



2026

EMPLOYEE BENEFITS GUIDE

OPEN ENROLLMENT

Effective January 1, 2026

National Technical Staffing & Recruiting Solutions

Top-Rate Employee Benefits



Medical



Dental



Vision



Life



Disability



Wellness

Building Relationships That Last a Lifetime.

Email: hr@approu.com Phone: 480-947-1441



Meet Your Agent

Brad started with the agency in June of 1992 specializing in life insurance, group benefits, and financial planning. In 1998, he was named Vice President and Treasurer followed by Managing Partner of EMS Financial Services in 2002. With over 30 years of experience, Brad has an extensive skill set in analysis and design of employee benefit strategies. From community-rated plans to self-funded arrangements, Brad has implemented a full spectrum of benefit designs and programs. He oversees all aspects of the financial services operations and is very active in the projects at hand.

Brad received his B.A. degree in finance from the State University of New York at Fredonia and has become a certified Group Benefits Associate (GBA) through the International Foundation of Employee Benefit Plans and the Wharton School of the University of Pennsylvania. Brad serves on the Broker Advisory Board for several health insurance companies. Brad is also a member of a National Captive Insurance Board, the local chapter of the National Association of Health Underwriters (NAHU), the National Association of Insurance & Financial Advisors, Independent Insurance Agents & Brokers of New York, and the International Foundation of Employee Benefit Plans.



Brad Stahlka

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David Aston

Employee Benefits Manager
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David Aston is an NYS-licensed Life, Accident, and Health broker with over two decades of experience in the health insurance industry. David joined The Stahlka Agency after 16 years as Employee Benefits Manager at a local Western New York insurance agency. David has also been employed at BlueCross BlueShield of WNY (now Highmark) as well as Meritain Health (formerly North American Health Plans). David currently sits on the National Board of Project Lifesaver International (which provides technology as well as search and rescue services for adults and children who wander due to Alzheimer's, autism, and other related conditions.)

David is also a current board member (and past president) of the Summit Center Foundation (which provides direct support to children and young adults with developmental disabilities). He is also the past president of the Central Amherst Little League and has served on the Board of Directors for Bornhava Preschool as well as the Cheektowaga Chamber of Commerce. David is a graduate of Colgate University. He and his wife (Kim) have two children - Madison and Sawyer and reside in Amherst, NY.



Leah Orsini

Leah's passion for helping others can be traced back to her time working at the Department of Health where she spent significant time leading the COVID-19 vaccination efforts at Genesee Community College. She earned her Bachelor of Science in Public Health & Health Education at SUNY College at Brockport. Leah specializes in enrollment assistance, organization, and our benefits platforms. Leah is licensed in Life, Accident & Health.

Employee Benefits Account Manager

lorsini@emsinsurance.com

What's Next?

Important Notes

- To be eligible for Short Term Disability benefit payout you must be enrolled in the plan for at least 10 months before the disability date.
- You may be subject to “Evidence of Insurability” (EOI) questions when enrolling in additional life and/or disability insurance. The EOI form will be emailed directly from Guardian and must be completed for benefit enrollment to be considered effective.
- Please allow at least 10 business days from the enrollment date in Paycom for insurance carriers to receive your information and process the enrollment in their systems.

01 **REVIEW** the enrollment materials.

02 **CONFIRM** that all of your dependents still meet the definition of an eligible dependent under the plans.

03 **DECIDE** which specific plans make the most sense for you and your family.

IMPORTANT

04 **COMPLETE** your Open Enrollment elections by November 16th 2025.



Our goal is to provide you and your family with the most effective, cost-efficient and comprehensive benefits. These programs are reviewed annually to ensure they are in-line with the current trends and remain in compliance with government regulations such as the Health Care Reform legislation. As we enter a new plan year, you'll see a continued dedication to offering a wide array of benefit choices so you can make the best decisions to suit your needs and those of your family.

This guide contains a summary of the benefit plans offered. It is not the complete summary plan description. Please read this guide carefully so that you may make informed enrollment decisions. Additional enrollment and benefit information may be requested directly from the insurance carrier.

