DEAR TRIBAL CITIZEN.

We are pleased to announce that the Wyandotte Nation Board of Directors has approved the funding for the twelfth year of the supplemental healthcare program. The Wyandotte Nation Supplemental Healthcare Benefit will be renewed on 1/1/2025. 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. Luminare Health 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

Every Wyandotte Nation Adult Citizen age 18+ will receive: \$1,500 (Single) or \$2,500 (Family*) per year.

*Family Benefit for Wyandotte dependents only

(877) 267–3359 and www.luminarehealth.com

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



How can I obtain a reimbursement claim form?

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

How can I submit a claim?

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

Benefit Spending Accounts PO BOX 2968 Clinton, IA 52733

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

Qualifying over-the-counter items and medicines are eligible to be reimbursed by use of the debit card.

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.



WYANDOTTE NATION



SUPPLEMENTAL HEALTHCARE BENEFIT

luminare health

Experience. Solutions. Results.

2025

Supplemental Healthcare Benefit Account

Welcome to your Supplemental Healthcare Benefit! Effective January 1, 2025, 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.

Trustmark is now Luminare

Effective January 1, 2024, Trustmark rebranded into Luminare Health. Your card will still be administered through them and other than branding, nothing else changed.

Withdrawal and Reimbursement Options

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©.

Reimbursement by Check

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

Reimbursement Through Direct Deposit

If you choose this option, Luminare Health Benefits will automatically send the reimbursement directly to your bank account.

Eligible Medical Expenses

Dental Services

- Dental X-Rays (not employment related)
- Dentures
- Exam/Teeth Cleaning
- Extractions
- 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

Medication

- Insulin
- Prescribed Birth Control and Vitamins
- Prescription Drugs

Medical

- 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)

Obstetric Services

- Breast Pumps and Supplies
- Lamaze Class
- Midwife Expenses
- O B / G YN E x ams
- OB/GYN Prepaid Maternity Fees
- Prenatal and Postnatal Treatments

Non-Eligible Medical

- Cosmetic Surgery/Procedures
- Diaper Service
- Food or Household Goods
- Cigarettes
- Health Club Dues (if exercise is not prescribed by your physician)
- Insurance Premiums
- Gasoline
- Marriage Counseling
- Maternity Clothes
- Vitamins or Nutritional Supplements
- Teeth Whitening/Bleaching