

Health Care Expenses

Health FSA Claims Process

A signed and dated claim form should be accompanied by one of the following:

- An Explanation of Benefits (EOB) from your insurance carrier showing the date of service and out-of-pocket expense(s). If the EOB indicates the procedure is not covered by your health insurance plan, you may be required to submit an itemized statement from the provider.
- For expenses not covered by insurance, an itemized statement from the service provider. The itemized statement should include the patient's name, date(s) of service, procedure description(s), provider name, and the charge(s) for the service. Account balance statements, balance forward statements, cancelled checks, cash register receipts, and credit card receipts are not acceptable third-party documentation (see below for special rules regarding cash register receipts for eligible over-the-counter medications). In some cases, a letter of medical necessity from a medical practitioner may be required.
- For prescription drugs, a pharmacy statement including the name of the pharmacy, patient's name, date of fill, cost, Rx number, and name of the drug.
- An itemized cash register receipt for eligible over-the-counter medications. The name of the medication and the purchase date must be on the receipt.
- Dual-purpose over-the-counter medications (items that have both a medical purpose and a general health/personal/cosmetic purpose) are not reimbursable without a letter of medical necessity from a medical practitioner. A list of dual-purpose items is available online.

Flexible Spending Health Care Account Expense Matrix

Expense Description	Eligible Under a Regular FSA?	Eligible Under a Limited Purpose FSA?	Substantiation	Processing Notes
Acne treatments (e.g. Clearasil, Proactiv)	Yes	No	Standard	Must be used to treat specific medical condition
Acupuncture	Yes	No	Standard	
Adoption, medical expenses	Potentially	No	Standard + legal documents pertaining to adoption	For medical expenses incurred before an adoption is finalized, if the child was a legal dependent when services were provided
Alcohol & drug rehab	Yes	No	Standard	
Allergy medicine	Yes	No	Standard	
Allergy products & home improvements to treat severe allergies	Potentially	No	Standard + letter of medical necessity	Examples of eligible expenses include: special vacuum cleaners, electro-static air purifiers, pillows and mattresses to alleviate certain allergies, etc. If the product would be owned without the allergy, then the expense is not considered eligible. See Capital expenses
Alternative healers, dietary substitutes and drugs and medicines	Potentially	No	Standard + letter of medical necessity	
Ambulance transport	Yes	No	Standard	
Antacid	Yes	No	Standard	

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Antihistamine	Yes	No	Standard	
Artificial limbs	Yes	No	Standard	
Artificial teeth	Yes	Yes	Standard	
Aspirin	Yes	No	Standard	
Bactine	Yes	No	Standard	
Bandages	Yes	No	Standard	
Batteries for durable medical equipment	Yes	No	Standard	Participant must note usage of batteries on receipt
Birth control pills	Yes	No	Standard	
Blood pressure monitoring devices	Yes	No	Standard	
Blood sugar test kit and test strips	Yes	No	Standard	
Body scan / diagnostic testing	Yes	No	Standard	
Braille books and magazines	Potentially	No	Standard + letter of medical necessity	If for the visually-impaired person, only the amount above the cost of regular printed material is reimbursable
Breast reconstruction surgery following mastectomy	Yes	No	Standard	
Burn garment	Yes	No	Standard	
Calamine lotion	Yes	No	Standard	
Capital expenses	Potentially	No	Standard + letter of medical necessity	The primary purpose of the expenditure must be for the medical care of the taxpayer, spouse, or dependent. The following information must be provided to determine eligibility: 1. A letter and/or prescription from a physician citing the medical necessity 2. A written certification that states the item is for the patient's individual use, or the percentage of use in relation to other members of the household 3. Third-party appraisal of the participant's home to substantiate the difference between the cost of capital expenditure and the increase in value to the participant's home (the cost of the appraisal is not reimbursable)
Carpal tunnel wrist supports	Yes	No	Standard	
Cayenne pepper	Potentially	No	Standard + letter of medical necessity	
Chelation (EDTA) therapy	Yes	No	Standard + letter of medical necessity	Only if used to treat a medical condition such as lead poisoning
Childbirth classes	Yes	No	Standard	See Lamaze and Personal-only expenses
Chiropractors	Yes	No	Standard	
Chondroitin	Potentially	No	Standard + letter of medical necessity	Only if used to treat a medical condition
Christian Science practitioners	Yes	No	Standard	
Circumcision	Yes	No	Standard	
Claritin	Yes	No	Standard	
COBRA premiums	No	No	N/A	
Co-insurance, co-payments	Yes	Yes	Standard	