INITIAL ELIGIBILITY PERIOD

The initial eligibility period begins the day you become benefit eligible (per your employer's eligibility guidelines) and ends 30 days from that date. If your enrollment is not completed on or before the end of your initial eligibility period:

- You will have to wait until the next Open Enrollment period to change your benefit elections (unless there is a qualifying event outlined below).
- During a Special Enrollment Period known as "Qualifying Life Changes/Events": If an eligible employee experiences a "Qualifying Event", they may be eligible for a special enrollment period. Documentation may be required, and there is a strict 30-day window for changes to be submitted. Please notify Human Resources timely of changes to ensure you meet the 30-day window.

QUALIFIED EVENTS



- Marriage
- Birth/Death/Adoption
- Involuntary Loss of other Coverage
- Divorce/Legal separation
- Reduction of hours of work





Medical Plan

Highmark – BlueCross BlueShield PPO 6300 – OTO3

Benefit	PPO 6300 Copay
Office Visit Copay	Deductible then \$30 – Primary Deductible then \$30 – Specialist
Single Deductible Family Deductible	\$2,000 \$4,000
Single Out of Pocket Max. Family Out of Pocket Max.	\$5,000 \$10,000
Coinsurance	0%
Inpatient Copay (per admit)	Deductible then \$250
Emergency Room Copay	Deductible then \$150 (waived if admitted)
Outpatient Surgery Copay (facility)	Deductible then \$150
Urgent Care Center	Deductible then \$35
Pharmacy Plan	\$5/\$50/\$75
Benefit Cycle	Plan Year Benefits
Dependent/Student	26/26

* This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. Please check the contract or group plan for final information on your benefits and exclusions.



HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Nova – HRA



HEALTH REIMBURSEMENT ARRANGEMENT (HRA) OVERVIEW

Nova Health Reimbursement Arrangement (HRA) is an employer funded reimbursement account that is designed to reimburse a portion of incurred qualified medical expenses subject to the deductible. The HRA will reimburse eligible expenses incurred by you and/or your dependents and will be tracked by dollar amount.

Employees who participate in the Highmark plan will be offered the following for reimbursement:

Medical	HRA Employer Contribution
	PPO 6300 (OTO3)
Individual	\$2,000
Family	\$4,000

MEDICAL EXPENSES SUBJECT TO THE DEDUCTIBLE

- After visiting a physician or facility a claim is billed by the provider to Highmark for payment.
 - PLEASE NOTE:** Your doctor may request payment in advance for services, you may pay out-of-pocket then submit a request for reimbursement to Nova. The amount you pay for at the time of service will count towards your deductible.
- Highmark processes the claim and applies the contracted, discounted rate to your deductible.
- Highmark will send you an Explanation of Benefits (EOB) and an electronic claim file to Nova with your deductible information.
- Nova will automatically process your HRA claim(s) based on the Highmark file data.
- Once you receive your Explanation of Benefits (EOB) from Highmark, you must complete a claim form and submit to Nova for reimbursement.
- You will be provided an HRA Debit Card offering an easier way to pay for and manage your incurred medical expenses.

PRESCRIPTION COPAYS ARE NOT ELIGIBLE

HRA REIMBURSEMENT

- Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts, as Nova reserves the right to substantiate expenses as well as the IRS.
- Once the claim(s) have been processed, you will receive a confirmation from Nova.
- The claim(s) will be paid by Nova for incurred expenses.
- Complete the employee portion of the claim form and include your deductible information.
- Submit copies of all bills, itemized receipts, and/or your Explanation of Benefits (EOB) to Nova for services incurred during the plan year. Your bills, itemized receipts, and EOB's must include the following:
 - Patient Name
 - Provider Name
 - Date of Service
 - Description of Service
 - Total Patient Responsibility
 - Total Cost of the Service

HRA CLAIM RUN-OUT PERIOD

Participants will have until March 31, 2026, to be reimbursed for qualifying claims incurred during the 2025 plan year.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan. Please review your detailed policy for complete information.

