## **Important Restrictions**

- » New employees must enroll within **60** da<sup>^</sup>s after their hire date, in order to participate in the current Plan Year.
- Ø Eligible e¢penses must be incurred within the Plan Year (or the plan grace period if applicable).
  See ^our FLEX\$ Bene, ts Brochure to , nd ^our plan ^ear and to see whether ^ou have a grace period or a rollover plan.
- Claims must be submitted b<sup>^</sup> the claims submission deadline (See <sup>^</sup>our FLEX\$ Bene, ts
  Brochure).
- ø If ^ou have a grace period plan, funds remaining in ^our FLEX\$ Healthcare and/or Dependent Da^

e¢penses and vice versa.

ø FLEX\$ Healthcare and Dependent Da<sup>^</sup> Care account e¢penses MAY NOT ALSO BE CLAIMED

#### Eligible Healthcare Expenses

Eligible e¢penses determined b<sup>^</sup> the IRS include, but are not limited to, the following:

- » Abortion
- » Acupuncture
- Ø Alcoholism (Pa<sup>ments</sup> to a treatment center for alcoholics and drug addicts. This includes meals and lodging provided b<sup>\*</sup> the center during the medical treatment. Amounts paid for transportation to and from Alcoholics Anon<sup>\*</sup>mous meetings ma<sup>\*</sup> also be included.)
- » Ambulance
- » Annual physical examination
- ø Arti, cial teeth & limbs
- ø Bandages
- ø Birth control pills\*
- ø Bod<sup>^</sup> scan
- Ø Braille books and maga: ines, to the e¢tent and for the amount that the cost e¢ceeds the regular price.
- ø Breast pumps and supplies
- ø Breast reconstructive surger<sup>\*</sup>
- Capital e¢penses (Amounts ^ou pa^ for special equipment installed in a home for improvements if the main reason is for medical care. Operation and upkeep also qualif^ as medical e¢penses, as long as the medical reason still e¢ists)
- Ø Car · special design. The amount b<sup>^</sup> which the cost of a car speciall<sup>^</sup> designed to hold a wheelchair is more than the cost of a regular car.
- ø Chiropractor
- ø Christian Science Practitioners
- ø Co-pa<sup>^</sup>ments
- ø Crutches
- Ø Dental treatment Including fees paid to dentists for ¢-ra^s, ,llings, braces, e¢tractions, bridges,
  'uoride treatment, TMJ, and dentures.
- ø Depression medication\*
- ø Diagnostic devices
- ø Disabled dependent medical care
- Ø Doctorsq fees This includes, but is not limited to, fees to chiropractors, ophthalmologists, osteopaths, podiatrists, ps<sup>c</sup>chiatrists, surgeons, pediatricians, dermatologists, anesthesiologists, g<sup>necologists</sup>, obstetricians, and neurologists.
- ø Drug addiction treatment
- ø Drugs and medicines\*
- ø E^eglasses and contact lenses including e^e e¢aminations and contact lens solutions
- » Eye surgery
- » Fertility Treatment

- Ø Organ Transplant. Charges for surgical, hospital, laborator<sup>^</sup>, and transportation e¢penses for a donor or a possible donor of a kidne<sup>^</sup> or other transplant.
- ø Osteopath
- ø O¢<sup>^</sup>gen and Equipment
- ø Pain reliever, menstrual pain & cramp relief\*
- ø Ph^sical, Speech, and Occupational Therap^
- ø Pregnanc<sup>^</sup> test kits
- » Prosthesis
- Ø Ps^chiatric care. (This includes the cost of supporting a mentall^ ill dependent, as well as the cost of a speciall^ equipped medical center where the dependent receives medical care.)
- » Psychoanalysis
- » Psychologist
- » Psychotherapy
- ø Sinus medication\*
- ø Sleeping aids\*
- ø Special home for intellectuall<sup>^</sup> and developmentall<sup>^</sup> disabled
- Ø Special school for a child who has severe learning disabilities caused b<sup>^</sup> a mental or ph<sup>^</sup>sical handicap, including nervous s<sup>^</sup>stem disorders. A doctor must recommend that the child attend the school.\*
- ø Sterili: ation
- ø Stop-smoking programs
- ø Sunburn ointment or cream\*
- ø Sunscreen\*
- ø Suppositories and creams for hemorrhoids\*
- ø Surger<sup>^</sup>
- ø Telephone for Hearing Impaired including repairs
- ø Television for Hearing Impaired, to the e¢tent and for the amount that the coshe

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- ø Vasectom<sup>^</sup>
- ø Wart remover treatment\*
- ø Weight loss program as treatment of a speci, c disease\*
- ø Wheelchair including cost of operating and maintaining the wheelchair
- Wig if purchased upon the advice of a ph<sup>^</sup>sician for the mental health of a patient who has lost all of his or her hair from disease
- ø X-ra^s

\* Must be prescribed b<sup>^</sup> a Doctor, for a speci, c medical condition. A cop<sup>^</sup> of the prescription must accompan<sup>^</sup> each FLEX\$ claim.

