviate the medical condition (e.g., hypertension).

WHEELCHAIR:

Amounts paid for a manual or motorized wheelchair used mainly for the relief of sickness or disability is an eligible medical expense. The cost of operating and maintaining the wheelchair is also an eligible medical expense. See **MAINTENANCE**.

X-RAY FEES:

Amounts paid for x-rays for medical reasons are eligible medical expenses. Both medical and dental x-rays are eligible.

MasterCard(r)® Health Debit Card

The MasterCard(r)® Health Debit Card is issued by MBI Bank. The card electronically accesses and debits an Employee's HRA when an eligible expenditure is incurred. Because it is a debit (stored-value) card, there is no risk of incurring Employee debt or overspending. If the funds are not in the account, the transaction will simply be denied. Cards can be provided carte blanche to all HRA Employee participants because no credit is being extended.

The MasterCard(r)® Health Debit Card allows reimbursement to be made at point of sale without the need to issue a check or make a direct deposit into the Employee's bank account for reimbursement. The MasterCard(r)® Health Debit Card provides for instant reimbursements for prescription, doctor, dentist, ophthalmologist and optometrist co-pays. If the merchant or health care provider accepts MasterCard(r)®, the MasterCard(r)® Health Debit Card may be used. In addition, there is no Personal Identification Number ("PIN") associated with the MasterCard(r) Health Debit Card. For consumer-activated terminals, the "credit" option must be chosen in order for the MasterCard(r) Health Debit Card to be accepted.

Some of the eligible Merchants are as follows:

- Drug Stores and Pharmacies
- Supermarkets
- Discount Stores
- Medical Service Practitioners:
 - Hospitals
 - Physicians
 - Dentists/Orthodontists
 - Optometrists
 - Opticians
 - Chiropractors
 - Medical Equipment Providers
 - Osteopaths
 - Orthopedic and Prosthetic Appliances
 - Psychiatric Hospitals
 - Home Health Care Services

The MasterCard(r)® Health Debit Card allows for paperless adjudication of prescription drug co-pays, office visit co-pays and other co-pays. Because the HRA is regulated by the IRS, there may be instances where receipts are required for **SUBSTANTIATION**. Employees may access history of expenditures and remaining balances through the Internet by logging onto www.mbicard.com or by calling ICUBA at 1-866-377-5102.

When using the MasterCard(r)® Health Debit Card, it is important to know the available balance in Your account. The plan requires that You exhaust the available balance in Your Health Care Spending Account (HCSA) prior to accessing the available funds in Your HRA.

If a transaction is not approved, it will be denied at Point of Sale. In the unlikely event that a sale does go through, but it was an ineligible expense, ICUBA will take steps to recover the ineligible expense. For instance, if an Employee charges their Rx co-pay of \$25 plus a \$10.99 DVD at the pharmacy counter, and then ICUBA takes the following steps to recover the \$10.99:

1. Send a participant letter asking them to reimburse their own account for an ineligible expense of \$10.99.
2. If the participant does not do this, the amount can be deducted from future reimbursement paid to participant for legitimate expenses.
3. As a last resort the Employer may be asked to payroll deduct that amount in order to reimburse the account.

The MasterCard(r) Health Debit Card® may be suspended or cancelled immediately upon notification by Your Employer. Funds in the HRA are accessible to Employees through the MasterCard(r)® Health Debit Card. Employees may pay for eligible expenditures from their HRA either through the MasterCard(r)® Health Debit Card at Point of Sale, or by submitting hard copy reimbursement to ICUBA. Any monies left in the HRA automatically rollover until termination of employment, termination of COBRA participation in an eligible medical plan, or until the HRA is vested and administrative fees have been paid to Your Employer.

When to File Claims From Your HRA Account

Employees or COBRA beneficiaries must submit claims within 12 months of the time the expense is incurred, or within 90 days of becoming ineligible for any medical plans offered through Your Employer (e.g., at time of employment termination), whichever is earlier, in order to be considered an eligible expenditure. If at time of becoming ineligible to participate in an ICUBA medical plans You are vested in Your HRA, You do not need to adhere to the 90 day filing rule mentioned above. You may not claim an eligible expenditure as a deduction on Your personal income tax return nor be reimbursed by other health coverage (including any Health Care Spending Account [HCSA], health savings account, insurance policy, etc.).

How to File a Claim for Reimbursement

When You have a claim to submit for payment, You must:

1. Obtain a claim form from the Employer. You can obtain a claim form from ICUBA by emailing flex@ICUBA.com, by calling 1-866-377-5102 or by logging onto Your Employer's website and selecting the Knowledge Base.
2. Complete the Employee portion of the form.
3. Attach copies of all bills from the service provider for which You are requesting reimbursement.
4. You may also request that reimbursement be made to You directly deposited into Your bank account by completing a Direct Deposit form posted in the Knowledge Base.
5. Fax or mail Your claim to:

**HRA Administration
PO Box 616927
Orlando, FL 32861-6927**

A claim is defined as any request for a HRA benefit made by a claimant or by a representative of a claimant that complies with the HRA's reasonable procedure for filing benefit claims.

The Employer will provide written or electronic notification of any claim denial. The notice will state:

1. The specific reason or reasons for the denial
2. Reference to the specific HRA provisions on which the denial was based
3. A description of any additional material or information necessary for the claimant to perfect the claim and an explanation of why such material or information is necessary
4. A description of the HRA's review procedures and the time limits applicable to such procedures This will include a statement of Your right to bring a civil action under Section 502 of ERISA following a denial on review.

A statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim.

If the denial was based on an internal rule, guideline, protocol, or other similar criteria, the specific rule, guideline, protocol, or criterion will be provided free of charge. If this is not practical, a statement will be included that such a rule, guideline, protocol, or criterion was relied upon in making the denial and a copy will be provided free of charge to the claimant upon request.

When You receive a denial, You will have 180 days following receipt of the notification to appeal the decision. You may submit written comments, documents, records, and other information relating to the claim. If You request, You will be provided, free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim.

The period of time within which a denial on review is required to be made will begin at the time an appeal is filed in accordance with the procedures of the HRA. This timing is without regard to whether all the necessary information accompanies the filing.

A document, record, or other information shall be considered relevant to a claim if it:

1. Was relied upon in making the claim determination
2. Was submitted, considered, or generated in the course of making the claim determination, without regard to whether it was relied upon in making the claim determination
3. Demonstrated compliance with the administrative processes and safeguards designed to ensure and to verify that claim determinations are made in accordance with HRA documents and HRA provisions have been applied consistently with respect to all claimants
4. Or constituted a statement of policy or guidance with respect to the HRA concerning the denied claim.

The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim, without regard to whether such information was submitted or considered in the initial claim determination. The review will not afford deference to the initial denial and will be conducted by a fiduciary of the HRA who is neither the individual who made the adverse determination nor a subordinate of that individual.

Vesting

Employees with 36 months of continuous Employer contributions to their HRA become vested in their HRA. Your participation in an HRA needs to be *consecutive*, and may not be separated by any period. When You are vested in an HRA, You may continue to use Your HRA after Your employment termination, as long as You continue to pay the monthly administrative fee .

If an Employee vests in their HRA balance and then dies, only those eligible dependents enrolled in an Employer medical plan with an HRA may continue to participate in the HRA, and then only for the period of time that the eligible dependent receives COBRA benefits. Dependents on COBRA already at the time of the Employee death are not eligible to participate in the vested HRA.

Interest

Any balance in an HRA on March 31, June 30, September 30, and December 31 will be credited with interest. The amount of interest is the same provided by the same amount of interest the HRA balance earns from the bank that holds the depository.

Substantiation and Recordkeeping

Because the HRA is regulated by the IRS, it is recommended that You follow the IRS guidelines for record retention. Because the IRS also requires that You show that the expense has not been reimbursed by any other plan, You may need to provide an Explanation of Benefits from another plan. The IRS recommends that for each medical expense, You should keep a record of:

- The name and address of each person/provider You paid, and
- The amount and date of each payment
- The amount paid by any other health plan

You should also keep a statement, explanation of benefits or itemized invoice showing the following:

- What medical care was received
- Who received the care
- The nature and purpose of any other medical expenses
- Who the other medical expenses were for
- The amount of the other medical expenses and the date of payment

You may have less substantiation requirements if You use the MasterCard(r)® Health Card. While many eligible expenses will be recognized as co-payments, and will not require additional substantiation, there are unrecognized expenses for which You may have to provide documentation. Therefore, You should keep receipts for at least three weeks from the date of service as You may be asked to submit receipts not recognized by the MasterCard(r)® Health Debit Card. This information will be kept on file so once You have substantiated a recurring claim; You will not be requested to send in additional substantiation in the same plan year.

Order of Reimbursement

If You are a participant in Health Care Spending Account (HCSA), funds will come first from the HCSA and then from the HRA. A medical care expense may not be reimbursed if the expense has been reimbursed or is reimbursable under any other accident or health plan. If coverage is provided by both the HRA and the HCSA, the HCSA must be exhausted before reimbursements are made from the HRA. This does not include expenses that are not reimbursable under the HCSA. For example, You may be reimbursed through the HRA for long-term care insurance premiums even if You still have a balance in the HCSA. In no case may You be reimbursed for the same medical care expense by both the HRA and the HCSA. See the MasterCard(r)® Health Debit Card section for instructions on obtaining account balances.

Administrative Fees

Active Employees and COBRA participants' administrative fees are paid by Your Employer. If You have a vested HRA, You must pay an annual administrative fee on Your first day of eligibility as a terminated Employee, and each month thereafter. The amount of the monthly fee is \$10 (to be increased by 6% each year commencing on April 1, 2008). Such monies will be taken from Your HRA.

Employment/Coverage Termination and Death

If Your employment is terminated during the HRA Plan Year for any reason, Your participation in the HRA will cease and any unused amounts are forfeited and returned to Your Employer, unless you continue COBRA coverage and pay 102% of the monthly HRA contribution..

However, if You have at least 36 full months of continuous participation as an active Employee (e.g., not as a COBRA beneficiary) in the HRA, You may continue to participate in the HRA indefinitely as long as You pay the monthly Administrative Fee.

It is important to note that Your final HRA deposit will be made according to when You leave active employment and Your active benefits end. If Your last day of active benefits ends after the 15th of the month, You will receive a HRA deposit for the month in which Your active benefits end.

If You terminate employment on the 15th or prior to the 15th of the month, You will not receive an HRA deposit for that month.

