



Flexible Spending Account Program

Eligible expenses

Eligible health care expenses are defined by the IRS as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

With this definition in mind, we have listed below many of the medical expenses eligible for payment under the Unreimbursed Medical Spending Account, to the extent such expenses are not covered by your medical or dental insurance. This list is not meant to be all-inclusive. Other expenses not specifically mentioned may also qualify (for additional information, please refer to IRS Publication 502 Medical and Dental Expenses, or Section 213 of the Internal Revenue Code).

DENTAL SERVICES

- Crowns/bridges
- Dental x-rays
- Dentures
- Exams/teeth cleaning
- Extractions
- Fillings
- Gum treatment
- Oral surgery
- Orthodontia/braces

INSURANCE-RELATED ITEMS

- Preexisting condition expenses (medical)
- Private hospital room differential

LAB EXAMS/TESTS

- Blood tests
- Cardiographs
- Diagnostic
- Laboratory fees
- Metabolism tests
- Spinal fluid tests
- Urine/stool analyses
- X-rays

MEDICATION

- Eligible over-the-counter drugs with a prescription*
- *Effective January 1, 2011, most of these eligible drugs will require a prescription to be reimbursable
- Insulin
- Prescribed birth control
- Prescribed vitamins (to treat specific disease & not available over-the-counter)
- Prescription drugs

OBSTETRIC SERVICES

- Mid-wife expenses
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Post-natal treatment
- Pre-natal treatment
- Prescribed pre-natal vitamins

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science
- Dermatologist
- Homeopath
- Naturopath
- Osteopath
- Physician
- Psychiatrist
- Psychologist

OTHER MEDICAL TREATMENTS/PROCEDURES

- Acupuncture
- Alcoholism (inpatient treatment)
- Bio-feedback therapy (in medically necessary situations)
- Cosmetic surgery (if medically necessary due to a congenital defect)
- Drug addiction
- Hearing exams
- Hospital services
- Infertility
- In-vitro fertilization
- Norplant insertion or removal
- Patterning exercises
- Physical examination (not employment related)
- Physical therapy
- Speech therapy
- Sterilization
- Transplants (includes organ donor)
- Vaccinations/immunizations
- Vasectomy and vasectomy reversal
- Well baby care

OTHER MEDICAL EQUIPMENT, SUPPLIES and SERVICES

- Abdominal/back supports
- Ambulance services
- Arches/orthopedic shoes
- Contraceptives, prescribed
- Counseling
- Crutches
- Guide dog (for visually/hearing impaired person)
- hearing aids & batteries
- Hospital bed
- Learning disability (special school/teacher)
- Lead paint (if not capital expense, and incurred for a child poisoned)
- Medic alert bracelet or necklace
- Oxygen equipment
- Prescribed medical and exercise equipment
- Prosthesis
- Splints/casts
- Support hose (if medically necessary)
- Syringes
- Transportation expenses (essential to medical care)
- Tuition fee at special school for disabled child
- Wheelchair
- Wigs (hair loss due to disease)

VISION SERVICES

- Artificial eyes
- Contact lenses
- Contact lens solution
- Eye examinations
- Eyeglasses
- Laser eye surgeries
- Ophthalmologist
- Optometrist
- Prescription sunglasses
- Radial keratotomy/LASIK

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Flexible Spending Account Program, Continued

Ineligible expenses

The IRS does not allow the following expenses to be reimbursed under the Unreimbursed Medical Spending Account. Expenses to promote general health are not eligible expenses unless prescribed by a physician for a specific medical ailment. This is not an all-inclusive listing.

