

DEDUCTIBLE MEDICAL EXPENSES

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

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

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

Over-the-Counter drugs/medicines are not eligible without a prescription.

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

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

Southern Administrators and Benefit Consultants, Inc.
P.O. Box 2449
Madison, MS 39130-2449
601-856-9933 or 1-800-844-2555
www.sabcflex.com