



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

Mileage reimbursed at \$.17/mile (2016 was \$.19 for 2016) 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

[For more information, including expanded Medical Expense lists, click here for the FSA Store:](#)

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FSA needs



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* 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.

ELIGIBLE EXPENSES CONTINUE ON THE NEXT PAGE

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 are not eligible.
- Foods & food products are not eligible unless it does not satisfy nutritional needs and is prescribed (Rx) to treat a specific condition. The cost of the special food would be eligible only to the extent that the cost exceeds the cost of a normal diet.
- Infant diapers are not eligible.
- Insurance Premiums & Student Health fees are not eligible.
- Interest, Missed Appointment and Late Fees are not eligible.
- 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, hygiene products, etc., are not generally eligible. In some cases, the excess cost of a special form may be eligible if prescribed (Rx) by a Physician to treat a specific condition, such as allergen-free bedding.
- Preferred Provider (PPO) discounts are not eligible.
- Prescription Discount Program fees are not eligible.
- 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.