In the event of the termination of employment being the result of disability or death, the monies in the HRA will be forfeited unless You had at least 36 full months of continuous participation in the HRA, or You continue to participate in the HRA through COBRA. Such HRA balances may only be provided to Employees, or their heirs who were also enrolled in the Employee's medical HRA at the time of the Employee's death, and may only be used for eligible expenditures, and may never revert to cash, including as a death benefit. Such monies are available to the dependents only for the period of time that they are also enrolled in the ICUBA medical plan. Such dependents do not need to purchase monthly HRA contributions in order to receive access to the HRA balance during COBRA. Only eligible dependents of the deceased HRA vested participant may receive HRA balances. Such beneficiaries are subject to the **administrative fee.**

General Information about the HRA

This Section contains certain general information, which You may need to know about the HRA.

1. General HRA Information

- Health Reimbursement Account is the name of the HRA.
- The provisions of this HRA become effective on April 1, 2004.
- The HRA allows other Employers to adopt its provisions. You or Your beneficiaries may examine or obtain a complete list of Employers, if any, who have adopted Your HRA by making a written request to the Administrator.

2. Employer Information

The name, address and business telephone number of Your HRA's Administrator is:

ICUBA
P.O. Box 616927
Orlando, FL 32861-6927
Toll Free Phone: 1-866-377-5102
Toll Free Fax: 1-866-377-5102

Email: flex@icuba.org

The Employer keeps the records for the HRA and is responsible for the administration of the HRA. The Administrator will also answer any questions You may have about our HRA. The Employer has the exclusive right to interpret the appropriate HRA provisions. Decisions of the Administrator are conclusive and binding. You may contact the Administrator for any further information about the HRA.

3. Service of Legal Process

The Employer is the HRA's Agent for service of legal process.

4. Type of Administration

The HRA administration is provided through a Third Party Claims Administrator. The HRA is not funded or insured. Benefits are paid from the general assets of the Employer.

Your Rights under ERISA

HRA participants, eligible Employees and all other Employees of the Employer may be entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (**ERISA**) and the Internal Revenue Code. These laws provide that participants, eligible Employees and all other Employees be entitled to:

1. Examine, without charge, at the Administrator's office, all HRA documents, including insurance contracts, collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the HRA with the U.S. Department of Labor, and available at the Public Disclosure Room of the Employee Benefits Security Administration.
2. Obtain copies of all HRA documents and other HRA information upon written request to the Administrator. The Administrator may charge a reasonable fee for the copies.
3. Continue health care coverage for a HRA participant, Spouse, or other Dependents if there is a loss of coverage under the HRA because of a qualifying event. Employees or Dependents may have to pay for such coverage.
4. Review this summary HRA description and the documents governing the HRA on the rules governing COBRA continuation coverage rights.

If Your claim for a benefit is denied or ignored, in whole or in part, You have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules.

Under **ERISA**, there are steps You can take to enforce the above rights. For instance, if You request materials from the HRA and do not receive them within thirty (30) days, You may file suit in a Federal court. In such a case, the court may request the Administrator to provide the materials and pay You up to \$110 a day until You receive the materials, unless the materials were not sent because of reasons beyond the control of the Administrator. If You have a claim for benefits, which is denied or ignored, in whole or in part, You may file suit in a state or Federal court.

In addition, if a HRA participant disagrees with the HRA's decision or lack thereof concerning the qualified status of a medical child support order, he or she may file suit in federal court.

In addition to creating rights for HRA participants, ERISA imposes obligations upon the individuals who are responsible for the operation of the HRA. The individuals who operate the HRA, called “fiduciaries” of the HRA, have a duty to do so prudently and in the interest of the HRA participants and their beneficiaries. No one, including the Employer or any other person, may fire a HRA participant or otherwise discriminate against a HRA participant in any way to prevent the HRA participant from obtaining benefits under the HRA or from exercising his or her rights under ERISA.

If it should happen that HRA fiduciaries misuse the HRA’s money, or if You are discriminated against for asserting Your rights, You may seek assistance from the U.S. Department of Labor or You may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If You are successful, the court may order the person You have sued to pay these costs and fees. If You lose, the court may order You to pay these costs and fees.

If You have any questions about the HRA, You should contact the Administrator.

If You have any questions about this statement, or about Your rights under ERISA, the Health Insurance Portability and Accountability Act (HIPAA), or if You need assistance in obtaining documents from the Administrator, You should contact the nearest office of the Employee Benefits Security Administration:

Employee Benefits Security Administration, U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210.

You may also obtain certain publications about Your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration. See <http://www.dol.gov> for more information.

Privacy

This notice describes how medical information about You may be used and disclosed, and how You can get access to this information. Please review it carefully.

If You have any questions about this notice, please contact:

Official and Contact Person:

Robin Long
Deputy Plan Administrator
ICUBA
4850 Millenia Blvd.
Suite 329
Orlando, FL 32839
Phone: 407-354-4664

This Notice describes the medical information practices of Your Employer's Health Plan (the "Plan") and that of any third party that assists in the administration of Plan claims.

Our Pledge Regarding Medical Information

We understand that medical information about You and Your health is personal. We are committed to protecting medical information about You. We create a record of the health care claims reimbursed under the Plan for Plan administration purposes. This Notice applies to all of the medical records we maintain. Your personal doctor or health care provider may have different policies or notices regarding the doctor's use and disclosure of Your medical information created in the doctor's office or clinic. This Notice will tell You about the ways in which we may use and disclose medical information about You. It also describes our obligations and Your rights regarding the use and disclosure of medical information.