Baby-sitting & child care	Hair transplant	Retin A*
Canceled appointment fees	Health club dues	Rogaine*
Contact lens insurance	Herbs & herbal medicines	Special foods* (cost difference of common product)
Cosmetic surgery/procedures	Homeopathic drugs	Student health fee
Dancing/exercise programs	Illegal operation or treatment	Supplements*
Diaper service	Insurance premiums	Swimming lessons
Discounts/write-offs	Insurance premium interest charge	Teeth whitening/bleaching
Electrolysis	Lamaze class	Toiletries, toothpaste, etc...
Eligible over-the-counter medicine without a prescription	Marriage counseling	Vision discount program premiums
Exercise equipment*	Massage therapy**	Vitamins
Eyeglass insurance	Maternity clothes	Weight loss programs**
Fitness programs	Personal trainer	Swimming lessons
Hair loss medication	Prescription drug discount program premiums	

* Generally ineligible; in limited situations, eligible only with Doctor's certification identifying a qualifying medical diagnosis, medical necessity, and length of treatment program.

** Eligible only with Doctor's certification identifying the physical nature of the medical condition and length of treatment program. Massage therapy for the sole purpose of tension/stress relief does not qualify as an eligible expense.



Horizon Blue Cross Blue Shield of New Jersey

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Notice of Nondiscrimination

Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Horizon BCBSNJ does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Horizon BCBSNJ provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Information written in other languages

If you need these services, contact Horizon BCBSNJ's Director of Regulatory Compliance at the phone number, fax or email listed below.

If you believe that Horizon BCBSNJ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

Horizon BCBSNJ – Director, Regulatory Compliance
Three Penn Plaza East, PP-16C
Newark, NJ 07105
Phone: 1-800-658-6781
Fax: 1-973-466-7759
Email: ComplianceAndEthicsOffice@HorizonBlue.com

You can file a grievance in person, or by mail, fax or email. If you need help filing a grievance, Horizon BCBSNJ's Director of Regulatory Compliance is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

Office for Civil Rights Headquarters
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019 or 1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.



Horizon Blue Cross Blue Shield of New Jersey

If you need help understanding this Horizon Blue Cross Blue Shield of New Jersey information, you have the right to get help in your language at no cost to you. To talk to an interpreter, please call **1-800-355-BLUE (2583)** during normal business hours.

Spanish (Español): Si necesita ayuda para comprender esta información de Horizon Blue Cross Blue Shield of New Jersey, usted tiene el derecho de obtener ayuda en su idioma sin costo alguno. Para hablar con un intérprete, sírvase llamar al **1-855-477-AZUL (2985)** durante el horario normal de trabajo.

Chinese (中文): 如果您需要幫助來理解這份新澤西州地平線藍十字藍盾 (Horizon Blue Cross Blue Shield of New Jersey) 資料, 您有權免費獲得以您的語言提供的協助。欲聯絡翻譯人員, 請於上班時間致電 **1-800-355-BLUE (2583)**。

Korean (한국어): 가입자는 Horizon Blue Cross Blue Shield of New Jersey에 관한 정보를 이해하기 위해 주로 사용하는 언어로 무료로 도움을 받을 권리가 있습니다. 통역사의 도움을 받으려면 정상 업무 시간 동안에 **1-800-355-BLUE (2583)**로 전화해 주십시오.

Portuguese (Português): Se precisar de ajuda para entender estas informações da Horizon Blue Cross Blue Shield of New Jersey, você tem o direito de receber gratuitamente assistência no seu idioma. Para falar com um intérprete, ligue para: **1-800-355-BLUE (2583)** no horário normal de trabalho.

Gujarati (ગુજરાતી): જો તમને આ ન્યુ જર્સી માહિતીનાં હોરાઈઝન્સ બ્લૂ ક્રોસ બ્લૂ શીલ્ડને સમજવા મદદની જરૂર હોય તો, તમને તમારી ભાષામાં કોઈ પણ ખર્ચ વગર મદદ મેળવવાનો અધિકાર છે. કોઈ દુભાષિયા સાથે વાત કરવા, કૃપા કરીને સામાન્ય બિઝનેસ ક્લાકો દરમિયાન **1-800-355-BLUE (2583)** પર ફોન કરો .

Polish (Polski): Jeżeli potrzebujesz pomocy, aby zrozumieć informacje planu Horizon Blue Cross Blue Shield of New Jersey, masz prawo poprosić o bezpłatną pomoc w języku ojczystym. Aby skorzystać z pomocy tłumacza, zadzwoń pod numer **1-800-355-BLUE (2583)** podczas normalnych godzin pracy.

