

# Frequently Asked Questions

## How can I obtain a reimbursement claim form?

Reimbursement forms are available by visiting our website, <https://pointc.wealthcareportal.com>, e-mailing [flex@pointchealth.com](mailto:flex@pointchealth.com), or calling (855) 403-0343.

## How can I submit a claim?

E-mail: [flex@pointchealth.com](mailto:flex@pointchealth.com)

OR

Mail:  
**Point C**  
**P.O. Box 25247**  
**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 problem is insufficient funds in the account to cover the transaction, or the vendor does not have an approved MasterCard® vendor code. Please contact customer service 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?

Qualifying over-the-counter items and medicines are eligible to be reimbursed 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?

Visit <https://pointc.wealthcareportal.com> or call (855) 403-0343.



# Wyandotte Nation

## SUPPLEMENTAL HEALTHCARE BENEFIT



# Supplemental Healthcare Benefit Account

Welcome to your Supplemental Healthcare Benefit! Effective January 1, 2026, 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 Adult Citizen age 18+ will receive **\$1,500** (single) or **\$2,500** (Family\*) per year.

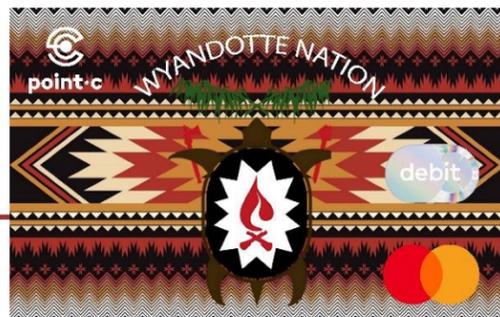
*\*Family benefit for Wyandotte dependents only*

Dear Tribal Citizen,

We are pleased to announce that the Wyandotte Nation Board of Directors has approved the funding for the fourteenth year of the supplemental healthcare program. The Wyandotte Nation Supplemental Healthcare Benefit will be renewed on 1/1/2026. 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. Point C is an outstanding partner in this venture and they now 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



Access your account to see real time transactions, account balance, etc.

## 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 along with qualifying over the counter items; insulin 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 Point C. 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, Point C 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

## 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)
- Rolfling
- 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
- Diaper Service
- Hair Loss Medications
- Hair Transplants
- Health Club Dues (if exercise is not prescribed by your physician)
- 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 ineligible expenses but should not be considered complete.*