We are required by law to:

1. Make sure that medical information that identifies You is kept private;
2. Give You this Notice of our legal duties and privacy practices with respect to medical information about You; and
3. Follow the terms of the notice that is currently in effect.

How We May Use and Disclose Medical Information About You

The following categories describe different ways that we use and disclose medical information. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment (as described in applicable regulations). We may use or disclose medical information about You to facilitate medical treatment or services by providers. We may disclose medical information about You to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of You. For example, we might disclose information about Your prior prescriptions to a pharmacist to determine if a pending prescription is contraindicative with prior prescriptions. Likewise, we might disclose information about Your prior treatment to Your campus wellness program or health center if medical history is necessary to determine a course of treatment.

For Payment (as described in applicable regulations). We may use and disclose medical information about You to determine eligibility for Plan benefits, to facilitate payment for the treatment and services You receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell Your health care provider about Your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary or to determine whether the Plan will cover the treatment. We may also share medical information with a utilization review or pre-certification service provider. Likewise, we may share medical information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations (as described in applicable regulations). We may use and disclose medical information about You for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information for: conducting quality assessment and improvement activities, underwriting, premium rating, other activities relating to plan coverage, submitting claims for stop-loss (or excess loss) coverage, conducting or arranging medical review, legal services, audit services, fraud and abuse detection programs, business planning and development such as cost management, business management, and general plan administrative activities.

As required by law, we will disclose medical information about You when required to do so by Federal, State or local law. For example, we may disclose medical information when required by a court order in a litigation proceeding such as a malpractice action.

To Avert a Serious Threat to Health or Safety

We may use and disclose medical information about You when necessary to prevent a serious threat to Your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose medical information about You in a proceeding regarding the licensure of a physician.

SPECIAL SITUATIONS

Disclosure to College or University Member

There are a few limited situations where information may be disclosed to any of the college or university Members of Your Employer. First, information may be disclosed to another health plan maintained by the Member for purposes of facilitating claims payments under that plan. Second, medical information may be disclosed to Member personnel solely for purposes of administering benefits under the Plan. Third, the Plan may disclose enrollment/unenrollment information to the Member for enrollment and unenrollment purposes only.

Information will only be disclosed to a Member if it has established certain safeguards and firewalls to limit the classes of Employees who will have access to medical information and to limit the use of PHI to plan purposes and for non-permissible purposes.

Organ and Tissue Donation

If You are an organ donor, we may release medical information to organizations that handle organ procurement or organ, eye or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military and Veterans

If You are a Member of the armed forces, we may release medical information about You as required by military command authorities. We may also release medical information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation: We may release medical information about You for workers' compensation or similar programs. These programs provide benefits for work-related injuries or illness.

Public Health Risks

We may disclose medical information about You for public health activities. These activities generally include the following:

1. To prevent or control disease, injury or disability;
2. To report births and deaths;
3. To report child abuse or neglect;
4. To report reactions to medications or problems with products;
5. To notify people of recalls of products they may be using;
6. To notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition.

Important Note: You may wish the Member/Campus Human Resource office to assist You with a claim. We have provided a form to each Human Resource office for this purpose. If You provide us permission to use or disclose medical information about You, You may revoke that permission, in writing, at any time. If You revoke Your permission, we will no longer use or disclose medical information about You for the reasons covered by Your written authorization. You understand that we are unable to take back any disclosures we have already made with Your permission, and that we are required to retain our records of the care that we provided to You.

7. To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if You agree or when required or authorized by law. Health Oversight Activities: We may disclose medical information to a health oversight agency for activities authorized by law; these oversight activities include, for example, audits, investigations, inspections, and

licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes

If You are involved in a lawsuit or a dispute, we may disclose medical information about You in response to a court or administrative order. We may also disclose medical information about You in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell You about the request or to obtain an order protecting the information requested.

Law Enforcement

We may release medical information if asked to do so by a law enforcement official:

1. In response to a court order, subpoena, warrant, summons or similar process;
2. To identify or locate a suspect, fugitive, material witness, or missing person;
3. About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
4. About a death we believe may be the result of criminal conduct;
5. About criminal conduct at the hospital; and
6. In emergency circumstances to report a crime, the location of the crime or victims, the identity, description or location of the person who committed the crime.

Coroners, Medical Examiners and Funeral Directors

We may release medical information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients of the hospital to funeral directors as necessary to carry out their duties.

National Security and Intelligence Activities

We may release medical information about You to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates: If You are an inmate of a correctional institution or under the custody of a law enforcement official, we may release medical information about You to the correctional institution or law enforcement official. This release would be necessary:

1. For the institution to provide You with health care;
2. To protect Your health and safety or the health and safety of others; or
3. For the safety and security of the correctional institution.

Your Rights Regarding Medical Information About You

You have the following rights regarding medical information we maintain about You:

Right to Inspect and Copy

You have the right to inspect and copy medical information that may be used to make decisions about Your Plan benefits. To inspect and copy medical information that may be used to make decisions about You, You must submit Your request in writing to the Privacy Official. If You request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies associated with Your request.

We may deny Your request to inspect and copy in certain very limited circumstances. If You are denied access to medical information, You may request that the denial be reviewed.

Right to Amend

If You feel that medical information we have about You is incorrect or incomplete, You may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan.

