

Covered Expenses That Can Be Reimbursed From The Special Fund

(Only expenses incurred after the employee's Special Fund participation date are eligible to be reimbursed)

- Deductibles and co-payments from the regular benefit plan.
- Acupuncture.
- Self-payments for Actives-Retirees-Widows-Spouses-Supplement Plan or COBRA coverage.
- Medical expenses not covered by or in excess of the regular benefit plan.
- Vision expenses not covered by or in excess of the regular benefit plan.
- Dental treatment expenses/Dental insurance premiums
- Christian Science practitioners.
- Guide dogs for blind or deaf persons.
- Healthcare insurance premiums, including those of your children's colleges.
- Qualified long-term care insurance premiums. (Contact Plan Office for qualification details)
- Certain travel and lodging expenses while accompanying a patient. The patient's physician must certify that the family member's presence is necessary for the treatment. (Contact Plan Office for details and limits)
- Qualified special schooling for the mentally impaired or physically disabled. The schooling must be medically necessary and the school must qualify with the IRS as a special school. (Contact Plan Office for requirements)
- Smoking cessation programs. (Non-prescription drugs are excluded)
- Hearing aids and examinations.
- Special telephone and television equipment for hearing impaired persons.
- Certain transportation and lodging expenses for medical treatment. (Contact Plan Office for details)
- Surgery or laser treatments to correct vision.
- Weight loss programs, but not food or dietary supplements.

Non-Covered Expenses

- Cosmetic surgery and treatments.
- Household help.
- College tuition/books
- Charges incurred by a person not covered by the Plan
- Health club memberships or expenses.
- Non-prescription drugs, medicines and vitamins.
- Expenses reimbursed by some other source
- Environmental devices such as, air conditioners, air purifiers, or humidifiers

Instructions

- You must enclose an itemized copy of the bill stating the providers name and address or a copy of the Explanation of Benefits from Blue Cross/Blue Shield. **(Cash register receipts are not acceptable)** You have 2 years from the date of service to submit for reimbursement.
- If you don't have enough in your account:
 - **Self-Payments** - You will be notified by return mail that you must remit the full self-payment yourself. Partial payment cannot be made. The due date will not be extended.