and deductibles – dental				
Co-insurance, co-payments and deductibles – medical	Yes	No	Standard	
Co-insurance, co-payments and deductibles – vision	Yes	Yes	Standard	
Cold medicines	Yes	No	Standard	
Cold packs	Yes	No	Standard	
Cologne	No	No	N/A	
Condoms	Yes	No	Standard	
Contact lenses, materials and equipment	Yes	Yes	Standard	
Contraceptives	Yes	No	Standard	
Controlled substances in violation of federal law	No	No	N/A	
Cosmetics	No	No	N/A	
Cosmetic prescriptions	No	No	N/A	
CPR classes	Potentially	No	Standard + letter of medical necessity	
Decongestants	Yes	No	Standard	
Dental visits (non-cosmetic)	Yes	Yes	Standard	Cosmetic dental procedures are not eligible
Dentures	Yes	Yes	Standard	
Deodorant	No	No	N/A	
Diabetic supplies	Yes	No	Standard	
Diagnostic services	Yes	No	Standard	
Diapers or diaper service for newborns	No	No	N/A	
Diaper rash ointments and creams	Yes	No	Standard	
Diarrhea medicine	Yes	No	Standard	
Dietary supplements	Potentially	No	Standard + letter of medical necessity	
Diet foods	No	No	N/A	Not unless recommended by a physician
Disabled dependent's qualified dental or vision expenses	Yes	Yes	Standard	
Disabled dependent's qualified medical expenses	Yes	No		
DNA collection & storage	No	No	N/A	
Doula (birthing coach)	Potentially	No	Standard + letter of medical necessity	
Drug addiction treatment	Yes	No	Standard	
Drug overdose, treatment of	Yes	No	Standard	
Dual-purpose expenses (items that have both a medical and general/personal/cosmetic purpose)	Potentially	No	Standard + letter of medical necessity	
Durable medical equipment	Yes	No	Standard	Crutches, wheelchairs, nebulizers, etc.
Dyslexia	Potentially	No	Standard + letter of medical necessity	
Ear piercing	No	No	N/A	

Ear plugs	Potentially	No	Standard + letter of medical necessity	
Egg donor fees	Yes	No	Standard	
Eggs and embryos storage fees	Yes	No	Standard	Only temporary storage is eligible
Electrolysis or hair removal	No	No	N/A	
Elevator	Potentially	No	Standard + letter of medical necessity	See Capital expenses
Exercise equipment or programs	Potentially	No	Standard + letter of medical necessity	Not unless recommended by a physician to treat a specific medical condition and the equipment would not otherwise be purchased but for treatment of the condition
Expenses reimbursed by a health reimbursement account (HRA)	No	No	N/A	
Eye examinations, eyeglasses, equipment and materials	Yes	Yes	Standard	
Face creams and moisturizers	No	No	N/A	
Face lifts	No	No	N/A	
Family counseling	Potentially	No	Standard + letter of medical necessity	Not unless recommended to treat a mental disorder
Feminine hygiene products (tampons, etc.)	No	No	N/A	
Fertility treatments	Yes	No	Standard	
Fiber supplements	Potentially	No	Standard + letter of medical necessity	Only if recommended by a physician
First aid cream	Yes	No	Standard	
First aid kits	Yes	No	Standard	
Flu shots	Yes	No	Standard	
Fluoridation device	Yes	No	Standard	
Foods	Potentially	No	Standard + letter of medical necessity	See Special foods; Meals; Alternative healers, Dietary substitutes; Drugs and medicines; and Personal-only expenses
Founder's fee	No	No	N/A	
Gauze pads	Yes	No	Standard	
Genetic testing	Potentially	No	Standard + letter of medical necessity	If ordered for medical care
GIFT	Yes	No	Standard	
Glucosamine	Potentially	No	Standard + letter of medical necessity	See Dual-purpose expenses
Glucose monitoring equipment	Yes	No	Standard	
Glucose tablets	Yes	No	Standard	
Guide dog; other animal aide	Potentially	No	Standard + letter of medical necessity	
Hair colorants	No	No	N/A	
Hair removal and transplants	No	No	N/A	
Hand lotion	No	No	N/A	