A man and a woman are exercising outdoors in a park-like setting. The man, in the foreground, is wearing a grey t-shirt and black athletic pants, and is captured in a dynamic pose with his right arm raised and hand open. The woman, in the background, is wearing a black crop top and black leggings, and is also in a similar athletic pose. The background is filled with lush green trees and a brick building, suggesting a park or urban outdoor space. A blue horizontal band is overlaid across the middle of the image, containing the word "Wellness" in white text.

Wellness

One little card. Big health benefits.

Highmark Blue Cross Blue Shield of Western New York's wellness card helps your employees live a healthier life with an annual allowance for wellness products and services.



EMPLOYEES CAN USE THEIR WELLNESS FUNDS FOR:*

- Gym memberships.
- Fitness classes.
- Personal training sessions.

*Funds used for wellness-related products and services are taxable benefits under Internal Revenue Code and IRS guidance. Please refer to your employer-provided plan documents/summaries for more details.



The wellness card can be used directly at many retailers. If the card is not accepted, members can pay out of pocket and enter a claim via the member website to request reimbursement.

Offering spending accounts as well? No problem. Members have access to spending account funds and wellness funds all on the same card. Just swipe and the appropriate funds will be dispersed for products or services.

Members will also receive email and text alerts and notifications related to card fulfillment, payment, substantiation, and direct deposits.

It's a whole world of wellness all inside one little card.



P R O F E S S I O N A L S

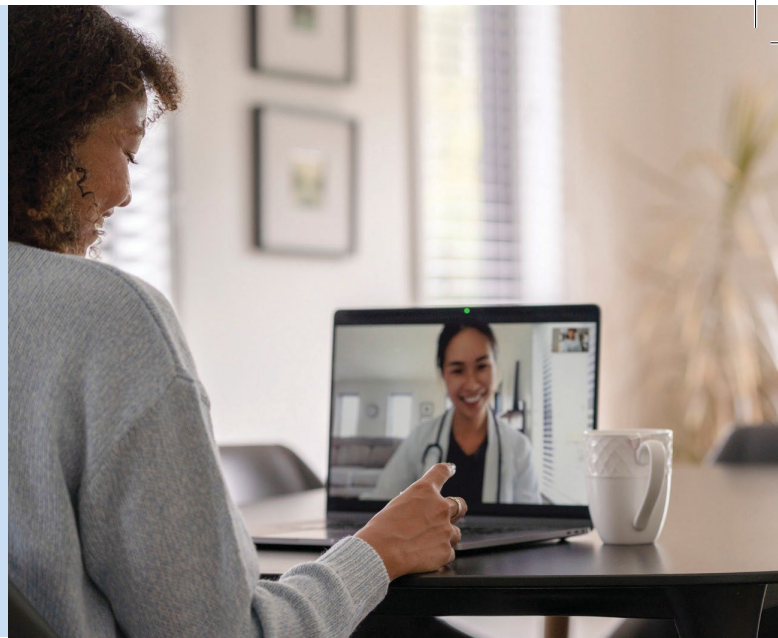


Scan the QR code to learn more about
Highmark Services.



Get care quickly
with Well360

Virtual Health



Save time and get care — wherever it's convenient for you. With virtual visits, you can see a provider for symptoms and conditions that can be treated from home. You can even have prescriptions and refills sent to your preferred pharmacy.*

You also have virtual access to:



Behavioral health

Get the care you need to feel your best. Meet with a therapist or psychiatrist for services like talk therapy and medication management.



Primary care

Find a PCP for all your primary care needs. They can manage your prescriptions, schedule bloodwork, and give specialist referrals.



Dermatology

Submit your hair, skin, and nail concerns to a dermatologist. They'll follow up with a diagnosis and treatment plan.



Urgent care

Doctors are available 24/7 to treat minor injuries and ailments like colds, flu, sprains, ear pain, and more.



Women's health

See providers for medical and behavioral health concerns specific to women, like pregnancy and lactation, postpartum support, and menopause.



Because Life.™

More information on how to get care will be coming at the start of your plan year.

