

ENLOE MEDICAL CENTER HEALTH CARE REIMBURSEMENT PLAN

The Health Care Reimbursement Plan is designed to help you pay for health care expenses that are not 100% covered, or are ineligible for coverage, under your health care plan(s). Under the Plan, eligible expenses may be paid for on a pre-tax basis. This means that you will save money on health related expenses because the money deducted from your paycheck to pay these expenses was not taxed.

ELIGIBLE EXPENSES

Under the Plan, you will be reimbursed for medical expenses that would generally be deductible on your income tax return. You may use the Health Care Reimbursement Plan for eligible expenses incurred by you, your spouse, child to age 26 or any dependent that you may claim as a dependent on your income tax return. They include, for example, expenses you have incurred for:

- Services provided by medical doctors, chiropractors, podiatrists, or psychiatrists.
- Prescription medication, vitamins, or vaccines prescribed by your doctor.
- X-ray's, laboratory services, and prescribed medical equipment.
- Deductibles, copayments and coinsurance.
- **Certain over-the-counter drugs can be reimbursed if you have a physician's prescription. They must be for personal use and must be used to alleviate or treat personal injuries or illness.**

Please refer to the insert entitled "Sample Health Care Expenses" for more detailed examples of eligible expenses.

PLAN YEAR ELECTION

You must make an election, during Open Enrollment, of the amount of anticipated health care expenses that you expect to incur during the Plan Year and that will not be covered or fully paid by your medical plan. The maximum annual contribution is \$5,000. A portion of the amount elected will be set aside each pay period, on a pre-tax basis, and deposited into a separate account. The full amount that you elected (less any amount distributed to you) must be available to you at all times.

REIMBURSEMENT REQUESTS

In order to receive reimbursement from your account, you may choose from 3 options:

- 1) Fax your claims to Keenan 310-212-3381 (claim forms are available in HR), or
 - 2) Fill out a *flex-care* envelope (available in HR), insert receipts, and mail to Keenan, or
 - 3) If you are on the Enloe medical plan (Classic or Value Plan), eligible medical expenses can be automatically processed within Keenan and a reimbursement check will be mailed to your home.
- **Over-the-counter medicines or drugs (with the exception of insulin) are ineligible for reimbursement under the Health Care Reimbursement Plan unless you have a physician's prescription. Provide the physician's prescription (or a copy of the prescription or another item showing that a prescription for the item has been issued) and the customer receipt (or similar third-party documentation showing the date of the sale and the amount of the charge).**
 - **If you do not submit claims for reimbursement within 4 months following the end of the plan year, any money remaining in your account will be forfeited.**

Please remember that expenses that are payable under your health plan or that of your spouse's health plan are not eligible for reimbursement under the Health Care Reimbursement Plan. In addition, expenses reimbursed through the Health Care Reimbursement Plan cannot be claimed as a deduction on your income tax return.

HEALTH CARE REIMBURSEMENT PLAN WORKSHEET

This worksheet will help you estimate your annual health care costs, which may not be reimbursed by health insurance. This list is not intended to be comprehensive, but it contains some of the more common health care expenses. Please review the "Sample Health Care Expenses" list for qualifying health care expenses.

List all costs which have not been reimbursed by health insurance which were incurred by you, your spouse or qualified dependents

Deductibles (medical and dental)	\$ _____
Your share of the coinsurance (benefit percentage)	\$ _____
Amounts over the Usual and Customary Allowance	\$ _____
Copayments	\$ _____
Medical doctor's fees	\$ _____
Annual physical examinations	\$ _____
Dental and Orthodontic Care	\$ _____
Vision Care	\$ _____
Hearing examination/Hearing Aids	\$ _____
Psychiatric Care	\$ _____
Prescription Drugs	\$ _____
Certain Over-the-Counter Drugs with a physician's prescription	\$ _____
Therapy/Treatments	\$ _____
Medical Equipment	\$ _____
Miscellaneous Charges	\$ _____
Total Estimated Plan Year Expenses	\$ _____ (A)
Number of Pay Periods	_____ (B)
Amount of Contribution per Pay Period (A/B)	<input type="text"/>

If you have any questions regarding your account under the Health Care Reimbursement Plan, please contact Keenan HealthCare at (800) 653-3626.

The information presented in this document represents a brief summary of the Health Care Reimbursement Plan. Please consult with the Plan Document or your Summary Plan Description for complete details regarding this Plan.