Health club dues and fees	Potentially	No	Standard + letter of medical necessity	Not unless recommended by a physician to treat a specific medical condition and expense would not otherwise be incurred but for treatment of the condition. Expenses incurred for general health purposes are not eligible.
Health institute fees	Potentially	No	Standard + letter of medical necessity	Not unless recommended by a physician
Hearing aids	Yes	No	Standard	
Hemorrhoid treatments	Yes	No	Standard	
Herbs	Potentially	No	Standard + letter of medical necessity	
Hormone replacement therapy (HRT)	Potentially	No	Standard + letter of medical necessity	Only if used to treat a medical condition
Hospital services	Yes	No	Standard	
Hot packs	Yes	No	Standard	
Household help	No	No	N/A	
Illegal operations and treatments	No	No	N/A	
Immunizations	Yes	No	Standard	
Inclinators	Yes	No	Standard	
Incontinence supplies	Yes	No	Standard	
Insect bite creams and ointments	Yes	No	Standard	
Insulin	Yes	No	Standard	
Insurance premiums	No	No	N/A	
Laboratory fees	Yes	No	Standard	
Lactaid	Yes	No	Standard	
Lactation consultant	Potentially	No	Standard + letter of medical necessity	
Lamaze classes	Yes	No	Standard	Only the portion of the class covering the birthing process is covered
Language training	Potentially	No	Standard + letter of medical necessity	
Lasik eye surgery	Yes	Yes	Standard	
Laxatives	Yes	No	Standard	
Lead-based paint removal	Potentially	No	Standard + letter of medical necessity	Eligible if done to prevent a child who has or had lead poisoning from eating the paint. The wall surface must be within the child's reach.
Learning disability	Potentially	No	Standard + letter of medical necessity	If for a child with dyslexia or a disabled child. But school fees for regular schooling normally don't qualify.
Lifetime care-advance payments	No	No	N/A	
Lipsticks	No	No	N/A	
Liquid adhesive for small cuts	Yes	No	Standard	
Lodging at a hospital or similar institution (patient only)	Yes	No	Standard	
Lodging of a companion	Yes	No	Standard	If accompanying a patient for medical treatment

Lodging not at a hospital or similar institution	Yes	No	Standard	Up to \$50 per night if the lodging is primarily for and essential to medical care. The service must be provided by a physician in a licensed hospital or medical care facility equivalent to a licensed hospital. An additional \$50 per night may be reimbursable for a parent or companion who must accompany the patient
Lodging while attending a medical conference	No	No	N/A	
Long-term care premiums	No	No	N/A	
Make-up	No	No	N/A	
Marijuana or other controlled substances in violation of federal law	No	No	N/A	
Marriage counseling	No	No	N/A	
Massage therapy	Potentially	No	Standard + letter of medical necessity	
Mastectomy-related special bras	Potentially	No	Standard + letter of medical necessity	Not unless recommended to treat a mental disorder
Maternity clothes	No	No	N/A	
Meals at a hospital or similar institution (Patient Only)	Yes	No	Standard	Only meals for the person receiving care are eligible
Meals not at a Hospital or Similar Institution	No	No	N/A	
Meals of a companion	No	No	N/A	
Meals; attending a medical conference	No	No	N/A	
Medic Alert bracelet or necklace	Yes	No	Standard	
Medicare Part B premiums	No	No	N/A	
Medical conference admission	Potentially	No	Standard + letter of medical necessity	
Medical information plan changes	Yes	No	Standard	
Medical monitoring and testing devices	Yes	No	Standard	
Medical newsletter	No	No	N/A	
Medical records charges	Yes	No	Standard	
Medical services	Yes	No	Standard	
Medicated lip balm	Yes	No	Standard	Product must be listed as either medicated or having an SPF for sun protection.
Menstrual pain relievers	Yes	No	Standard	
Motion sickness pills	Yes	No	Standard	
Mouthwash	No	No	N/A	
Nail polish	No	No	N/A	
Nasal sprays	Yes	No	Standard	
Nasal strips	Potentially	No	Standard + letter of medical necessity	
Naturopathic healers	Potentially	No	Standard + letter of medical	