Need to know if that urgent care visit for poison ivy is covered?

My Highmark brings together everything you need to manage your health — all in one place. You can:

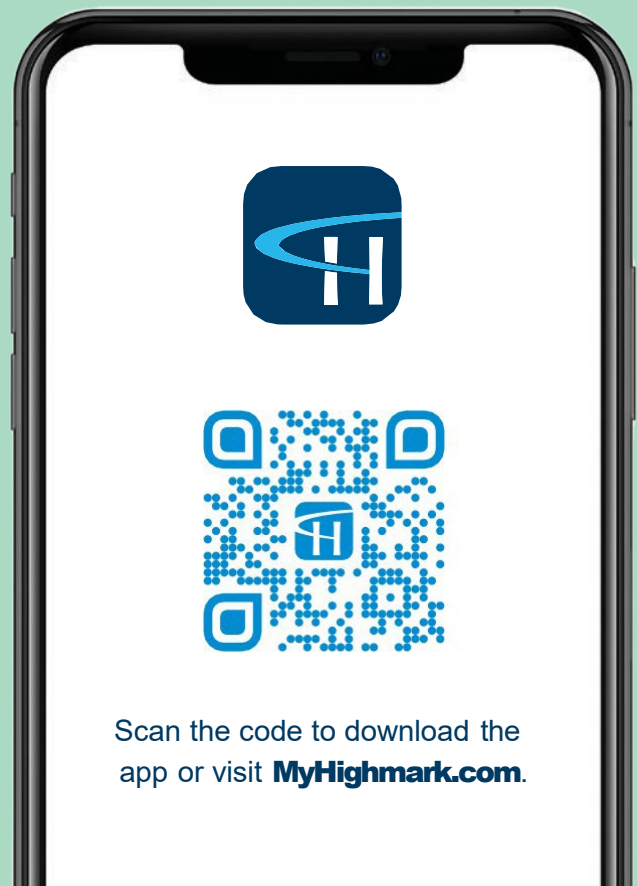
- Access your virtual member ID card, manage your costs, and search for care.
- Receive personalized recommendations for health programs.
- Find virtual health tools and activities to help you reach your goals.

Download the My Highmark app or visit MyHighmark.com today.

Already have an online account?
You can log in using your existing Highmark username and password.



Check your coverage with My Highmark.



Scan the code to download the app or visit **MyHighmark.com**.

Dental



Dental Plan

	In-Network	Out-of-Network
Deductible – Applies to basic and major services only (waived for preventative)	\$50	\$100
Preventative Services Exams, Cleaning & X-rays	100%	100%
Basic Services Fillings, Simple Extractions	100%	80%
Major Services Oral Surgery, Root Canal, Crowns	60%	50%
Annual Maximum	\$1,000	\$1,000
Dependent Coverage	Age 26	Age 26
Orthodontia Services (Children only – \$1,000 Lifetime Maximum)	50%	N/A

* This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. Please check the contract or group plan for final information on your benefits and exclusions.

Did You Know?

Going to the dentist for regular check-ups and cleanings is one of the most important factors in maintaining good oral health. Regular check-ups can prevent cavities, root canals, gum disease, oral cancer, and other dental conditions. Don't wait until you have a problem before you see your dentist, help prevent problems before they happen.



Vision

Vision Plan

	In-Network	Out-of-Network
Eye Exam	\$20 Copay	Amount over \$50 after \$20 copay
Lenses (Single, Lined bifocal, Lined trifocal, Lenticular)	Covered in full after \$20 copay	Single - \$48 allowance after \$20 copay Lined Bifocal - \$67 after \$20 copay Lined Trifocal - \$86 after \$20 copay Lenticular - \$126 after \$20 copay
Contact Lenses Medically Necessary	Covered after materials copay	Covered up to \$210 allowance after \$20 copay
Contact Lenses Elective (instead of eyeglasses)	Covered up to \$130 allowance	Covered up to \$120 allowance
Frames - Allowance	\$130 allowance after \$20 copay	\$48 allowance after \$20 copay
Dependent Coverage	Age 26	Age 26
Vision Exam/Lenses or Contact Lenses	Once per calendar year	Once per calendar year
Frames	Every other calendar year	Every other calendar year

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Did You Know?

