



Bariatric Surgery Expense Reimbursement Policy

The purpose of Fanatics' Bariatric Surgery Expense Reimbursement Policy is to provide financial support to eligible employees who require medically necessary bariatric surgery.

Eligibility

All Fanatics benefits-eligible employees have an opportunity to receive reimbursement under this Policy after completing their first year of employment. Time as a temporary, part-time, or seasonal employee is counted toward this one year of employment requirement. If an employee is covered by a collective bargaining agreement, the employee will be eligible for reimbursement under this Policy only to the extent provided in the provisions of the applicable collective bargaining agreement.

Description of Benefit

Fanatics provides a reimbursement of up to \$5,000 (lifetime cap) for fees associated with the cost of bariatric surgery, and employees may receive reimbursement as follows:

- The maximum lifetime reimbursement per employee is \$5,000, grossed-up to cover taxes.
- This benefit covers costs that are not otherwise covered by health insurance (employees are advised to contact their health insurance providers to review coverage).
- To be eligible for reimbursement under this Policy, the surgical expenses must be medically necessary and eligible for reimbursement under then existing Centers for Medicare & Medicaid Services' National Coverage Determination for Bariatric Surgery for Treatment of Co-Morbid Conditions Related to Morbid Obesity (the "CMS NCD").
- Employees must request reimbursement using the Bariatric Surgery Expense Reimbursement Request Form and provide appropriate supplementary documentation (e.g., must include both invoices and corresponding proof of payment).
- Reimbursement will be made in the employee's paycheck and can be paid in either a lump sum or in smaller amounts as expenses are incurred.

Application Procedures for Reimbursement

To obtain reimbursement, an eligible employee must submit all the following:

- A completed Bariatric Surgery Expense Reimbursement Request Form.
- A letter from her/his treating physician certifying that the employee's surgery would be deemed medically necessary and eligible for reimbursement under then existing CMS NCD.
- Documentation of all fees, costs and other expenses incurred in connection with the treatments. The employee must provide receipts, canceled checks, credit card statements, and/or paid stamped invoices confirming payment.
- Reimbursement requests must be submitted within one year of the date on which the expense is incurred.

The reimbursement request form and substantiating documents should be sent to the following address:

Fanatics Benefits Department
8100 Nations Way
Jacksonville, FL 32256
Healthandwelfare@fanatics.com