To request an amendment, Your request must be made in writing and submitted to the Privacy Official. In addition, You must provide a reason that supports Your request.

We may deny Your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny Your request if You ask us to amend information that:

1. Is not part of the medical information kept by or for the plan;
2. Was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
3. Is not part of the information which You would be permitted to inspect and copy; or
4. Is accurate and complete.

Right to an Accounting of Disclosures

You have the right to request an “accounting of disclosures” where such disclosure was made for any purpose other than treatment, payment, or health care operations. To request this list or accounting of disclosures, You must submit Your request in writing to the Privacy Official. Your request must state a time period, which may not be longer than six years and may not include dates before April 2003. Your request should indicate in what form You want the list (for example, paper or electronic). The first list You request within a 12-month period will be free. For additional lists, we may charge You for the costs of providing the list. We will notify You of the cost involved and You may choose to withdraw or modify Your request at that time before any costs are incurred.

Right to Request Restrictions

You have the right to request a restriction or limitation on the medical information we use or disclose about You for treatment, payment or health care operations. You also have the right to request a limit on the medical information we disclose about You to someone who is involved in Your care or the payment for Your care, like a family Member or friend. For example, You could ask that we not use or disclose information about a surgery that You had. We are not required to agree to Your request. To request restrictions, You must make Your request in writing. In Your request, You must tell us:

1. What information You want to limit;
2. Whether You want to limit our use, disclosure or both; and
3. To whom You want the limits to apply, for example, disclosures to Your spouse.

Right to Request Confidential Communications

You have the right to request that we communicate with You about medical matters in a certain way or at a certain location. For example, You can ask that we only contact You at work or by mail.

To request confidential communications, You must make Your request in writing to Privacy Official. We will not ask You the reason for Your request. We will accommodate all reasonable requests. Your request must specify how or where You wish to be contacted.

Right to a Paper Copy of This Notice

You have the right to a paper copy of this Notice. You may ask us to give You a copy of this Notice at any time. Even if You have agreed to receive this Notice electronically, You are still entitled to a paper copy of this Notice. You may obtain a copy of this Notice at in the Knowledge Base of the WebOne database to obtain a paper copy of this Notice. Please contact the Privacy Official for further information.

Changes to This Notice

We reserve the right to change this Notice. We reserve the right to make the revised or changed Notice effective for medical information we already have about You as well as any information we receive in the future. We will post a copy of the current notice on the Plan website. The notice will contain on the first page, in the top right-hand corner, the effective date.

Complaints

If You believe Your privacy rights have been violated, You may file a complaint with the Plan or with the Secretary of the Department of Health and Human Services. To file a complaint with the Plan, contact the Privacy Official. All complaints must be submitted in writing. You will not be penalized for filing a complaint.

Other Uses of Medical Information

Other uses and disclosures of medical information not covered by this Notice or the laws that apply to us will be made only with Your written permission.

Appendix A

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
A			
Abortion		Yes	Yes
Acne products	Products used for general hygiene such as facial wash, cleansers, toners, and medicated makeup	No	No
Acne products	Products specifically marketed for and used to treat acne	Yes	Yes
Acupuncture	Treatment for a medical condition	Yes	Yes
Advance payments	<p>Nonrefundable advance payments to a private institution for lifetime care, treatment, and training of a physically or mentally impaired Dependent after the death or disability of a legal guardian</p> <p>Special considerations: You must provide a statement of medical necessity from a doctor documenting the disability or mental impairment</p>	Yes	Yes
Alcohol or drug addiction	Payments to a treatment center for alcohol or drug addiction, including meals and lodging	Yes	Yes
Allergy prevention products	<p>Products purchased or used to alleviate allergies, such as a pillow, mattress, or vacuum</p> <p>Special considerations: You must provide a statement of medical necessity from a doctor documenting the diagnosed allergy and that the expense is for a product that will help alleviate the allergy symptoms</p>	Yes	Yes
Allergy testing and shots		Yes	Yes
Ambulance service		Yes	Yes
Arch support	Foot products prescribed by a doctor to treat a medical condition	Yes	
Artificial limbs		Yes	Yes
Automobile insurance premiums		No	No

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Automobile modifications	<p>Modifications include special hand controls and other equipment installed in an automobile for a person with a disability</p> <p>Special considerations: You must provide a statement of medical necessity from a doctor documenting the disability</p>	Yes	Yes
B			
Birth control pills	Prescribed birth control pills	Yes	Yes
Birth control products	Prescribed devices such as diaphragms, IUDs, and Norplant, in addition to over-the-counter items such as home pregnancy tests, condoms, gels, and foams	Yes	Yes
Blood donation	Costs associated with blood donation Examples include self blood donations, storage fees, and processing fees	Yes	Yes
Blood pressure monitors	Costs include electronic monitors and replacement blood pressure cuffs	Yes	Yes
Body scans		Yes	Yes
Bottled water		No	No
Braille books and magazines	<p>Costs are limited to those that exceed regular printed editions</p> <p>Special considerations: You must provide a receipt or advertisement with the price of the commonly available version of the book or magazine and a receipt of the Braille material</p>	Yes	Yes
Breast augmentation	<p>Examples include implants and injections</p> <p>Special considerations: Surgery or procedures that aren't medically necessary aren't eligible</p>	No	No
Breast pumps	<p>Pump prescribed by a doctor for a medical reason</p> <p>Special considerations: Breast pumps used for nursing and routine post-partum care aren't eligible</p>	Yes	Yes
C			

