



Required Documentation

1. Complete all the information on the Vita Flex claim form which can be found via your online account under Tools & Support. Each Vita Flex claim form must be signed and dated.
2. Appropriate documentation is needed for each expense. Adequate documentation includes insurance company Explanations of Benefits (EOBs), medical supply bills, copayment receipts, provider billing statements (must include participant name, date(s) of service, type of service, and, in certain circumstances, a diagnosis code), or other third-party documentation confirming that expenses were incurred and identifying the provider, the patient name, the charge, the type of service, the date of service and insurance information.
3. Detailed billing statements or a copy of an EOB or other confirmation of insurance payment (or declination of payment) is necessary to confirm the level of payment already made by an insurance company or HMO provider.
4. Following are some further guidelines for necessary documentation:
 - For prescription expenses, a copy of the Rx receipt provided by the pharmacy, indicating name of medicine, date dispensed, name of person for whom dispensed, and amount paid (a cash register receipt is not sufficient).
 - For over-the-counter (OTC) expenses associated with the purchase of drugs and medicines, a **physician's** prescription is required in addition to the cash register receipt to approve the claim. The only exception to this documentation requirement is Insulin, which can be purchased over-the-counter with just a cash register receipt.
 - Reimbursement of some medical expenses require confirmation of medical diagnosis or a statement of the medical necessity of the treatment.
5. Please retain a copy of the claim form and supporting documentation for your records.
6. For additional information regarding documentation, please refer to the Vita Flex website at <https://help.vitacompanies.com>

Submitting Reimbursement Requests

Vita Flex reimbursement requests may be submitted via the website, fax, email or standard mail. If faxed or emailed, please do not re-submit a hard copy through the mail.

Online:
www.vitaflex.net

Fax:
Vita Flex Claims Dept.
(650) 964-FLEX (3539)
(866) 964-FLEX (3539)

E-mail:
claims@vitamail.com

Mail:
Vita Flex Claims Dept.
900 North Shoreline Blvd.
Mountain View, CA 94043

Reimbursement Guidelines

1. Only employees who participate in the Vita Flex Health FSA plan may file a claim.
2. Claims are typically processed within one (1) to two (2) business days. After your claim is processed, you will receive a notification via email which will identify whether the claim has been approved or whether additional documentation is required.
3. Claims may be submitted as expenses are incurred or they may be bundled and submitted periodically throughout the Plan Year.
4. All claims must be submitted by the specified claims submission deadline. Please refer to your Summary Plan Description or Plan Detail Document for your claims submission deadline.
5. Terminated employees may only submit claims for expenses incurred through the termination date, unless COBRA is elected.
6. Federal tax law requires that the salary deferrals under your Health FSA plan be a **"use it or lose it" arrangement**. If claims with complete documentation are not submitted in a timely manner, the balance of your salary deferrals will be forfeited to your employer.

Eligible Expense Rules

1. Only expenses incurred during the Plan Year (after your election effective date) can be claimed for reimbursement. The date a claim is incurred determines the appropriate Plan Year for reimbursement.
2. A health-related expense is **"incurred"** on the date the participant is provided the medical care that gives rise to the expense, not when the participant is formally billed/charged or actually pays for the medical care.
3. Eligible expenses are generally consistent with the guidelines allowed by the IRS for tax deduction purposes. However, there are a number of expenses that may be allowed for a personal IRS deduction, but are *not eligible* under the Vita Flex Plan. See your Summary Plan Description or Plan Detail Document for further details.
4. All expenses must be considered medically necessary for treatment of an illness or injury. Vita Administration Group has no authority to alter the eligible expense guidelines provided by the IRS or to make exceptions to the policies outlined in the Vita Flex Summary Plan Description or Plan Detail Document.
5. Expenses must be eligible and must not have been reimbursed by any other source, such as your spouse's insurance plan.
6. The IRS has provided specific guidelines for expenses that may not be reimbursed on a pre-tax basis. Certain health care expenses are not considered qualified and thus are not eligible for reimbursement, *even if they are prescribed by a physician*. In general, expenses must be medically necessary and not for cosmetic, general health or well-being purposes.