Improving your eyesight is important—about 11 million Americans over age 12 need vision correction—but it's just one of the reasons to get your eyes examined. Regular eye exams are also an important part of finding eye diseases early and preserving your vision.

A photograph of three people—a man, a woman, and another man—gathered around a table, looking at a laptop. They are all smiling and appear to be in a collaborative or educational setting. The man on the left is bald and wearing a grey sweater. The woman in the center has long dark hair and is wearing a green top. The man on the right has grey hair and a beard, wearing a brown sweater. A small potted plant is on the table to the right. A blue horizontal band is overlaid across the middle of the image, containing the text "Ancillary Benefits".

Ancillary Benefits

Employer Paid Life Insurance

This coverage is employer paid. In the event of your passing, the policy pays out a predetermined sum to your designated beneficiaries. You need to be enrolled in dental insurance to receive this benefit.

	Employer Paid Life
Basic Life	100% of earnings to a maximum of \$50,000
Maximum Benefit	\$50,000
Benefit Reduction	Reduces 50% of original amount at age 70

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Voluntary Life Insurance

Voluntary life insurance is an optional insurance benefit offered to employees, allowing you to purchase additional life insurance beyond what the company provides. This coverage is 100% employee paid, and premiums are paid through payroll deductions.

Voluntary Life	Employee	Spouse	Child(ren)
Increments	A: \$25,000 B: \$50,000 C: \$75,000 D: \$100,000	50% of employee election up to \$50,000	10% of employee election up to \$10,000
Guarantee Issue Amount	Under age 65: N/A Age 65-69: \$10,000 Age 70+: EOI required at any age	Under age 65: \$25,000 Over age 65: \$5,000 (Coverage terms at age 70)	N/A
Benefit Reduction at age 70	50%	N/A	N/A

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You may be subject to “Evidence of Insurability” (E of I) questions/underwriting when enrolling in additional life and/or disability insurance.



Did You Know?

Some people think they don’t need voluntary life insurance because they’re young and healthy, but that’s exactly why they should get covered now. The younger you are, the lower your premiums will be.

Voluntary Short-Term Disability

Voluntary short-term disability coverage is an optional income replacement benefit, that provides a percentage of pre-disability earnings on a weekly basis when employees are out of work on a disability claim. Premiums are paid on a payroll deduction basis.

Class Description	All active full-time employees (30 hours)
Weekly Benefit Amount	60% of basic weekly earnings
Maximum Weekly Benefit	\$1,500
Elimination Period	Accident – 7 days
	Sickness – 7 days
Benefit Duration	13 Weeks

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You may be subject to “Evidence of Insurability” (E of I) questions/underwriting when enrolling in additional life and/or disability insurance.





P R O F E S S I O N A L S

Voluntary Long-Term Disability

Purchasing long-term disability coverage is vital for securing your financial future. In the event of a serious illness or injury that prevents you from working for an extended period, this coverage provides a steady stream of income, ensuring you can meet your daily living expenses and maintain your quality of life. Without it, you risk depleting your savings or facing financial hardship, especially if your disability is long-lasting. Long-term disability coverage offers peace of mind, safeguarding your economic stability when you need it most.

Monthly Benefit Percentage	60% of basic monthly earnings
Monthly Benefit Amount	Up to \$6,000 per month
Maximum Benefit Duration	To age 65
Social Security Integration	Full Family
Chemical Dependency & Mental/Nervous	24 Months
Survivor Benefit	3 Months
Elimination Period	90 Consecutive Days
Pre-Existing Condition	3 Month Look Back; 12 Months Covered
Disability Definition	2 Year Own Occupation then Any Occupation

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You may be subject to “Evidence of Insurability” (E of I) questions/underwriting when enrolling in additional life and/or disability insurance.