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Chelation therapy	Therapy used to treat a medical condition, such as lead poisoning	Yes	Yes
Childbirth classes	Classes necessary to reduce pain during labor and delivery. An example is Lamaze. Special considerations: Expenses related to parenting techniques, infant CPR, and breast feeding aren't covered	Yes	Yes
Chiropractor	Treatment for a medical condition	Yes	Yes
Christian Science practitioner	Medical expenses paid to a practitioner for medical care	Yes	Yes
Contact lenses and solutions	Products include saline solution and enzyme cleaner	Yes	Yes
Cosmetic services and products	Those necessary to improve a deformity related to a congenital abnormality or injury resulting from an accident, trauma, or disfiguring disease (post-mastectomy reconstructive surgery, for example) Special considerations: You must provide a statement of medical necessity from a doctor documenting the deformity, disfigurement or injury	Yes	Yes
Cosmetic services and products	Surgery that is not medically necessary. Examples include liposuction, hair transplants, electrolysis, laser treatments , and face-lifts	No	No
Counseling	Marriage or family counseling Special considerations: Other types of counseling such as mental health and psychiatric care, are eligible to mental health	No	No
Crutches		Yes	Yes
D			
Dental coinsurance	Amounts not covered by Your or spouse's dental plans	Yes	Yes
Dental co-payments		Yes	Yes
Dental deductibles	Deductibles under Your or spouse's dental plans	Yes	Yes

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Dental expenses	Examples include fees for X rays, fillings, braces, extractions, crowns, and orthodontia	Yes	Yes
Dental implants	Fees for insertion of artificial tooth, bone grafting, and follow-up care	Yes	Yes
Dental reasonable/customary	Amounts not paid by a dental plan that exceed reasonable and customary amounts	Yes	Yes
Dentures		Yes	Yes
Diapers (adult)	Diapers necessary as a result of a medical condition	Yes	Yes
Diapers (child)		No	No
Diaper service	Cost for an agency that delivers and picks up cloth diapers	No	No
Dietician services	Fees paid to a dietician when referred by a doctor for treatment of a medical condition	Yes	Yes
DNA testing	DNA testing for paternal responsibility	No	No
Disability capitol costs	Examples include constructing entrance or exit ramps, adding handrails, or modifying stairways at a personal residence for disability of an Employee or Dependent Special considerations: You must provide a statement of medical necessity from a doctor documenting the disability	Yes	Yes
Disability equipment	Equipment installed in the home or car for use by a disabled Employee or Dependent Special considerations: You must provide a of medical necessity from a doctor documenting the disability	Yes	Yes
E			
Earplugs	Plugs must be prescribed by a doctor for a medical condition	Yes	Yes
Ear wax removal materials	Kits and ear drops must be prescribed by a doctor for a medical condition	Yes	Yes
Erectile dysfunction	Medication prescribed by a doctor to treat a medical condition	Yes	Yes

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Exercise equipment	Equipment recommended by a doctor for the treatment of a medical condition Special considerations Must provide a letter from a doctor describing the medical condition, such as a cardiac condition	Yes	Yes
Exercise equipment	Equipment used for general health purposes or prevention of an undiagnosed disease	No	No
Eye examinations		Yes	Yes
Eyeglasses	Costs include prescription glasses and nonprescription reading glasses	Yes	Yes
Eyeglass tinting and coating		Yes	Yes
Eye surgery	Surgery to correct defective vision	Yes	Yes
F			
Fluoride treatment	Costs include prescription or nonprescription fluoride and installation and monthly rental charges of a home water unit when recommended by a dentist	Yes	Yes
Flu shots		Yes	Yes
Food (prescribed)	Foods prescribed by a doctor to treat a medical condition. Examples are baby formula and gluten-free and lactose-free foods. Costs are limited to those that exceed common versions of the product Special considerations: Must provide a receipt or advertisement with the price of the commonly available version of the food and a receipt of the prescribed food	Yes	Yes
Funeral and burial expenses		No	No

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Future payments	Down payments or payments for services that have not been rendered or products not received Special considerations: However, lump-sum payments for future orthodontia services are an eligible exception. Once the service is rendered, an itemized bill indicating the date the service was rendered is required for the expenses to be considered eligible.	No	No
G			
Guide dog		Yes	Yes
H			
Health club or YMCA dues	Examples include Membership and personal trainer fees	No	No
Hearing aids		Yes	Yes
Hearing coinsurance	Amounts not covered by Your or spouse's hearing plans	Yes	Yes
Hearing deductible	Deductibles under Your or spouse's hearing plans	Yes	Yes
Hearing expenses	Costs include examinations and hearing aid batteries	Yes	Yes
Hearing reasonable and customary	Amounts not paid by a hearing plan that exceed reasonable and customary amounts	Yes	Yes
Hearing-impaired phone tools	Telephone equipment that allows a hearing-impaired person to communicate over a regular telephone	Yes	Yes
Hearing-impaired TV equipment	Equipment that displays the audio part of television programs as subtitles for a hearing-impaired person	Yes	Yes
Herbal remedies	Remedies that are prescribed by a doctor for a medical condition	Yes	Yes
Hospital care	Inpatient care, including the cost of a private room Special considerations: Fees for personal convenience items, such as a television, telephone, and concierge services are not eligible.	Yes	Yes

