



# ELIGIBLE MEDICAL EXPENSES

Eligible expenses are services and treatments that are medically necessary and prevent or treat illness or disease. You can include the expenses of your spouse and eligible dependents (up to age 26), even if they are not covered under your employer’s group health plans. To be eligible for reimbursement, your expenses must be incurred -- services actually received -- by you or your eligible dependents during the plan year while you are/were an active participant and your claim must be made according to the requirements of your employer’s plan.

**The following is list of some of the many eligible medical, dental and vision expenses:**

Adaptive Equipment (Crutches, Canes, Grab Bars, Wheelchairs, etc.)  
 Ambulance Services  
 Body Scans & Medical Diagnostic Services  
**Breast Pump & Lactation Supplies**  
 Childbirth Classes  
 Christian Science Practitioner Fees  
 Co-payments, Coinsurance & Deductibles  
 C-PAP and BiPAP Devices and Supplies

### Dental Services & Treatments

Bridges	Cleanings	Crowns
Dentures	Fillings	Implants
Root Canals	Sealants	X-Rays

Doula Services \* (Not for post-partum/healthy baby care.)

### Eye Care Services, Products & Treatments

Contact Lenses (Corrective)	Prescription Glasses
Sunglasses (Rx/Corrective)	Vision/Lasik Surgery

### Fertility Enhancement

Artificial Insemination	In Vitro Fertilization
Ovulation Monitors	Pregnancy Tests

Hearing Aids & Batteries

Homeopathic Care (Licensed health care professional fees.)

Immunizations/Flu Shots/Vaccinations  
 Insulin, Related Supplies & Equipment  
 Laboratory Fees  
 Lactation Consultant  
 Medical Alert ID Bracelets/Necklaces  
 Medical Information Plans & Records Fees

### Medical Service Professional Fees

Acupuncturists	Chiropractors	Dentists
Eye Doctors	Oral Surgeons	Orthodontists
Osteopaths	Pediatricians	Podiatrists
Physicians	Psychiatrists	Psychologists

Nurse & Midwife Services \* (Not for post-partum/healthy baby care.)

Orthodontia Treatments (Eligible after services are received.)

Orthotic Inserts, custom or over the counter

Prescription Medications

Prosthetics (Including Post-Mastectomy Prosthetic Bras.)

Speech Therapy

Travel, medical-related

2018 mileage reimbursement rate is \$.18/mile (2017 was \$.17) plus parking and toll-fees. Claim must include to/from information, mileage and include documentation of the related expenses. Does not include trips to the pharmacy or grocery store.

Vasectomy & Vasectomy Reversal

## Eligible Over-The-Counter Medical Products - No RX Required

ACE® Bandages  
 Antiarthritics Supplements  
 Band-Aids® & Bandages  
 Bathtub Rails/Grips  
 Blood Pressure Monitors  
 Braces & Supports  
 Breast Pumps & Supplies  
 Canes & Crutches  
 Compression Hosiery/Socks\*  
 Condoms  
 Contact Lens Solutions  
 CPAP Supplies

Denture Care Products  
 Diabetic Supplies  
 Drug & Diagnostic Test Kits  
 Eye Glass Cleaning Supplies  
 Fertility Monitor  
 First Aid Kits  
 Heart Rate Monitor (non-sports)  
 Hearing Aid Batteries  
 Home Medical Test Kits  
 Ice or Heat Pads/Packs  
 Incontinence Products  
 Maternity Belts & Hose\*

Middle Ear Monitor  
 Nasal/Sinus Rinse Supplies  
 Nebulizers & Inhalers  
 Orthotic Shoe Inserts  
 Ovulation Test Kits  
 Pregnancy Test Kits  
 Prenatal Vitamins  
 Reading Glasses  
 Sunscreen (SPF 15+)\*\*  
 Surgical Stockings  
 Thermometers  
 Walkers & Wheelchairs

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**ELIGIBLE EXPENSES CONTINUE ON THE NEXT PAGE**

\* Licensed health care professional fees and medical-grade products. See LMN next page.

\*\* Does not include lotions or other products that contain sunscreen or SPF protection.

# RX Required For Over-The-Counter (OTC) Medications

## Acid Controllers

Prilosec®      Roloids®  
Tums®          Zantac®

## Allergy, Asthma & Colds

Afrin®          Benadryl®  
Claritin®      Theraflu®  
Vicks Sinex®   Zyrtec®

## Anticandidal

Gyne-Lotrimin®   Monistat®

## Antifungals

Lamisil®          Tinactin®

## Aspirin & Pain Relief

Advil®          Excedrin®  
Pamprin®      Tylenol®

## Digestive Aids

Beano®          Metamucil®

## Electrolytes

Pedialyte®

## Motion Sickness

Dramamine®   Bonine®

## Smoking Cessation

Commit®        Nicoderm®

## Topical Treatments

A+D®          Abreva®  
Bactine®      Compound W®  
Cortizone®    Desitin®  
Lanacane®    Neosporin®  
Orajel®        Prep. H®

## Medicine Cabinet Essentials

Betadine®      Epsom Salts  
Ipecac Syrup   Hydrogen Peroxide  
Isopropyl Rubbing Alcohol  
Mouthwash & Fluoride Rinse



Unless dispensed by the Pharmacy as a prescribed medication, a copy of the prescription must accompany all claims for reimbursement of OTC medications.