			necessity	
Nebulizer	Yes	No	Standard	
Nicotine gum or patches	Yes	No	Standard	
Non-prescription drugs used to treat a specific medical condition	Yes	No	Standard	
Non-prescription drugs used for general health and /or cosmetic purposes	No	No	N/A	
Non-prescription drugs- dual purpose	Potentially	No	Standard + letter of medical necessity	
Norplant insertion or removal	Yes	No	Standard	
Nursing home expenses	No	No	N/A	
Nursing services provided by a nurse or other attendant	Yes	No	Standard	
Nursing services for a baby	No	No	N/A	
Nutritionist's professional expenses	Potentially	No	Standard + letter of medical necessity	
OB/GYN	Yes	No	Standard	
Occlusal guards	Yes	Yes	Standard	
Office visits - dental	Yes	Yes	Standard	
Office visits - medical	Yes	No	Standard	
Office visits - vision	Yes	Yes	Standard	
One-a-day vitamins	No	No	N/A	
Operations - dental	Yes	Yes	Standard	Legal operations only. Cosmetic procedures are not eligible.
Operations - medical	Yes	Yes		Legal operations only. Cosmetic procedures are not eligible.
Operations- vision	Yes	Yes		Legal operations only. Cosmetic procedures are not eligible.
Optometrist	Yes	Yes	Standard	
Organ donors	Yes	No	Standard	
Orthodontia	Yes	Yes	Standard	
Orthopedic shoes and inserts	Yes	No	Standard	The excess cost over ordinary shoes
Osteopath fees	Yes	No	Standard	
OTC pregnancy tests/fertility monitors	Yes	No	Standard	
Ovulation monitor	Yes	No	Standard	
Oxygen	Yes	No	Standard	
Pain relievers	Yes	No	Standard	
Patterning exercises	Yes	No	Standard	
Perfume	No	No	N/A	
Permanent waves	No	No	N/A	
Personal-only expenses	Potentially	No	Standard + letter of medical necessity	
Physical exams	Yes	No	Standard	Not employment related exams
Physical therapy	Yes	No	Standard	
Podiatrist	Yes	No	Standard	
Pregnancy Termination	Yes	No	Standard	Legal terminations only
Pregnancy test kits	Yes	No	Standard	

Prenatal vitamins	Yes	No	Standard	
Prescription drugs used to treat a specific medical condition	Yes	No	Standard	
Prescription drugs used for general health and/or cosmetic purposes	No	No	N/A	
Prescription drugs-dual purpose	Potentially	No	Standard + letter of medical necessity	Not unless the item is used primarily to prevent or alleviate a physical or mental defect or illness
Prescription drugs imported from another country	No	No	N/A	
Prescription drug discount programs	No	No	N/A	
Prescription eyeglasses	Yes	Yes	Standard	
Propecia	Potentially	No	Standard + letter of medical necessity	Not unless hair loss is due to a medical condition
Prosthesis	Yes	No	Standard	
Psychiatrist	Yes	No	Standard	
Psychoanalysis	Yes	No	Standard	
Psychologist	Yes	No	Standard	
Radial keratotomy	Yes	Yes	Standard	
Reading glasses	Yes	Yes	Standard	
Recliner chairs	No	No	N/A	
Retin-A	Potentially	No	Standard + letter of medical necessity	
Reversal of tubal ligation or vasectomy	Yes	No	Standard	
Rogaine	Potentially	No	Standard + letter of medical necessity	Not unless hair loss is due to a medical condition
Rubbing alcohol	Yes	No	Standard	
Safety glasses	No	No	N/A	
Sales tax on qualified medical expenses (e.g. OTC medications)	Yes	No	Standard	Sales tax will automatically be reimbursed if receipt contains only FSA-eligible expenses. If not the participant is responsible for calculating the sales tax in order for it to be reimbursed.
Schools and education, residential	No	No	N/A	
School and education, special	Potentially	No	Standard + letter of medical necessity	Only if recommended by a physician
Screening tests – Dental or Vision	Yes	Yes	Standard	
Screening tests - Medical	Yes	No	Standard	
Shaving cream and lotion	No	No	N/A	
Shipping and handling fees on eligible expenses	Yes	Yes	Standard	
Sick-child facility	No	No	N/A	
Sinus medications	Yes	No	Standard	
Skin moisturizers	No	No	N/A	