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Household help	Expenses for help, even if recommended by a doctor, due to an inability of Employee, Dependent, or retiree to perform physical housework	No	No
Humidifiers	Cost of portable units prescribed by a doctor for treatment of a medical condition	Yes	Yes
Hypnosis	Hypnosis prescribed for medical reasons	Yes	Yes
I			
Illegal medical treatment	Including surgery	No	No
Immunizations		Yes	Yes
Infertility	Treatments for infertility, including artificial insemination, in-vivo or in-vitro fertilization, embryo placement, egg and sperm storage, and ovulation monitors	Yes	Yes
J			
K			
L			
Laboratory and X ray fees		Yes	Yes
Laetrile	Anti-cancer drug	No	No
Language training	Training for a child with dyslexia or other learning disabilities. Fees for regular Schooling aren't eligible	Yes	Yes
LASIK surgery		Yes	Yes
Lead-based paint removal	Costs for residences with children who have or had lead poisoning	Yes	Yes
Legal fees	Fees paid to authorize treatment for mental illness, excluding guardianship or estate management fees	Yes	Yes
Lens replacement insurance	Insurance to replace eyeglass or contact lenses	No	No
Life insurance premiums	Premiums paid for the following policies: life insurance, repayment for loss of earnings, and accidental loss of life, limbs, or sight	No	No

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Lodging	Cost of lodging not provided in a hospital or similar institution while away from home if primarily for and essential to medical care (limited to \$50 per person per night) Special considerations: The \$50 is applicable to only the patient and caregiver and is limited to \$100 per night. You must provide a statement of medical necessity from a doctor documenting the medical condition.	Yes	Yes
Long-term care expenses	Expenses include premiums for long-term care and facility fees	No	Yes
M			
Massage therapy	Therapy prescribed by a doctor to treat an injury or trauma	Yes	Yes
Mastectomy-related bras	Bras prescribed by a doctor	Yes	Yes
Maternity care	Service and supplies from doctors, midwives, clinics, hospitals, and laboratories Special considerations: 3D and 4D ultrasounds aren't eligible	Yes	Yes
Maternity clothes		No	No
Medic alert identifications	Bracelet or necklace prescribed by a doctor in connection with treating a medical condition	Yes	Yes
Medical coinsurance	Amounts not covered by Your or spouse's Medical plans	Yes	Yes
Medical conference	Admission and transportation costs	Yes	Yes
Medical contract fees	Annual contract costs for exclusive provider care Special considerations: Itemized expenses for services provided are eligible	No	No
Medical co-payments		Yes	Yes
Medical deductibles	Deductibles under Your or spouse's Medical plans	Yes	Yes

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Medical equipment	Costs to buy or rent durable equipment prescribed by a medical practitioner to alleviate or treat a medical condition. Examples include medical beds, nebulae's, and sleep therapy devices	Yes	Yes
Medical information	Amounts paid to a medical information plan for storage and retrieval of medical information	Yes	Yes
Medical reasonable/customary	Amounts not paid by a Medical plans that exceed reasonable and customary amounts	Yes	Yes
Medical services	Services provided by doctors, surgeons, specialists, or other medical practitioners	Yes	Yes
Medical supplies	Over-the-counter items such as bandages, thermometers, and heating pads	Yes	Yes
Mental health	Includes psychoanalysis or amounts paid to a psychiatrist, psychologist, hospital, clinic, or mental health facility for medical care	Yes	Yes
Mentally handicapped home	<p>Costs of keeping a mentally retarded person in a special home, as recommended by a psychiatrist, to help the person adjust from life in a mental hospital to community living</p> <p>Special considerations: Must provide a letter of medical necessity documenting that the special home or facility is necessary to assist the person in adjusting from life in a mental hospital to community living</p>	Yes	Yes
N			
Nursing or retirement home fee	<p>Medical care portion of a fee for an eligible Dependent</p> <p>Special considerations: Fees for doctors, therapists, and other medical practitioners are eligible, but fees for the nursing or retirement home facility aren't eligible</p>	Yes	Yes

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Nursing services	Wages and other amounts paid for nursing services to a patient at home or in a facility, such as a nursing home or rehabilitation center Special considerations: Home health care and private duty nursing are eligible	Yes	Yes
Nursing services for newborns	Services by a nurse or attendant to care for a normal and healthy newborn at a hospital or at home	No	No
Nutritional supplements	Supplements taken for general health purposes. Examples include protein supplements, energy bars, and sports drinks	No	No
O			
Occupational therapy	Therapy received as medical treatment	Yes	Yes
Organ donor	Surgical, hospital, laboratory, and transportation expenses for an organ donor, if You paid the donor's expenses	Yes	Yes
Orthodontic fees	Orthodontic fees paid in a lump sum and in monthly installments	Yes	Yes
Orthopedic shoes and esthetics	Shoes and orthotics prescribed by a doctor for a medical condition	Yes	Yes
Over-the-counter medications	Medications taken for general health purposes	No	No
Over-the-counter medications	Medications taken to relieve pain, colds, and medical conditions	Yes	Yes
Oxygen or oxygen equipment	Costs for rental or purchased equipment to relieve breathing problems caused by a medical condition	Yes	Yes
P			
Pain relievers		Yes	Yes
Personal-use items	Includes toiletries and cosmetics, unless used to prevent or ease a physical or mental defect or illness. Then only the excess of cost over the normally used item is reimbursable	No	No
Physical examinations	Routine physical examinations and related charges	Yes	Yes
Physical therapy	Therapy prescribed by a doctor as treatment for a medical condition	Yes	Yes

