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**Osage Nation Health Benefit Plan  
2018**

Status: Enrolled

Use From: 1-Jan-18 to 31-Dec-18

**What's Covered****MOST COMMON****A B C D E F G H I J K L M N O P Q R S T U V W X**

<b>Description</b>	<b>Covered</b>
Chiropractic care	Yes
Co-payment (medical, in-network)	Yes
Contact lenses and solutions	Yes
Dental	Yes
Hospital fees	Yes
Lab (medical)	Yes
Mileage (for travel to/from eligible health care)	Yes
Office visit (medical)	Yes
Orthodontia	Yes
Over-the-counter (drugs and medicines)	Yes
Psych / therapy	Yes
Rx (prescription)	Yes

Rx (prescription)	Yes
Vision	Yes
X-ray (medical)	Yes
Acne treatments (over-the-counter)	Yes
Acupuncture	Yes
Adoption (medical expenses related to)	Yes
Adoption fees	No
Alcoholism treatment	Yes
Allergy & sinus medicine and products (over-the-counter)	Yes
Allergy medication	Yes
Allergy treatments and products	Yes
Alternative dietary supplements (for treatment of a medical condition)	Yes
Alternative drugs, medicines and treatment products (for treatment of a medical condition)	Yes
Alternative healers (for treatment of a medical condition)	Yes
Ambulance and emergency health services	Yes
Anesthesia (for non-cosmetic purposes)	Yes
Antacid (over-the-counter)	Yes
Antibiotic ointment (over-the-counter)	Yes
Aspirin or other pain reliever (over-the-counter)	Yes
Asthma medicines or treatments (over-the-counter)	Yes
Athletic treatments / braces	Yes
Bandages and related items (over-the-counter)	Yes
Birth control (over-the-counter)	Yes
Birth control (prescription)	Yes
Blood pressure monitor	Yes
Body scans	Yes
Braille books and magazines (difference in cost only)	Yes

Braille books and magazines (difference in cost only)	Yes
Breast pump (for a lactating woman)	Yes
Breast reconstruction surgery (following mastectomy)	Yes
Breastfeeding classes	Yes
COBRA premiums (dental; paid with after-tax dollars only)	No
COBRA premiums (medical; paid with after-tax dollars only)	No
COBRA premiums (other; paid with after-tax dollars only)	No
COBRA premiums (prescription; paid with after-tax dollars only)	No
COBRA premiums (vision; paid with after-tax dollars only)	No
CPR classes (adult or child)	No
Cancer (fixed-indemnity) insurance premiums	No
Canker & cold sore treatments (over-the-counter)	Yes
Car modifications (as required for a medical condition diagnosed by a licensed health care professional)	Yes
Chest rubs (over-the-counter)	Yes
Child or newborn care instruction	No
Childbirth classes (charges for mother only)	Yes
Chiropractic office visit or treatment	Yes
Cholesterol test kits and supplies	Yes
Christian Science practitioners	Yes
Co-insurance (dental, in-network)	Yes
Co-insurance (dental, out-of-network)	Yes
Co-insurance (medical, in-network)	Yes
Co-insurance (medical, out-of-network)	Yes
Co-insurance (prescription, in-network)	Yes
Co-insurance (prescription, out-of-network)	Yes
Co-insurance (vision, in-network)	Yes
Co-insurance (vision, out-of-network)	Yes

Co-insurance (vision, in-network)	Yes
Co-insurance (vision, out-of-network)	Yes
Co-payment (dental, in-network)	Yes
Co-payment (dental, out-of-network)	Yes
Co-payment (medical, in-network)	Yes
Co-payment (medical, out-of-network)	Yes
Co-payment (other, in-network)	Yes
Co-payment (other, out-of-network)	Yes
Co-payment (vision, in-network)	Yes
Co-payment (vision, out-of-network)	Yes
Cold & flu medicine (over-the-counter)	Yes
Cold cream (over-the-counter)	No
Compression or anti-embolism socks, stockings or hose	Yes
Concierge medical fees (billed for actual services received)	Yes
Concierge medical fees (billed for future availability of services, with no services actually received)	No
Condoms	Yes
Contraceptives (over-the-counter)	Yes
Contraceptives (prescription)	Yes
Cord blood storage (for future treatment of a birth defect or known medical condition)	Yes
Cord blood storage (for unidentified future use)	No
Corn and callus remover (over-the-counter)	Yes
Corneal keratotomy	Yes
Cosmetic procedures or surgery	No
Cosmetic procedures or surgery for birth defects, accidents, and/or disease	Yes
Cough drops & sore throat lozenges (over-the-counter)	Yes
Cough syrup (over-the-counter)	Yes
Counseling (for treatment of a medical condition)	Yes
Counseling (marriage)	No

condition)