Italian (Italiano): Se vi serve aiuto per capire queste informazioni della Horizon Blue Cross Blue Shield of New Jersey, avete diritto ad assistenza gratis nella vostra lingua. Per parlare con un interprete, siete pregati di telefonare al numero **1-800-355-BLUE (2583)** durante le normali ore d'ufficio.

Tagalog (Tagalog): Kung kailangan mo ng tulong sa pag-unawa nitong impormasyon ng Horizon Blue Cross Blue Shield of New Jersey, may karapatan kang humingi ng tulong sa iyong wika nang walang gastos sa iyo. Upang makipag-usap sa isang taga-interpret, mangyaring tumawag sa **1-800-355-BLUE (2583)** sa loob ng karaniwang mga oras ng negosyo.

Russian (Русский язык): Если вам необходима помощь в разъяснении этой информации, предоставленной компанией Horizon Blue Cross Blue Shield of New Jersey, у вас есть право на получение помощи на вашем родном языке бесплатно. Для связи с переводчиком звоните по номеру телефона **1-800-355-BLUE (2583)** в обычные рабочие часы.

Haitian Creole (Kreyòl ayisyen): Si ou bezwen èd pou konprann enfòmasyon sou Horizon Blue Cross Blue Shield of New Jersey, ou gen dwa pou jwenn èd nan lang natifnatal ou gratis. Pou pale avèk yon entèprèt, tanpri rele nimewo **1-800-355-BLUE (2583)** pandan lè nòmal biznis.

Hindi (हिंदी): यदि आपको न्यू जर्सी की इस होराइजन ब्लू क्रॉस ब्लू शील्ड सूचना को समझने में सहायता की ज़रूरत है, तो आपके पास मुफ्त में अपनी भाषा में सहायता पाने का अधिकार है। किसी दुभाषिए से बात करने के लिए, कृपया सामान्य कार्य समय के दौरान **1-800-355-BLUE (2583)** पर कॉल करें।

Vietnamese (Tiếng Việt): Nếu cần được giúp đỡ để hiểu rõ thông tin này của Horizon Blue Cross Blue Shield of New Jersey, quý vị có quyền được giúp đỡ bằng ngôn ngữ của mình miễn phí. Xin gọi số **1-800-355-BLUE (2583)** trong giờ làm việc để nói chuyện với người thông dịch.

French (Français): Si vous avez besoin d'assistance pour comprendre ces informations au sujet de Horizon Blue Cross Blue Shield of New Jersey, vous avez le droit d'obtenir de l'aide dans votre langue, sans aucun frais. Pour parler avec un interprète, veuillez appeler le **1-800-355-BLUE (2583)** pendant les heures normales de bureau.

Navajo (Diné): Díí New Jersey bił hahoodzo Horizon Blue Cross Blue Shield, t'áá ninizaad k'ehjí baa hane'íí bik'i diitjìh bee shiká' a' doowoł nínízingo éí bee ná'ahoot'i' dóo doo bááh ílíní da. Ata' halne'é ła' bich'i' hadeesdzih nínízingo t'áá shóqdí **1-800-355-BLUE (2583)** jį' nida'anishgo oolkiłí bik'ehgo hodíłnih.

Arabic (عربي): إذا كنت بحاجة إلى المساعدة في فهم معلومات Horizon Blue Cross Blue Shield of New Jersey لديك الحق في الحصول على المساعدة بلغتك دون تحملك أية تكلفة. للتكلم مع مترجم، يرجى الاتصال خلال ساعات العمل العادية بالرقم **1-800-355-BLUE (2583)**.

Urdu (اردو): اگر آپ کو نیوجرسی انفارمیشن کے اس آسمانی نیلے رنگ والے تیز نیلے رنگ والے شیلڈ کو سمجھنے میں مدد کی ضرورت ہے تو، آپ کو اپنی زبان میں بغیر کسی خرچ کے مدد حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے، براہ کرم، معمول کے کاروباری اوقات میں **1-800-355-BLUE (2583)** پر کال کریں۔