Sleep deprivation treatment	Potentially	No	Standard + letter of medical necessity	
Smoking cessation	Yes	No	Standard	
Special foods	Potentially	No	Standard + letter of medical necessity	
Spermicidal foam	Yes	No	Standard	
Sperm storage fees	Potentially	No	Standard + letter of medical necessity	Temporary storage only
St. John's Wort	Potentially	No	Standard + letter of medical necessity	
Stem cell, harvesting and/or storage	Potentially	No	Standard + letter of medical necessity	
Sterilization procedures	Yes	No	Standard	
Student health fee	No	No	N/A	
Sunglass clips	No	No	N/A	
Sunglasses (prescription)	Yes	Yes	Standard	
Sunglasses (non-prescription)	No	No	N/A	
Sunburn creams and ointments	Yes	No	Standard	
Sunscreen	Yes	No	N/A	
Supplies to treat medical condition	Yes	No	Standard	
Surrogate expenses	No	No	N/A	
Take-home drug test	No	No	N/A	
Take-home pregnancy test	Yes	No	Yes	
Take-home urinary tract infection test	Yes	No	Standard	
Tanning salons and equipment	No	No	N/A	
Teeth whitening	No	No	N/A	
Telephone for hearing-impaired persons	Yes	No	Standard	
Therapy	Yes	No	Standard	
Thermometers	Yes	No	Standard	
Throat lozenges	Yes	No	Standard	
Toiletries	No	No	N/A	
Toothache and teething pain relievers	Yes	Yes	Standard	
Toothbrushes	No	No	N/A	
Toothpaste	No	No	N/A	
Transplants	Yes	No	Standard	
Transportation to and from medical conference	Potentially	No	Standard + letter of medical necessity	See Medical conference admission, transportation, meals, etc.
Transportation and travel expenses for person receiving dental care	Yes	Yes	Standard	Mileage is reimbursable at \$.20 per mile for 2007 effective 01/01/07. Mileage is reimbursable at \$.19 per mile for 1/1/2008 – 6/30/2008 and \$.27 for 7/1/08 – 12/31/2008. Note: Participants are required to itemize the mileage expenses on the claim form.

Transportation and travel expenses for person receiving medical care	Yes	No	Standard	Mileage is reimbursable at \$.20 per mile for 2007 effective 01/01/07. Mileage is reimbursable at \$.19 per mile for 1/1/2008 – 6/30/2008 and \$.27 for 7/1/08 – 12/31/2008. Note: Participants are required to itemize the mileage expenses on the claim form.
Transportation and travel expenses for person receiving vision care.	Yes	Yes	Standard	Mileage is reimbursable at \$.20 per mile for 2007 effective 01/01/07. Mileage is reimbursable at \$.19 per mile for 1/1/2008 – 6/30/2008 and \$.27 for 7/1/08 – 12/31/2008. Note: Participants are required to itemize the mileage expenses on the claim form.
Transportation of someone other than the person receiving dental or vision care	Potentially	Potentially	Standard	Only certain cases are reimbursable. 1) A parent who must travel with a sick child receiving medical care. 2) A nurse or other person who administers medication or injections to a patient. 3) An individual's visits to a mentally-ill dependent, if recommended as part of treatment
Transportation of someone other than the person receiving medical care	Potentially	No	Standard	Only certain cases are reimbursable. 1) A parent who must travel with a sick child receiving medical care. 2) A nurse or other person who administers medication or injections to a patient. 3) An individual's visits to a mentally-ill dependent, if recommended as part of treatment
Tubal ligation	Yes	No	Standard	
Umbilical cord, freezing and storing of	Potentially	No	Standard + letter of medical necessity	Collection and storage of indefinitely "in case needed" is not eligible for reimbursement
Vaccines	Yes	No	Standard	
Varicose veins, treatment of	No	No	N/A	
Vasectomy	Yes	No	N/A	
Veneer	No	No	N/A	
Viagra	Yes	No	Standard	
Virtual physical (body scan)	Yes	No	Standard	
Vision discount programs	No	No	N/A	
Vitamins	No	No	N/A	
Walker	Yes	No	Standard	
Wart remover treatments	No	No	N/A	Only to treat a medical condition
Weight-loss programs and/or drugs prescribed to induce weight loss	Potentially	No	Standard + letter of medical necessity	Only if recommended by a physician
Wigs	Potentially	No	Standard + letter of medical necessity	Not unless hair loss is due to a medical condition
X-rays - Dental	Yes	Yes	Standard	
X-rays - Medical	Yes	No	Standard	