Counseling (marriage)	No
Crutches, canes, walkers or like equipment (purchase or rental)	Yes
Dancing lessons (for treatment of a medical condition)	Yes
Deductible (dental, in-network)	Yes
Deductible (dental, out-of-network)	Yes
Deductible (medical, in-network)	Yes
Deductible (medical, out-of-network)	Yes
Deductible (prescription, in-network)	Yes
Deductible (prescription, out-of-network)	Yes
Deductible (vision, in-network)	Yes
Deductible (vision, out-of-network)	Yes
Dental Co-insurance (in-network)	Yes
Dental Co-insurance (out-of-network)	Yes
Dental Co-payment (in-network)	Yes
Dental Co-payment (out-of-network)	Yes
Dental care (for non-cosmetic purposes, including sealants)	Yes
Dental insurance / plan premiums (paid with after-tax dollars only)	No
Dental products for general health	No
Dental reconstruction (including implants)	Yes
Dental veneers	Yes (Letter)
Dentures, bridges, etc.	Yes
Dermatology treatments and products	Yes
Diabetic monitors, test kits, strips and supplies	Yes
Diagnostic services (dental or vision)	Yes
Diagnostic services (other than dental or vision)	Yes
Diaper rash ointments and creams	Yes
Diapers and diaper services	No
Dietary supplements (for treatment of a medical condition)	Yes



Diapers and diaper services	No
Dietary supplements (for treatment of a medical condition)	Yes
Doula or birthing coach	Yes (Letter)
Drug addiction treatment	Yes
Drugs (imported)	No
Drugs (prescription)	Yes
Dyslexia treatment	Yes
Ear drops & wax removal (over-the-counter)	Yes
Educational classes or tuition	No
Electrolysis	No
Emergency kits (over-the-counter)	No
Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed health care professional)	Yes (Letter)
Eye drops and treatments (over-the-counter)	Yes
Eye examinations	Yes
Eye related equipment/materials	Yes
Eye surgery or treatment to correct vision	Yes
Eyeglasses (over-the-counter)	Yes
Eyeglasses (prescription)	Yes
Face lifts	No
Feminine hygiene products	No
Fertility monitor (over-the-counter)	Yes
Fertility treatment (for employee, spouse or dependent)	Yes
Fertility treatment (for non-dependent surrogate)	No
First aid kits (over-the-counter)	Yes
Fitness programs (as treatment for a medical condition diagnosed by a licensed health care professional)	Yes (Letter)
Flu shots	Yes
Funeral expenses	No
Gastrointestinal medication (over-the-counter)	Yes

Funeral expenses	No
Gastrointestinal medication (over-the-counter)	Yes
Guide dog (dog, training, care)	Yes
Hair regrowth products	No
Hair removal	No
Hair transplant	No
Hair treatments	No
Hand lotion (over-the-counter)	No
Health club dues (as treatment for a medical condition diagnosed by a licensed health care professional)	Yes (Letter)
Health insurance / plan premiums (paid with after-tax dollars only)	No
Health savings account (HSA) contributions	No
Hearing aids and batteries	Yes
Herbal or homeopathic medicines (over-the-counter)	Yes (Letter)
Home improvements (as required for a medical condition diagnosed by a licensed health care professional)	Yes (Letter)
Hospital (fixed indemnity) insurance premiums	No
Hospital services and fees	Yes
Household help	No
Humidifier, air filter and supplies	Yes (Letter)
Illegal operations or substances	No
Immunizations	Yes
Incontinence supplies	Yes
Individual dental insurance / plan premiums (paid with after-tax dollars only)	No
Individual insurance / plan premiums (paid with after-tax dollars only)	No
Individual medical insurance / plan premiums (paid with after-tax dollars only)	No
Individual prescription insurance / plan premiums (paid with after-tax dollars only)	No
Individual vision insurance / plan premiums	No

premiums (paid with after-tax dollars only)	
Individual vision insurance / plan premiums (paid with after-tax dollars only)	No
Infertility treatment (for employee, spouse or dependent)	Yes
Insulin, testing materials and supplies	Yes
Insurance / plan premiums (paid with pre-tax dollars)	No
Insurance or health insurance / plan premiums (paid with after-tax dollars only)	No
Laboratory fees	Yes
Lactose intolerance (over-the-counter)	Yes
Lamaze classes (charges for mother only)	Yes
Laser eye surgery	Yes
Lasik	Yes
Late payment fees charged by health care provider	No
Laxatives (over-the-counter)	Yes
Learning disability treatments	Yes
Lice treatment (over-the-counter)	Yes
Listening therapy	Yes
Lodging (limited to \$50 per night for patient to receive medical care and \$50 per night for one caregiver)	Yes (Letter)
Long term care premiums (up to IRS tax-free limit, see IRS Publication 502)	No
Long term care services	Yes
Long term disability insurance premiums	No
Magnetic therapy (over-the-counter)	Yes (Letter)
Massage therapy (for treatment of a medical condition)	Yes (Letter)
Mastectomy-related special bras	Yes
Maternity clothes	No
Medical Co-insurance (in-network)	Yes
Medical Co-insurance (out-of-network)	Yes
Medical Co-payment (in-network)	Yes
Medical Co-payment (out-of-network)	Yes