Eligible Medical Expenses

Following is a list of common medical expenses that are eligible for reimbursement. This list is not exhaustive but provides an overview of the type of expenses that may be eligible under the Vita Flex Plan.

Medical Services

- Ambulance Expenses
- Birth Control Pills
- Surgical Expenses
- Coinsurance
- Copayments
- Deductibles
- Hospital Expenses
- Immunizations/ Vaccinations
- Laboratory/X-ray Fees
- Rx Drug Copayments
- Routine Physical Exams
- Sterilization Expenses

Dental Services

- Dental Exams/Care
- Dentures
- Orthodontia (only treatment incurred during Plan Year)
- Implants

Vision Services

- Corrective Contact Lenses/Eyeglasses
- Eye Exams
- Laser Eye Surgery
- Prescription Sunlasses

Other Services

- Fertility Treatments

Therapy*

- Occupational Therapy
- Psychotherapy Therapy
- Counseling Services
- Drug/Alcoholism Treatment
- Massage Therapy

Durable Medical Equipment

- Blood Pressure Monitoring
- Crutches
- Hearing Aids

* These expenses may require confirmation of medical diagnosis or a statement of the medical necessity of the specific treatment.

Common Medical Expenses That Are Not Eligible for Reimbursement

Following is a partial list of common medical expenses that are *not* eligible for reimbursement. This list is not exhaustive but provides an overview of the type of expenses that are *not* eligible under the Vita Flex Plan.

Personal Care/Well Being

- Relationship Counseling
- Custodial Care
- Health Club Memberships/Dues
- Food Expenses (even if part of a prescribed weight loss program)
- Physical Therapy without diagnosis

Personal Care/Well Being (Cont.)

- Social Activities or Programs
 - Stress Management Classes/Therapy
- ### Dental Services
- Cosmetic Dentistry (e.g. veneers)
 - Orthodontia (any treatment incurred outside the Plan Year)

Other Services

- Health Insurance Premiums
- Long Term Care Expenses
- Transportation Expenses
- Marijuana or Other Illegal
- Maternity Clothes
- Weight Loss Programs

Over-The-Counter (OTC) Items Eligibility

The Healthcare Reform Bill, passed into law in 2010 has affected the eligibility of many over-the-counter items. Following is a partial list of common OTC items, categorized by eligibility.

Always Eligible OTC Items

- Bandage Materials
- Blood Pressure Monitors
- Contact Lens Solution
- Contraceptives
- Hot/Cold Packs
- Reading Glasses

Sometimes Eligible OTC Items*

- Allergy Medications
- Antacids
- Cold & Sinus Medications
- Canker & Cold Sore Relief Products
- Medicated Lotions/Creams
- Pain Relievers

Ineligible OTC Items

- Cosmetic Products
- Products used for general health
- Diapers
- Sexual Enhancers
- Toothpaste/Toothbrush/Floss
- Products purchased in stockpile

* These OTC items will now require a written prescription from a licensed physician.

Please note that this list is not comprehensive. For a more detailed list of eligible and ineligible OTC expenses, please visit the Vita Flex website at <https://help.vitacompanies.com>. If you have a question regarding the eligibility of a specific OTC item, please feel free to send an email to the Vita Concierge at help@vitamail.com.

Changes in Plan Participation

You may only change or terminate salary reductions and Plan participation if you have a qualified change in status or experience one of the other exceptions to irrevocability outlined in your Summary Plan Description. Changes in family status include: birth, death, marriage, divorce, change in employment of a spouse, and certain other situations as identified in your Summary Plan Description. If a change in status occurs, a request for a corresponding change in Plan election must occur within 30 days of the date of status change.

Questions and Supplies

Vita Administration Group administers your employer's Vita Flex Health FSA plan. Questions regarding your account balance, reimbursement procedures, or eligible expenses may be directed to help@vitamail.com or call (650) 966-1492 (toll-free at (800) 424-3052). General information on the Vita Flex Plan may be found at <https://help.vitacompanies.com>. This brief summary is provided for your convenience. Please refer to your Summary Plan Description or Plan Detail Document for full Plan details.