



SUPPLEMENTAL HEALTHCARE BENEFIT

Trustmark
benefits beyond benefits

 **mcinnes group**

Supplemental Healthcare Benefit Account

Welcome to your Supplemental Healthcare Benefit! Effective January 1, 2020, you will be provided with a first-dollar supplemental benefit to be used for qualified medical, dental and vision expenses. With your Supplemental Healthcare Benefit account, you can be reimbursed for out-of-pocket medical costs such as prescriptions, dental or vision expenses, as well as deductibles or co-insurance which are not covered by other healthcare plans.

Every Wyandotte Nation Member will receive **\$1,000** (Single) or **\$2,000** (Family*) per year.

**Family benefit for Wyandotte dependents only*

Dear Tribal Citizen,

We are pleased to announce that the Wyandotte Nation Board of Directors has approved the funding for the eighth year of the supplemental healthcare program. The Wyandotte Nation Supplemental Healthcare Benefit will be renewed on 1/1/2020. We hope that this program has been beneficial to you and your family. Our mission here is to "improve the quality of life for every tribal citizen" and we believe that this benefit helps fulfill a part of that mission in providing funds toward each citizen's healthcare needs.

Trustmark Health Benefits (previously Coresource) out of Overland Park, Kansas has been an outstanding partner with us in this venture and they will continue to administer this benefit plan on behalf of the Nation. The enclosed information will explain all the information you need concerning this exciting benefit.

Best Regards,

Chief Billy Friend

Withdrawal and Reimbursement Options

The Wyandotte Nation offers three easy options to use your Supplemental Healthcare Benefit account to pay for healthcare expenses.

The first option is a Benefit Card, a debit card that automatically deducts money from your Supplemental Healthcare Benefit account. The Benefit Card is used to pay for healthcare expenses at the point-of-purchase, eliminating the need to submit a claim. It can be used at any location that accepts MasterCard®. With a Benefit Card, you can check the balance of your Supplemental Healthcare Benefit account and access account details anytime online or with a quick phone call.

Supplemental Healthcare Benefit account funds can be used for prescription drugs, medical supplies and other qualified medical expenses. However, because of healthcare reform legislation, debit cards linked to Supplemental Healthcare Benefit accounts, such as the Benefit Card, can no longer be used for over-the-counter medications unless they are purchased with a prescription. Insulin is the exception and will continue to be eligible for reimbursement, even if purchased without a prescription. Remember to keep your receipts when using the Benefit Card, because sometimes we may need to verify an expense.

The second option is reimbursement by check. When you incur allowable expenses, simply fill out a reimbursement request form, attach the receipt (s) and send the documents to Trustmark Health Benefits. We will then mail you a check for the eligible reimbursement amount.

The last option is reimbursement through direct deposit. If you choose this option, Trustmark Health Benefits will automatically send the reimbursement directly to your bank account.



Trustmarkbenefits.com will allow you to access your account to see real time transactions, account balance, etc.

Eligible Medical Expenses

DENTAL SERVICES

Dental X-rays (*not employment related*)
Dentures
Exam/Teeth Cleaning
Fillings
Gum Treatment
Oral Surgery
Orthodontia/Braces
Physical Exam

LAB EXAMS/TESTS

Blood Tests
Cardiographs
Laboratory Fees
Metabolism Test
Spinal Fluid Tests
Urine/Stool Analysis
X-rays

VISION SERVICES

Artificial Eyes
Contact Lenses
Eye Exams
Eyeglasses
Laser Eye Surgeries
Prescription Sunglasses
Radial Keratotomy / LASIK
Reading Glasses

MEDICAL EQUIPMENT SUPPLIES & SERVICES

Abdominal / Back Supports
Ambulance Services
Arches / Orthopedic Shoes
Contraceptives, prescribed
Crutches
Guide Dog (*for visually/hearing impaired*)
Hearing Devices and Batteries
Hospital Bed
Learning Disability Support (*special school/teacher*)
Medic Alert Bracelet or Necklace
Oxygen Equipment
Prosthesis
Splints/Casts or Support Hose
Syringes
Transportation Expenses
Tuition Fee at Special Schools for Disabled Child
Weight Loss Drugs (*to treat specific disease*)
Wheelchair
Wigs (*hair loss due to disease*)