Orthodontia Expenses

Orthodontia Claims Process

Orthodontic services may be provided over an extended period of time. The expenses for the entire period of treatment are sometimes required to be paid as a single sum at the beginning of the treatment period, or a substantial initial payment is required, followed by period installment payments during the course of treatment. Although reimbursable expenses must relate to services actually provided during a particular coverage period, and not to when you are billed or pay for the services, it may be difficult to allocate specific portions of the total fee to dates of service. For these reasons, orthodontic expenses may be reimbursed using one of two methods.

1. **Incurred Expenses Method** – You may be reimbursed upfront for all qualified expenses paid in the current plan year. Documentation must include treatment start date, anticipated treatment end date, proof of payment, and a completed claim form. If payment for orthodontia is made in full, the full contract amount, not to exceed your annual election, will be reimbursed. To receive reimbursement for the full contract amount:
 - a. Payment must be made within the applicable plan year; and
 - b. Proof of payment must be provided with your claim.

Incurred Expenses Method Example: 24-Month Orthodontia Contract/Cost = \$3500.00 including a \$500 charge for initial treatment (banding) expenses.

- Treatment Start Date: August 1, 2007
- Estimated Completion Date: July 31, 2009
- Plan Year: January – December

August 2007 – August Initial Treatment (i.e. banding) - Full contract amount paid at initial visit	\$3,500
August 2007 – Participant submits claim to include treatment start date, anticipated treatment end date, proof of payment , and a completed claim form	
Total Orthodontia Treatment Expenses Reimbursable in August 2007 (assuming sufficient account balance is available)	\$3,500

2. **Monthly Approach** – You may be reimbursed for the initial payment usually associated with banding fees. Thereafter, you may file a monthly claim for the monthly payment amount. Please note a treatment plan or itemized statement is required with the initial contract/banding claim. The documentation should include the amount of the initial down payment (usually associated with banding fees), the treatment start date, and anticipated treatment end date. For ongoing monthly claims, an itemized statement or payment coupon from the provider and a signed claim form are required.

Monthly Approach Example: 24-Month Orthodontia Contract/Cost = \$3500.00 including a \$500 charge for initial treatment (banding) expenses.

- Treatment Start Date: August 1, 2007
- Estimated Completion Date: July 31, 2009
- Plan Year: January – December

August 2007 – August Initial Treatment Expense (i.e. banding)	\$500
August 2007 – August Regular Monthly Expense	\$125
September 2007 – December 2007 - Participant submits a \$125 claim each month - (4 mos x \$125). Four separate claims.	\$500
2008 – Regular Monthly Expenses - Participant submits \$125 claim each month - (12 mos x \$125). Twelve separate claims.	\$1,500
2009 – Regular Monthly Expenses - Participant submits \$125 claim each month - (7 mos x \$125). Seven separate claims. Treatment completed end of July 2008.	\$875
Total Orthodontia Treatment Expenses	\$3,500

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