Medical Co-payment (in-network)	Yes
Medical Co-payment (out-of-network)	Yes
Medical abortion	Yes
Medical equipment (for treatment of medical condition) and repairs	Yes
Medical insurance / plan premiums (paid with after-tax dollars only)	No
Medical literature, books, pamphlets or audio	No
Medical monitoring and testing devices	Yes
Medical records charges	Yes
Medical savings account (MSA) contributions	No
Medical supplies (for treatment of a medical condition)	Yes
Medicare Part B insurance / plan premiums	No
Medicare alternative insurance / plan premiums (vs. Part A & Part B, paid with after-tax dollars only)	No
Medicare supplement policy premiums	No
Medicines (over-the-counter)	Yes
Medicines (prescription)	Yes
Midwife	Yes
Mileage (for travel to / from anything other than eligible care)	No
Modified equipment (difference in cost only)	Yes (Letter)
Monitors & test kits (over-the-counter)	Yes
Motion & nausea	Yes
Nasal sprays	Yes
Nasal strips (over-the-counter)	Yes
No show fees charged by health care provider	No
Non-prescription drugs and medicines (for non-cosmetic purposes)	Yes
Norplant insertion or removal	Yes
Nursing services (wages and taxes)	Yes

Nursing services (wages and taxes)	Yes
Nutritional supplements (for treatment of a medical condition)	Yes (Letter)
OB/GYN fees	Yes
Occlusal guards to prevent teeth grinding	Yes
Occupational therapy (related to a medical condition or disability)	Yes
Office visits (chiro)	Yes
Office visits (dental)	Yes
Office visits (medical)	Yes
Office visits (psych/therapy)	Yes
Office visits (vision)	Yes
Operations (for non-cosmetic purposes)	Yes
Operations (for vision and dental only)	Yes
Optometrist / ophthalmologist fees	Yes
Oral care (over-the-counter)	No
Organ transplants (recipient and donor)	Yes
Ortho keratotomy	Yes
Orthodontia (braces and retainers)	Yes
Orthopedic & surgical supports	Yes
Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe)	Yes (Letter)
Orthotics	Yes
Over-the-counter acne treatments	Yes
Over-the-counter allergy & sinus medicine	Yes
Over-the-counter antacid	Yes
Over-the-counter antibiotic ointment	Yes
Over-the-counter aspirin or other pain reliever	Yes
Over-the-counter asthma medicines or treatments	Yes
Over-the-counter bandages and related items	Yes
Over-the-counter canker & cold sore treatments	Yes

Over-the-counter canker & cold sore treatments	Yes
Over-the-counter chest rubs	Yes
Over-the-counter cold & flu medicine	Yes
Over-the-counter cold & flu prevention	Yes
Over-the-counter cold cream	No
Over-the-counter cough drops & sore throat lozenges	Yes
Over-the-counter cough syrup	Yes
Over-the-counter health care products (eligible)	Yes
Over-the-counter health care products (not eligible)	No
Over-the-counter medication (including for motion sickness, sleep aids and sedatives)	Yes
Over-the-counter products for dental, oral and teething pain	Yes
Over-the-counter products for general dental care	No
Ovulation monitor (over-the-counter)	Yes
Oxygen	Yes
Pain reliever (over-the-counter)	Yes
Parental fees (billed for actual services received for disabled children)	Yes
Parental fees (billed for future availability of services, with no services actually received for disabled children)	No
Personal use items (toothbrush, toothpaste, etc.)	No
Physical exams	Yes
Physical therapy	Yes
Physician retainer fee (for on-call or concierge services)	No
Pregnancy tests (over-the-counter)	Yes
Prescription Co-insurance (in-network)	Yes
Prescription Co-insurance (out-of-network)	Yes
Prescription Co-payment (in-network)	Yes
Prescription Co-payment (out-of-network)	Yes

