

### **3. Expenses That Can Qualify for Reimbursement include:**

- Abortion (Only legal abortions),
- Acupuncture (Reimbursement limited to 14 visits per calendar year),
- Treatment for Alcoholism/Substance Abuse (Reimbursement limited to 30 days inpatient visits and 50 outpatient visits per calendar year),
- Ambulance (To and from hospital only),
- Ambulette (To and from a medical facility only),
- Annual Physical Exam (Reimbursement limited to one exam per calendar year),
- Artificial Limb,
- Artificial Teeth,
- Bandages,
- Birth Control Pills (Must be prescribed by a doctor),
- Breast Pumps and Supplies,
- Chiropractors (Reimbursement limited to 40 visits per calendar year),
- Christian Science Practice,
- Cosmetic Surgery (only if it is 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),
- Crutches (Reimbursement for rental fee will not exceed the purchase price),
- Deductibles and Co-Insurance Payments,
- Dental Treatment,
- Diaper/Diaper Service (Must be three years of age or older and required to relieve the effects of a particular disease),
- Diagnostic devices (e.g. diabetes blood sugar test kits),
- Electronic Body Scans,
- Fertility enhancement (e.g. in vitro fertilization),

- Guide dogs or service animals to assist a visually-impaired or hearing-impaired person, or a person with other physical disabilities,
- Hearing Aids (Maximum reimbursement of two exams and one hearing aid device per ear per calendar year),
- Hospital Services (Expenses for telephone, television and extra meals are not covered),
- Inhalation therapy devices and other prescribed mechanical, electronic and other devices for the treatment of medical conditions,
- Insulin Syringes,
- Laboratory Fees,
- Laetrile (Must be prescribed by a doctor and legally used),
- Lodging that is primarily for and essential to medical care (cannot exceed \$50 for each night, for each individual),
- Medical Care and Services,
- Medicine (Prescription drugs, medications, insulin and certain over the counter medication if prescribed by a doctor for a specific medical condition),
- Nursing Services (Nursing expenses must be for services connected with caring for the patient's conditions, such as giving medication or changing dressings. Services must be rendered by an RN, LPN or a health aid who reports to a licensed or certified home health care agency. Benefits are not available for services rendered by immediate family members or some one who ordinarily lives in your home),
- Operations (Expenses must be for legal operations),
- Oxygen,
- Pregnancy Test Kits,
- Psychiatric Care, Psychoanalysis and Psychologist visits (Reimbursement limited to 40 inpatient and 50 outpatient visits per calendar year),
- Sterilization,
- Therapy,
- Transplants,
- Transportation primarily for, and essential to, medical care,

- Vision Care including exams, Eyeglasses, contact lenses (No benefits are payable for lenses which are not prescribed by an ophthalmologist or an optometrist), cost of equipment and materials required for using contact lenses (such as saline solution and enzyme cleaner) and laser surgery,

- Well Baby Care (Reimbursement limited to 40 inpatient and 50 outpatient visits per calendar year),

- Wheelchair (Reimbursement for rental fee will not exceed purchase price),

- Wigs (purchased by patients, on advice of a physician, who lose hair due to disease),

and

- X-ray Fees (Including one routine mammogram per year),

This information is excerpted from the AGMA Health Fund Plan B Summary Plan Description, updated May 2012 which is available at [http://www.agmaretirement-health.org/pdf\\_docs/AGMA\\_Plan\\_B\\_SPD\\_updated.pdf](http://www.agmaretirement-health.org/pdf_docs/AGMA_Plan_B_SPD_updated.pdf)