## SPECIAL EXPENSES

Eligible if prescribed/recommended by your Physician to treat a specific medical condition:

### Allergy Products (LMN)

### Birth Control & Contraceptives (Rx)

### Cord Blood Banking (LMN)

Eligible only if there is an immediate medical need. Storage limited to the first 12 months or less, prorated for plan year.

### Egg/Sperm/Embryo Storage (LMN)

Eligible only during active fertility treatment. Storage limited to the first 12 months or less, prorated for plan year.

### Guide and Disability Support Service Animals (LMN)

### Gym Memberships & Fitness Programs (LMN)

The cost of gym memberships, fitness classes and home exercise equipment can be eligible if purchased at the direction of your Physician to treat a specific medical condition, such as obesity. For home fitness equipment, the Physician will also need to document the need for the equipment and why other activities were not advisable.

### Humidifiers and Air Purifiers (LMN)

Unless it is a medical product (i.e. Vicks®) it is only eligible if recommended (LMN) to treat a specific medical condition. If affixed to your home, the eligible expense is reduced by the increase in the value of your home due to the product.

### Language and/or Learning Disability Expenses (LMN)

Therapy, tuition and tutoring fees paid to special schools and specially trained teachers for an individual with a disability.

### Lice Treatment (Rx required for medications, LMN for professional services)

### Licensed Massage Therapist (LMN)

### Orthopedic Shoes (Rx/LMN, only excess cost of special form eligible.)

### Ultrasound, Pre-natal (For diagnostic purposes only.) (LMN)

### Vitamins, Herbs, Botanical and Biological Products (Rx)

### Weight Loss Programs (LMN)

## Not Generally Eligible

As a rule, expenses are not eligible if you don't owe the provider, or if the expenses are cosmetic in nature or not medically necessary. For example:

- Cosmetic services and products such as Botox®, Rogaine® & teeth whitening.
- Feminine hygiene products.
- Foods & food products are not eligible unless it does not satisfy nutritional needs, is prescribed (Rx) to treat a specific condition and limited to the cost exceeding the cost of a normal diet.
- Infant diapers.
- Insurance Premiums & Student Health fees.
- Interest, Missed Appointment and Late fees.
- Life Coaching, Career Counseling, Family, Marriage and/or Parental Counseling are not eligible unless it is primarily for medical care to treat a specific medical condition or diagnosis.
- Medications imported from foreign countries are generally not eligible. Medications received and used in foreign countries are only eligible if they could be legally obtained in the United States.
- Medications and services that are not legal and eligible per the FDA/Federal Law, regardless of their status under State Laws.
- OTC products and medications (must be prescribed), are limited to a 90-day supply in a 90-day period.
- Personal use items such as clothes, soap, tissues, hygiene products, etc. In some cases, the excess cost of a special form may be eligible if prescribed (Rx) to treat a specific condition, such as the excess cost to purchase allergen-free bedding.
- Preferred Provider (PPO) discounts.
- Prescription Discount Program fees.
- Prepaid services, including pre-paid Orthodontic treatment, medical practice membership and retainer fees are not eligible.
- Sunglasses are not eligible unless the lenses are Rx/Corrective.
- Swim/Ski goggles are not eligible, even with prescription lenses.
- Toothpaste & toothbrushes are not eligible, even if prescribed.

**“Physician,” Prescription (Rx) & Letter of Medical Necessity (LMN)** The term “Physician” refers to a licensed Medical Doctor (M.D./N.D./D.O.) as well as Physician Assistants and Nurse Practitioners who are licensed to write script for prescription medications in your State. “LMN”: A letter of medical necessity is required from your Physician including the specific medical diagnosis and treatment plan. “Rx”: A formal prescription “script” from your Physician is required for this product. All Rx must be updated annually if/as needed for consideration in future years. Stress relief is not a valid diagnosis for massage therapy. Vitamins, herbs and homeopathic remedies recommended by a health professional, such as a Chiropractor or Acupuncturist, to treat a medical condition as diagnosed by a Physician will require documentation of the Physician’s diagnosis and the letter of medical necessity from the health professional.

**This list is subject to change.** This is a brief introduction and does not guarantee the payment of benefits. Some Employer Plans limit the expense types that are eligible for reimbursement as well as the eligibility of dependents. The use of categories, brand names or registered trade names does not indicate an endorsement, recommendation or limitation. For specific information about your Employer’s plan, please refer to the Summary Plan Description (SPD). The SPD provides important information such as eligibility, benefits, eligible expenses, the claims procedures and claims filing deadlines.