Prescription Co-payment (in-network)	Yes
Prescription Co-payment (out-of-network)	Yes
Prescription drugs (for non-cosmetic purposes)	Yes
Prescription drugs for cosmetic purposes	No
Prescription drugs for hair regrowth	No
Prescription insurance / plan premiums (paid with after-tax dollars only)	No
Propecia (for treatment of a medical condition)	Yes
Prosthesis	Yes
Psychiatric care	Yes
Psychoanalysis	Yes
Psychologist fees	Yes
Radial keratotomy (RK)	Yes
Reading glasses (over-the-counter)	Yes
Reconstructive surgery (following accident or medical procedure or condition)	Yes (Letter)
Removal of benign mole, cyst or tumor	Yes
Retainer fee (to physician for on-call or concierge services)	No
Retin-A (for non-cosmetic purposes)	Yes
Rogaine or other hair regrowth medications (even if prescribed)	No
Sales tax, shipping and handling fees (for any eligible expense)	Yes
Smoking cessation (programs / counseling)	Yes
Smoking cessation drugs (prescription)	Yes
Smoking cessation gum or patches (over-the-counter)	Yes
Special equipment	Yes (Letter)
Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only)	Yes (Letter)
Special school (for mental and physical disabilities)	Yes (Letter)
Speech therapy	Yes



Speech therapy	Yes
Spermicidals	Yes
Sterilization	Yes
Student health fees for dental services (billed for actual services received)	Yes
Student health fees for dental services (no services actually received, billed for future availability of services)	No
Student health fees for medical services (billed for actual services received)	Yes
Student health fees for medical services (no services actually received, billed for future availability of services)	No
Student health fees for prescription services (no services actually received, billed for future availability of services)	No
Student health fees for prescriptions (billed for actual services received)	Yes
Student health fees for vision services (billed for actual services received)	Yes
Student health fees for vision services (no services actually received, billed for future availability of services)	No
Sunglasses (over-the-counter)	No
Sunglasses (prescription)	Yes
Sunscreen with SPF 15+ and "broad spectrum", sunburn creams and ointments (over-the-counter)	Yes
Sunscreen with SPF <15 or suntan lotion (over-the-counter)	No
Supplies (for treatment of a medical condition)	Yes
Surgery (for non-cosmetic purposes)	Yes
Swimming lessons (for treatment of a medical condition)	Yes (Letter)
Teeth bleaching or whitening	No
Teeth grinding prevention devices	Yes
Therapy (for treatment of a medical condition)	Yes
Toothache and teething pain reliever (over-the-counter)	Yes



Toothache and teething pain reliever (over-the-counter)	Yes
Toothpaste, medicated (difference in cost only of medicated toothpaste over the standard toothpaste)	Yes
Toothpaste, toothbrush, floss, etc.	No
Transgender treatments / surgery	Yes (Letter)
Transportation, parking and related travel expenses (essential to receive eligible care)	Yes
Transportation, parking and related travel expenses, for non-eligible expenses	No
Tubal ligation	Yes
Tuition or educational classes	No
Tuition or educational classes (for a specific medical condition)	Yes (Letter)
UV protection clothing	No
Urological products	Yes
Vaccinations	Yes
Varicose vein removal surgery (for medical care)	Yes
Vasectomy	Yes
Viagra and similar prescription medications	Yes
Vision Co-insurance (in-network)	Yes
Vision Co-insurance (out-of-network)	Yes
Vision Co-payment (in-network)	Yes
Vision Co-payment (out-of-network)	Yes
Vision insurance / plan premiums (paid with after-tax dollars only)	No
Vitamins (over-the-counter, for general health purposes)	No
Vitamins (prescription)	Yes
Walking aids (canes, walkers, crutches and related supplies)	Yes
Warranties or other charges for future anticipated services (with none actually received)	No
Wart removal treatments (over-the-counter)	Yes

received,

Wart removal treatments (over-the-counter)	Yes
Weight loss counseling	Yes (Letter)
Weight loss drugs (for treatment of a medical condition)	Yes
Weight loss foods	No
Weight loss program (for treatment of a medical condition)	Yes (Letter)
Weight loss program (to improve or maintain general health)	No
Wheelchair and repairs	Yes
Wound care (over-the-counter)	Yes
X-ray fees (dental)	Yes
X-ray fees (medical)	Yes

Yes (Letter) = In addition to the required detailed receipt, you will need to submit a [Letter of Medical Necessity \(PDF\)](#) (form to be completed by your doctor) to verify this expense is medically-necessary treatment for a known medical condition.

Yes (Rx) = In addition to the required detailed receipt, you will need to submit an actual prescription written by your doctor (on a prescription pad or form) dated on or before the date you incurred this expense to verify this over-the-counter medicine is prescribed for a known medical condition.

Yes (EOB) = You must submit an Explanation of Benefits (EOB) with each claim for this expense to be considered for payment from this program.

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