Employee Assistance Program Overview

Our comprehensive Employee Assistance Program, available through Uprise Health, provides you and your family members with confidential, personal and online/web-based support on a wide variety of important and relevant topics — such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

Employee assistance program (EAP) consultative services

- Online modules and coaching — learn, develop, and practice new skills to improve mental fitness; includes a well-being check, online modules selected specifically for you, and up to 3 coaching sessions
- Telephonic counseling — unlimited, 24/7 consultations with master's and doctoral-level counselors
- Face-to-face counseling — up to 3 visits per employee/household member per issue, per year
- Bereavement — support available through telephonic or face-to-face sessions; online resources available on EAP website
- EAP website resources — comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP consultant or email an EAP counselor through the website
- College planning resources — expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA Work/Life assistance and resources
- Work/Life services — unlimited 24/7 access to Work/Life specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work and life responsibilities
- Child and elder care referral — unlimited telephonic consultation with a Work/Life specialist (part of Work/Life services)
- Employee discounts — access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more

Employee Assistance Program

Connect to a counselor
for complimentary
support services

Phone: 1-800-386-7055

Available 24 hours a day,
7 days a week*

Web: worklife.uprisehealth.com

(Access code: worklife)





Medical, Dental & Vision Pricing

Medical	Highmark – BlueCross BlueShield
<u>Tier</u>	<u>PPO 6300 Copay (Bi-weekly Cost) – 26 pays</u>
• Single	\$0.00
• Family	\$0.00

Dental	Guardian
<u>Tier</u>	<u>Dental Guard (Bi-weekly cost) – 26 pays</u>
• Single	\$0.00
• Family	\$28.98

Vision	Guardian
<u>Tier</u>	<u>VSP Vision (Bi-weekly cost) – 26 pays</u>
• Single	\$3.33
• Family	\$7.17

Voluntary Life Costs

Life / AD&D	Guardian
Basic Life / AD&D	100% Employer Paid
Supplemental Life	Monthly Cost
Age	
30-24	\$0.09
35-39	\$0.12
40-44	\$0.15
45-49	\$0.22
50-54	\$0.36
55-59	\$0.64
60-64	\$0.89
65-69	\$1.64
70-74	\$2.89
75-79	\$64.70
80-84	\$13,240
85-89	\$21,530
90-94	\$33,910
95-99	\$51,770
Child(ren)	\$0.16

CALCULATING SUPPLEMENTAL LIFE

To calculate your cost per pay period, please use the following for yourself and your spouse (Calculate Spouse Individually):

÷ 1,000 =

x

Monthly Life Rate

= \$

Monthly Cost

x 12 =

Yearly Cost

÷ 26 =

Cost Per Pay Period

Benefit Amount

To calculate your cost per pay period, please use the following for Child(ren):

÷ 1,000 =

x

\$0.160
Monthly Life

= \$

Monthly Cost

x 12 =

Yearly Cost

÷ 26 =

Cost Per Pay Period

Benefit Amount

To calculate your total cost for your family per pay period please use the following:

+

Employee Cost Per Pay period

+

Spouse Cost Per Pay Period
(if applicable)

+

Child(ren) Cost Per Pay Period
(if applicable)

= \$

Total Cost Per Pay Period

Voluntary Short Term and Long-Term Disability Costs

Short Term Disability	Monthly Cost
<u>Age</u>	<u>Per \$10 Benefit</u>
Under 25	\$0.35
25-29	\$0.46
30-34	\$0.61
35-39	\$0.46
40-44	\$0.39
45-49	\$0.41
50-54	\$0.48
55-59	\$0.59
60-99	\$0.87

Long Term Disability	Monthly Cost
<u>Age</u>	<u>Per \$100 Benefit</u>
Under 25	\$0.14
25-29	\$0.15
30-34	\$0.19
35-39	\$0.27
40-44	\$0.42
45-49	\$0.72
50-54	\$1.05
55-59	\$1.18
60-99	\$0.83

