



## PROFESSIONAL SERVICES

**CUSTOMER SERVICE:** Customer service representatives are available to answer customer questions each business day between the hours of 7:00 a.m. and 6:00 p.m. Mountain time. After hours and on weekends, you can access a toll-free automated voice-response system for your account information.

Call: 1-877-424-3570 (toll-free) or 1-406-721-2222

**THE ALLEGIANCE WEBSITE:** You can access the website 24 hours-a-day, seven days-a-week. Once you have created an on-line account, you can:

- Check your account balance
- Check the status of pending claims
- View the explanation of benefits for processed claims
- View your plan document and summary plan description
- Print enrollment, claim, and direct deposit forms
- Change your address
- *Contact Us* to ask questions about your account

[www.allegianceflexadvantage.com](http://www.allegianceflexadvantage.com)

**SUBMITTING A CLAIM:** Reimbursement request forms, with accompanying documentation, as well as debit card transaction documentation, can be mailed, faxed or sent through the secure website.

*Mail to:*  
Allegiance Benefit Plan Management, Inc.  
P. O. Box 4346  
Missoula, MT 59806-4346

*Fax to:* 1-877-424-3539 (toll-free) or 1-406-523-3149

*Send scanned claims securely through the website:*  
[www.allegianceflexadvantage.com](http://www.allegianceflexadvantage.com)

**UNUSED BALANCE ADVISORY:** In the tenth month of the plan year, Allegiance will mail you a reminder letter if you have an unused balance in your flex account.

## KEY POINTS

- Your Flex Plan pay check deductions are exempt from federal income, state income, and FICA/Medicare taxes.
- Benefits are available to you, your spouse, and your tax dependents, regardless of insurance coverage.
- Eligible services must be incurred during the plan year or your period of participation, whichever is shorter. Please refer to your summary plan description (SPD) for your flexible benefits plan year dates. **Expense eligibility is determined by the date on which the service is provided, not the date on which payment was made for the service.**
- Eligible expenses that were incurred during the plan year may be submitted for reimbursement for a limited time after the end of the plan year. If you terminate employment during the plan year, there is also a “run-out” period for submitting claims incurred during your period of employment. This “run-out” period, determined by your employer, is listed in the SPD.
- With a health flexible spending account (FSA), the full amount of your annual election is available to you for reimbursement of your eligible claims at any time during your period of coverage.
- A dependent care flexible spending account (FSA) only allows reimbursement up to the amount that has been contributed.
- The “use-or-lose” rule states that all unused FSA amounts left over at the end of the plan year are forfeited to the employer. Your employer is not allowed to give back unused funds to those who lost them, but must use leftover funds to provide benefits equally to all participants.
- You must make a new election each plan year during open enrollment to participate in a health FSA or a dependent care FSA.

## EXAMPLES OF EXPENSES REIMBURSED THROUGH FLEX

### DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (FSA)

- Day Care Expenses for Eligible Dependents as Necessary Due to Employment
- Child Care Expenses (12 and Under)
- Disabled Dependent Care

### HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

- Alcohol and Drug Addiction Treatment
- Allergy Medications
- Alternative Healers
- Ambulance
- Antacids
- Appliances for Hearing Impaired
- Artificial Limbs and Teeth
- Aspirin, Acetaminophen, or Ibuprofen
- Bandages, Gauze Pads and Band-aids
- Birth Control Pills
- Blood Sugar Test Kit
- Braille Books and Magazines
- Car Controls for Disabled Driver
- Carpal Tunnel Supports
- Chelation Therapy
- Childbirth or Lamaze Classes
- Chiropractors
- Christian Science Practitioners
- Claritin
- Co-Insurance Amounts
- Cold Medicines
- Contact Lenses and Supplies
- Contraceptives
- Cough Suppressants
- Crutches
- Deductible Medical Coverage Amounts
- Dental Care
- Dentures and Denture Adhesives
- Diagnostic Fees
- Eye Exams and Prescription Lenses
- Fees for Healers if Compliant with State and Local Law
- Fertility Treatments
- First Aid Kits
- Flu Shots
- Fluoridation Device
- Hearing Devices and Batteries
- HMO Co-Pay
- Hospital Bills
- Hypnosis for Treatment of an Illness
- Immunization
- Infertility Treatments
- Insulin
- Laboratory Fees
- Language Training for Child, if Recommended by Physician
- Laser Eye Surgery; Lasik
- Medical Alert Bracelet
- Medical Monitoring and Testing Devices
- Medical Records Charges
- Naturopath Fees if Legal in Resident State (Does not Include Herbs or Other Remedies)
- Nursing Services
- Obstetrical Expenses
- Occlusal Guards
- Orthodontics
- Orthopedic Shoes
- Osteopathy
- Over-the-counter Drugs and Medicines Purchased to Treat a Medical Condition
- Oxygen
- Patterning Exercises for the Mentally Handicapped
- Patient Transportation to Medical Services and Lodging, if Necessary
- Physical Therapy
- Physician Fees
- Prescription Drugs
- Prescription Sunglasses
- Psychiatrist and Psychologist Fees
- Reading Glasses
- Repair and Maintenance of Medically Necessary Items
- Routine Physicals and Other Diagnostic Services or Treatments
- Seeing Eye Dog
- Smoking Cessation Program and Supplies
- Sterilization Fees if a Legal Operation
- Surgery and Surgical Fees
- Therapy Treatments (if Prescribed)
- Vaccines, Immunizations and Flu Shots
- Viagra
- Wheelchair
- X-Ray

## EXAMPLES OF EXPENSES **NOT** REIMBURSED THROUGH FLEX

### NON-QUALIFIED DEPENDENT CARE FSA EXPENSES

- Overnight Camp
- Kindergarten and Above
- Nursing Homes
- Your Spouse or Child as a Provider

### NON-QUALIFIED HEALTH FSA EXPENSES

- Cosmetic Surgery
- Fitness Programs and Health Club Dues
- Hair Growth Treatments
- Massage (with no Medical Necessity)

- Mattresses
- Medicated Soaps and Shampoos
- Non-Group Insurance Premiums
- Physician Retainer or Preferred Access Fees
- Skin and Lip Moisturizers
- Special Foods
- Suntan Lotion
- Teeth Whitening
- Toothbrushes and Toothpaste
- Veneers
- Vitamins and Minerals

A more detailed list of reimbursable Code § 213 (d) medical expenses is available with your password on the Allegiance website ([www.allegianceflexadvantage.com](http://www.allegianceflexadvantage.com)).