### Ineligible Healthcare Expenses

Expenses that are **NOT** covered include, but are not limited to, the following:

- ø Bab<sup>^</sup> sitting, childcare, and nursing services for a normal, health<sup>^</sup> bab<sup>^</sup>
- ø Capital improvements including swimming pools, elevators, a Ä

- ø Illegal operations and treatments
- ø Infant Formula
- ø Insurance Premiums
- ø Legal fees including guardianship or estate management fees.
- » Liposuction
- ø Maternit<sup>^</sup> clothes
- ø Meals and lodging if the reason for being in the home is personal or famil<sup>-</sup>-related.
- Ø Meals and lodging while a person is awa<sup>^</sup> from home for medical treatment that is not received in a medical facilit<sup>^</sup>, or for the relief of a speci, c condition, even if the trip is made on the advice of a doctor.
- ø Medical savings account
- ø Medicines and drugs from other countries
- ø NoDo:
- ø Nonprescription drugs and medicines
- » Nutritional supplements
- ø Pa<sup>^</sup>ments for treatment or service performed outside the Plan Year
- » Personal use items
- » Prepayments
- ø Services that are not medicall necessar
- ø Special foods, even if medicall<sup>^</sup> necessar<sup>^</sup>
- Ø Special school for bene, ts the child ma<sup>^</sup> get from the course of stud<sup>^</sup> and the disciplinar<sup>^</sup> methods.
- ø Surgical hair transplant performed b<sup>^</sup> a ph<sup>^</sup>sician.
- ø Teeth bleaching/whitening or veneers.
- ø Toiletries and cosmetics.
- ø Toothbrush & toothpaste
- Ø Transportation e¢penses if, for non-medical reasons onl<sup>^</sup>, a person chooses to travel to another cit<sup>^</sup>, such as a resort area, for an operation or other medical care prescribed b<sup>^</sup> a doctor.
- Ø Transportation e¢penses to and from work, even if the condition requires an unusual means of transportation.
- Ø Trips or vacations taken for general improvement of health, even if the trip is on the advice of a doctor.
- ø Veterinar<sup>\*</sup> Fees
- ø Weight-loss program if not for the treatment of a speci, c disease

# **Dependent Day Care Account**

Your FLEX\$ Dependent Da<sup>^</sup> Care Account ma<sup>^</sup> be used to reimburse <sup>^</sup>ou for eligible da<sup>^</sup> care e¢penses. Da<sup>^</sup> care e¢penses for dependent children are subject to requirements and limitations of Internal Revenue Code Section 125:

The card cannot distinguish if a charge is an eligible e¢pense, onl<sup>^</sup> that it is an authori:ed vendor and that <sup>^</sup>ou have suf, cient balance in <sup>^</sup>our FLEX\$ account. The IRS requires that ever<sup>^</sup> FLEX\$ claim be documented either electronicall<sup>^</sup> or manuall<sup>^</sup>. If the PEHP FLEX\$ staff can not verif<sup>^</sup> our claim electronicall<sup>^</sup>, <sup>^</sup>ou will receive a letter requesting additional documentation of <sup>^</sup>our claim. **KEEP YOUR RECEIPTS.** 

- Ø Submit a FLEX\$ manual claim form (available at www.pehp.org) and include a cop<sup>^</sup> of **one** of the following documents for each item claimed: an E¢planation of Bene, ts (EOB) from <sup>^</sup>our insurance carrier, OR a receipt or statement detailing the services provided, date of service and total out-of-pocket e¢pense.
- Ø Due to the unique nature of orthodontia e¢penses, the following special documentation requirements have been established:
  - <sup>'</sup> The , rst orthodontia claim submitted must include a cop<sup>^</sup> of the written agreement between <sup>^</sup> ou and the orthodontist, indicating the total estimated charges and the period of treatment.
  - ' All claims submitted must include a cop<sup>^</sup> of a receipt from the orthodontist as evidence of pa<sup>^</sup>ment.
- ø The entire annual election amount is available the da<sup>^</sup> the Plan Year begins.

#### **Dependent Day Care Claims**

Ø	Enroll in the FLEX\$ Automatic Reimbursement program b <sup>^</sup> completing an Automatic								
	Reimbursement claim form at the beginning of each Plan Year. Your request must include a cop <sup>^</sup>								
	of a written contract, statement or agreement letter from the da care provider. The agreement								
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You have ninet<sup>^</sup> (90) da<sup>^</sup>s from the end of the Plan Year, to submit claims for reimbursement.

# **Denied FLEX\$ Claims**

You will be informed of all denied claims in writing. Denied claims ma<sup>^</sup> be appealed. Send appeals, in writing, along with an<sup>^</sup> supporting documentation, to Appeals and Polic<sup>^</sup> Management at P.O. Bo¢ 3836, Salt Lake Cit<sup>^</sup>, UT 84110-3836, within 60 da<sup>^</sup>s of the denial noti, cation. The PEHP FLEX\$ Appeals Board will then respond within 60 da<sup>^</sup>s of receipt of <sup>^</sup>our appeal.

### **Duplicate Reimbursement/Overpayment**

If reimbursement from FLEX\$ and an other source e¢ceeds 100% of a healthcare or dependent da care e¢pense, the PEHP FLEX\$ Department will either require ou to refund the e¢cess amount or will adjust future claim pa ment(s). In the event that our FLEX\$ reimbursements e¢ceed the total amount that ou have contributed for the ear, ou will be required to refund the difference within 15 da's after noti, cation b' the PEHP FLEX\$ Department.

### Name and Address Change

You are responsible for informing `our pa`roll/human resource department and PEHP whenever there is a name and/or address change. Verif `our address b` logging in to `our account at www.pehp. org. Include the correct home address on each FLEX\$ claim. Failure to do so ma` result in dela`s in receiving FLEX\$ reimbursements.

### **FLEX\$** Administrative Fee

The FLEX\$ administrative fee is paid b^ our emploer or deducted from our check.

### **Forms and Information**

FLEX\$ Forms and documentation are available at www.pehp.org.

For further information, call PEHP FLEX\$ at 801-366-7503 or 800-753-7703.