CALCULATING SHORT TERM DISABILITY

To calculate your monthly cost, please use the following:

$$\begin{array}{ccccccc}
 \div 52 = & & \times .6 = & & \div 10 = & & \times \$ & & \times 12 = & \$ & & \div 26 = \\
 \hline
 \text{Your Annual Earnings} & & \text{Your Weekly Earnings} & & \text{Weekly Benefit} & & \text{Monthly Cost} & & \text{Yearly Cost} & & \text{Cost Per Pay Period}
 \end{array}$$

CALCULATING LONG TERM DISABILITY

To calculate your monthly cost, please use the following:

$$\begin{array}{ccccccc}
 \div 12 = & & \div 100 = & & \times & & = \$ & & \times 12 = & & \div 26 = \\
 \hline
 \text{Your Annual Earnings Maximum} & & \text{Your Monthly Earnings} & & \text{Monthly Rate} & & \text{Monthly Cost} & & \text{Yearly Cost} & & \text{Cost Per Pay Period}
 \end{array}$$



FLEXIBLE SPENDING ACCOUNT (FSA)

Nova – Health Care FSA & Dependent Care FSA



FLEXIBLE SPENDING ACCOUNT (FSA) OVERVIEW

Nova Flexible Spending Account (FSA) is an employer-sponsored account that allows you to set aside pre-tax dollars to pay for qualified health or dependent care expenses regardless of whether you are covered by your employer's medical plan. *It is important to plan carefully, as any unused funds over that amount are not returned to the employee per IRS, – "Use It or Lose It" Rule.

HEALTHCARE FLEXIBLE SPENDING ACCOUNT (FSA)

Participants may elect to contribute up to \$3,400 on a pre-tax basis via payroll deductions throughout the plan year into an FSA. The full amount you select will be available to you on the first day of the plan year to use towards unreimbursed IRS eligible medical expenses (not covered or paid by any insurance) incurred by you, your spouse, and/or dependents.

EXAMPLES OF ELIGIBLE EXPENSES | Medical expenses, such as copays and deductibles for medical, prescription drugs, dental, prescription eyeglasses, etc.

DEPENDENT CARE ACCOUNT (DCA)

Participants may elect to contribute up to \$7,500 on a pre-tax basis via payroll deductions throughout the plan year into a DCA. Funds can be used on any child under the age of 13 or any dependent who is physically or mentally unable to care for themselves.

DEPENDENT CARE GUIDELINES

- The care of the dependent must enable you and your spouse to be employed.
- The amount to be reimbursed must not be greater than you or your spouse's income, whichever is less.
- The services may be provided by a daycare facility that cares for 2 or more children simultaneously, the facility must comply with state and local daycare regulations.
- Services must be for the physical care of the child, not for education, meals, etc.; expenses for overnight camps and kindergarten are not eligible for reimbursement.

FSA REIMBURSEMENT

- Always keep a copy of the Explanation of Benefits (EOB) and itemized medical and pharmacy receipts, as reserves the right to substantiate expenses as well as the IRS.
- Participants will be reimbursed by Mandatory Direct Deposit for manual claims or Debit Card for incurred expenses by completing a claim form and submitting it to Nova.

FSA CLAIM RUN-OUT PERIOD

Participants will have until March 31, 2026, to get reimbursed for qualifying claims incurred during the 2025 FSA plan year.

PLEASE NOTE: Once enrolled, you may not change your annual election amount. According to IRS regulations, you may only change your elections at the beginning of each plan year unless you experience a change in your family status.

This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan.

Please review your detailed policy for complete information.



