

The Health and Welfare Fund

C1

C2

C3

C4

MRP

Changed

- **All Medical Reimbursements must be paid with Post-taxed money. This removes reimbursement for members purchasing health insurance from a spousal's employer Group 125 plan.**
- **All members in the MRP plan must be covered from a Group Plan verses individual coverage**

Unchanged

- **Qualifying reimbursable items**
- **Eligibility to purchase C1, C2, C3 or C4 Plan**
- **CAPP Account will rollover year to year**
- **Will not lose your CAPP Balance unless there is no activity (employer contribution, claim payment, premium deducted) for two years.**

Recommendation

- **Consider Individual Coverage**
- **Purchase a cheaper spousal plan (if available) and apply for reimbursement on the additional out of pocket cost**
- **Some spousal employers can remove healthcare money from post taxed dollars if the employer is self-insured and does not particulate in a group 125 plan (very rare)**

Qualifying medical expenses.

Unreimbursed medical expenses that qualify for reimbursement include:

- legal abortions
- acupuncture (limited to 14 visits per calendar year)
- alcohol/substance abuse treatment (reimbursement limited to 30 days on an inpatient basis and 50 outpatient visits)
- ambulance (to and from *hospital* only)
- ambulette (to and from a medical *facility* only)
- annual physical exam (limited to one exam per calendar year)
- artificial limbs
- artificial teeth
- birth control pills (must be prescribed by a doctor)
- chiropractors (limited to 40 visits per calendar year)
- Christian Science practice
- corrective optical laser surgery
- cosmetic surgery (only if necessary to improve a deformity arising from, or directly attributable to, a congenital abnormality, a personal injury resulting from an accident or trauma or a disfiguring disease)

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- durable medical equipment, such as crutches and wheelchairs (reimbursement for rental fee may not exceed purchase price)
 - *deductibles, copays and coinsurance* payments under your medical coverage
 - dental treatment
 - diapers/diaper service (must be for a person three years of age or older and required to relieve the effects of a particular disease)
 - eyeglasses (maximum reimbursement of one eye examination and two pairs of lenses and frames or contact lenses per calendar year). No benefits are payable for lenses or frames that are not prescribed by an ophthalmologist or an optometrist.
 - laboratory fees
 - long-term care insurance policy premiums, subject to certain IRS limitations
 - medicine (prescription drugs, medications and insulin)
 - nursing services (must be for services connected with caring for the patient's condition, such as giving medication or changing dressings). Services must be rendered by a registered nurse (RN), licensed practical nurse (LPN) or health aide who reports to a licensed or certified home health care agency. (Benefits are not available for services rendered by immediate family members or someone who ordinarily lives in your home.)
 - operations (expenses must be for legal operations)
 - oxygen
 - psychiatric care, psychoanalysis and psychologists (reimbursement limited to 40 inpatient and 50 outpatient visits per calendar year, subject to review)
 - sterilization
 - physical, occupational, cardiac and speech therapy as ordered by a qualified physician and performed by the appropriate licensed therapist
 - transplants
 - well baby care (reimbursement limited to 40 inpatient and 50 outpatient visits per calendar year, subject to review)
 - x-rays, MRIs and similar diagnostic procedures ordered by a qualified physician
 - hearing aids and repairs and batteries for a hearing aid
 - vision therapy for enrolled dependent children as ordered by a qualified physician and performed by the appropriate licensed therapist for treatment related to a neurological disorder. Neurological disorders may include, but are not limited to, amyotrophic lateral sclerosis, cerebral palsy, epilepsy, Parkinson's disease, muscular dystrophy, multiple sclerosis, spastic paraplegia and Tourette's syndrome.
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