

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	Dentures and Bridges	Physician fees
Acupuncture	Diabetic (supplies/insulin)	Physical exams/therapy
Alcohol and drug addiction treatment	Diagnostic Fees	Prescription drugs (for medical care, not general health or cosmetic reasons)
Ambulance	Eye Glasses (exam, also reading glasses)	Preventative screening
Artificial Limbs, teeth	Fertility treatments	Psychiatric care
Asthma treatment	First aid kit	Psychoanalysis (1) (must treat specific illness)
Bandages and wound care	Flu shots	Psychologist (1) (must treat specific illness)
Birth Control	Hearing devices and batteries	Seeing eye dog
Blood sugar test	Hospital bill (for qualifying medical care)	Smoking cessation (medication/programs)
Braille Books/Magazines (only cost over regular printed materials)	Immunizations	Special communication equipment for deaf
Breast Reconstruction (only cost following a mastectomy)	Laboratory fees	Sterilization procedure
Chiropractors	Laser/Lasik eye surgery	Surgical fee (for qualifying medical care)
Circumcision	Learning disability instructional fees (1)	Therapy (for qualified medical care)
Co-Insurance (co-pays)	Medical alert bracelet (medical condition) (1)	Transportation/mileage (for qualified medical care)
Contact lenses (solution and cleaner)	Medical monitoring/testing (1)	Tuition for special needs (i.e. learning disability) (1)
Contraceptives	Nursing services	Vasectomy
Counseling (Medical reasons, No marriage or family counseling)	Orthodontia	Walkers/wheelchair
Deductibles	Orthopedic shoes (1) Only excess cost over reg. shoe	Weight loss program (1) (to treat specific medical condition i.e. obesity)
Dental Expenses (non-cosmetic)	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 your out of pocket cost. 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. SABC must take this into consideration when determining your reimbursement amount.

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