QUALIFIED MEDICAL EXPENSES LIST

Flexible Spending Account (FSA)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ▪ Acupuncture ▪ Alcoholism treatment ▪ Allergy shots and testing ▪ Ambulance (ground or air) ▪ Artificial limbs ▪ Blind services and equipment ▪ Car controls for handicapped* ▪ Chiropractor services ▪ Coinsurance and deductibles ▪ Contact lenses ▪ Crutches, wheelchairs, walkers ▪ Deaf services -- hearing aid/batteries, hearing aid animal & care, lip reading expenses, modified telephone, etc. ▪ Dental treatment ▪ Dentures ▪ Diagnostic tests ▪ Doctor's fees ▪ Drug addiction treatment & facilities | <ul style="list-style-type: none"> ▪ Drugs (prescription) ▪ Eye examinations and eyeglasses ▪ Home health and/or hospice care ▪ Hospital services ▪ Insulin ▪ Laboratory fees ▪ LASIK eye surgery ▪ Medical alert (bracelet, necklace) ▪ Medical monitoring and testing devices* ▪ Nursing services ▪ Obstetrical expenses ▪ Occlusal guards ▪ Operations and surgeries (legal) ▪ Optometrists ▪ Orthodontia ▪ Orthopedic services ▪ Osteopaths ▪ Oxygen/oxygen equipment ▪ Physical exams (except for employment-related physicals) | <ul style="list-style-type: none"> ▪ Physical therapy ▪ Psychiatric care, psychologists, psychotherapists ▪ Radial keratotomy ▪ Schools (special, relief, or handicapped) ▪ Sexual dysfunction treatment ▪ Smoking cessation ▪ Surgical fees ▪ Television or telephone for the hearing impaired ▪ Therapy treatments* ▪ Transportation (essentially and primarily for medical care; limits apply) ▪ Vaccinations ▪ Vitamins* ▪ Weight loss programs* ▪ X-rays |
|---|---|---|

**if prescribed for a particular ailment or medical condition, provider letter required*

Important Notice about Over-the Counter (OTC) Medications

OTC medications require a doctor's prescription to be eligible for reimbursement

For that reason OTC medications cannot be purchased unless dispensed by a pharmacy using the same method as a standard prescription. If a manual claim is submitted for purchase of an OTC medication, both a copy of the prescription and the purchase receipt must be included to receive reimbursement. Non-Medicated OTC products (diabetes test strips, saline solutions, band-aids etc.) do not require a prescription. You can purchase these items and submit the purchase receipt for reimbursement.

ELIGIBLE OVER-THE-COUNTER (OTC) MEDICATIONS & PRODUCTS

COPY OF PRESCRIPTION AS WELL AS DETAILED RECEIPT REQUIRED FOR REIMBURSEMENT:

- Acne medications & treatments
- Allergy & sinus, cold, flu & cough remedies (antihistamines, decongestants, cough syrups, cough drops, nasal sprays, medicated rubs, etc.)
- Antacids & acid controllers (tablets, liquids, capsules)
- Antibiotic & antiseptic sprays, creams
- & ointments
- Anti-diarrheals
- Anti-fungals
- Anti-gas & stomach remedies
- Anti-itch & insect bite remedies
- Anti-parasitics
- Digestive aids

- Baby care (diaper rash ointments, teething gel, rehydration fluids, etc.)
- Contraceptives (condoms, gels, foams, suppositories, etc.)
- Eczema & psoriasis remedies
- Eye drops, ear drops, nasal sprays
- First aid kits
- Hemorrhoidal preparations
- Hydrogen peroxide, rubbing alcohol
- Laxatives
- Medicated band aids & dressings
- Motion sickness remedies
- Nicotine medications (smoking cessation aids)
- Pain relievers (aspirin, ibuprofen, acetaminophen, naproxen, etc.)
- Sleep aids & sedatives
- Wart removal remedies, corn patches

ELIGIBLE FOR REIMBURSEMENT WITH DETAILED RECEIPT ONLY (NO PRESCRIPTION REQUIRED):

- Breast pumps for nursing mothers
- Braces & supports
- Contact lens solution
- CPAP equipment & supplies
- OTC varieties of Insulin
- Diabetic testing supplies/equipment
- Durable medical equipment (power chairs, walkers, wheelchairs, etc.)
- Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)
- Non-medicated band aids, rolled bandages & dressings
- Reading glasses

All OTC items are examples. This summary represents a general overview. Limitations and exclusions may vary depending on your specific benefit plan.

Please review your detailed policy for complete information.

Compliance Documents

CHIP Model Notice



SCAN ME

Required Annual Notice



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