MEDICAL TREATMENT / PROCEDURES

Acupuncture
Exercise/Fitness Programs (*if necessary and prescribed by your doctor*)
Hearing Exams
Hospital Services
Infertility
In Vitro Fertilization
Norplant Insertion/Removal
Physical Exam (not employment related)
Reconstructive Surgery (*if medically necessary due to congenital defect or accident*)
Rolfing
Speech Therapy
Sterilization
Transplants (*including organ donor*)
Treatment for substance abuse (*alcoholism and drug addiction*)
Vaccinations/Immunizations
Vasectomy and Vasectomy Reversal
Weight Loss Programs (*as prescribed by your doctor*)
Well Baby Care

MEDICATION

Insulin
Prescribed Birth Control and Vitamins
Prescription Drugs
OBSTETRIC SERVICES
Breast Pumps and Supplies
Lamaze Class
Midwife Expenses
OB/GYN Exams
OB/GYN Prepaid Maternity Fees
Prenatal and Postnatal Treatments

NON ELIGIBLE MEDICAL EXPENSES

Cosmetic Surgery/Procedures
Cosmetics, Toiletries
Diaper Service
Hair-Loss Medications
Hair Transplants
Health Club Dues
Insurance Premiums
Long-Term Care Premiums
Marriage Counseling
Maternity Clothes
Vitamins or Nutritional Supplements
Teeth Whitening/Bleaching

This page contains numerous examples of eligible and in eligible expenses but should not be considered complete.

Frequently Asked Questions

How can I obtain a reimbursement claim form?

Reimbursement forms are available by visiting our website at trustmarkbenefits.com and logging in, e-mailing FlexHB@trustmarkbenefits.com, or calling **877-267-3359**.

How can I submit a claim?

E-mail it to FlexHB@trustmarkbenefits.com or mail it to:

Trustmark Health Benefits
Attn: Flex/HRA/Supplemental Benefit Dept.
P.O. Box 25946
Overland Park, KS 66225

Why was the transaction denied when I tried to use my Benefit Card?

There are several possible reasons why a transaction is denied. The most common problems are insufficient funds in the account to cover the transaction, or the vendor does not have an approved MasterCard® vendor code. Please contact our office if you experience a problem to see if it can be resolved while you are at the provider's office.

Can I be reimbursed for the cost of over-the-counter drugs with my Supplemental Healthcare Benefit account?

Over-the-counter drugs, medicines and biologicals are not eligible to be reimbursed by use of the debit card. However, if these expenses are used to treat a medical condition, they can be manually submitted for reimbursement. This includes pain relievers, cold medicines, allergy & sinus medications, gastrointestinal aids, anti-itch & anti-fungal medications, smoking cessation medications, etc. Members will be required to provide a copy of a prescription from a physician in order to obtain reimbursement for these items. Many medical devices and supplies are still covered and reimbursable by use of the debit card.

Can I spend the money in my Supplemental Healthcare Benefit account anytime during the plan year?

Yes. You can spend money from your Supplemental Healthcare Benefit account anytime during the plan year so that a large expense incurred early in the plan year can be reimbursed soon after you incur it.

Can I submit my credit card receipt or a balance due statement from my provider instead of an itemized statement?

The credit card receipt and the balance due statement do not include the necessary information to process a claim. An EOB form or itemized statement is required.

I did not receive my reimbursement check. How can I get a new check issued?

You must wait three weeks from the date the check was mailed before we can issue a stop payment. After the three-week period has expired, we will issue a replacement check.

What happens if I don't use all the money in my Supplemental Healthcare Benefit account by the end of the plan year?

If you are near the end of the plan year and have not spent everything in your Supplemental Healthcare Benefit account, you should look for additional eligible expenses for the unspent portion. For example, any money left in your Supplemental Healthcare Benefit account could be used for a pair of prescription eye-glasses or contacts. If eligible claim reimbursements are not submitted prior to the end of your plan year, any remaining funds in the supplemental benefit account will be forfeited.

How do I request an account statement?

Simply log onto trustmarkbenefits.com; click the FSA/HRA link in "My links" box or call 1-877-267-3359.

Online Access

If you are searching for an easy way to check your Supplemental Healthcare Benefit account balance, look no further. As a Supplemental Healthcare Benefit account holder, you gain access to your personal account balance and other helpful information through our online portal. Just go to trustmarkbenefits.com, log in with your username and password and your Supplemental Healthcare Benefit information will be at your fingertips!