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Premiums for medical insurance	Premiums paid on an after-tax basis for any type of medical insurance coverage, including premiums for private insurance not provided by an Employer Special considerations: Must provide indication that the medical premium is after-tax when a payroll or retirement statement is used to document the medical premium expense. Handwritten or verbal confirmation will not be accepted.	No	Yes
Prenatal vitamins	Vitamins prescribed by a doctor for use during pregnancy	Yes	Yes
Prescription drugs	Exceptions may apply to drugs prescribed for cosmetic or general health purposes	Yes	Yes
Prosthetics		Yes	Yes
Psychiatric care	Medical costs for psychiatric care	Yes	Yes
Psychiatric expenses	Includes psychoanalysis or amounts paid to a psychologist for medical care	Yes	Yes
Q			
R			
S			
Sales taxes	Sales and service taxes on eligible medical care or products	Yes	Yes
Shipping	Charges to ship an eligible medical product	Yes	Yes
Social activities	Activities such as dancing or swimming lessons, even if recommended by a doctor for general health improvement	No	No
School (alternative)	Costs of sending a problem child to an alternative School for benefits the child may receive from the course of study and disciplinary methods Special considerations: Court-ordered programs aren't eligible	No	No

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
School payments for disabled	Expenses paid to an alternative School for a child with a severe learning disability if the main reason is using the School's resources for relieving the disability Special considerations: You must provide a statement of medical necessity documenting the School is necessary to relieve the child's learning disability	Yes	Yes
Speech therapy	Speech therapy costs when prescribed as treatment for medical conditions such as autism, dyslexia, developmental delays, and rehabilitation.	Yes	Yes
Sterilization	Costs of sterilization (vasectomy or tubal ligation) and reversal of sterilization operations	Yes	Yes
Sunglasses	Sunglasses prescribed by an eye doctor for light sensitivity	Yes	Yes
Stop-smoking program		Yes	Yes
Support hose	Hose prescribed by a doctor for a medical condition Special considerations: The hose must be primarily manufactured and marketed for relief of a medical condition. Hosiery primarily marketed for fashion isn't eligible	Yes	Yes
T			
Taxes	Social Security and Medicare taxes paid for a nurse, attendant, or other person who provides medical care	Yes	Yes
Teeth whitening or bonding	Costs include bleaching and special whitening toothpaste. These expenses are always considered cosmetic and aren't eligible	No	No
Toothbrush	Any type of toothbrush even if recommended by a dentist or orthodontist	No	No

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Transportation expenses	Costs to receive medical care including airfare, parking, tolls, taxis, rental cars, buses, gas for Your car, or mileage at the rate of 18 cents per mile Special considerations: You must provide a of medical necessity from a doctor documenting the medical condition for any expense \$100 or more if no diagnosis has been submitted previously	Yes	Yes
Tutoring	Tutoring fees, recommended by a doctor, for a child who has severe learning disabilities caused by a mental or physical impairment, including nervous system disorders	Yes	Yes
U			
Umbilical chord storage	Costs to collect, freeze and store umbilical cord blood only when a medical condition is present. Storage when no medical condition is present isn't eligible	Yes	Yes
Uniforms		No	No
UVR treatments	Ultraviolet radiation treatments recommended by a doctor for a medical condition, such as chronic psoriasis	Yes	Yes
V			
Vacation or travel	Time off or travel for general health purposes	No	No
Vaccinations	Amounts paid for vaccinations or immunizations against disease	Yes	Yes
Varicose vein surgery	Expenses associated with the removal of varicose veins prescribed by a doctor for treatment of a medical condition	Yes	Yes
Veneers	Only when covered by an insurance plan or recommended by a dentist as the only course of treatment	Yes	Yes
Vision coinsurance	Amounts not covered by Your or spouse's vision plans	Yes	Yes
Vision co-payments		Yes	Yes
Vision deductibles	Deductibles under Your or spouse's vision plans		
Vision expenses	Costs not covered by a vision plan	Yes	Yes

Short Description	Long Description	Flexible Spending Account	Health Reimbursement Arrangement
Vision reasonable/customary	Amounts not paid by a vision plan that exceed reasonable and customary amounts	Yes	Yes
Vitamins	Prescribed by a doctor to cure a medical condition	Yes	Yes
Vitamins	Taken for general health purposes	No	No
W			
Warranties	Warranties purchased for health-related equipment	No	No
Weight loss	Program for general health	No	No
Weight loss	Program to cure a medical condition and must be prescribed by a doctor. Additional considerations: Examples include medical costs and program fees for support group and nonmedically supervised programs. Eligible programs include Weight Watchers, Nutrisystems, and Medifast. Food is often a part of these programs, however, the fees associates with food aren't eligible	Yes	Yes
Wheelchair		Yes	Yes
Wigs	Wigs purchased with doctor's recommendation for the mental health of a patient who has lost all of his or her hair from disease	Yes	Yes
Work-related medical expenses	Costs for an accident or illness not covered by workers' compensation or another Medical plans	Yes	Yes
Work transportation expenses	Transportation costs to and from work, even though a physical condition may require special means of transportation	No	No
X			
Y			
Z			