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 eligible dependents, 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:

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:

We’ve partnered with FSA Store for all your FSA needs

* 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.

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

<table>
<thead>
<tr>
<th>Acid Controllers</th>
<th>Aspirin &amp; Pain Relief</th>
<th>Topical Treatments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prilosec®</td>
<td>Advil®</td>
<td>A+D®</td>
</tr>
<tr>
<td>Rolaids®</td>
<td>Excedrin®</td>
<td>Abreva®</td>
</tr>
<tr>
<td>Tums®</td>
<td>Pamprin®</td>
<td>Bactine®</td>
</tr>
<tr>
<td>Zantac®</td>
<td>Tylenol®</td>
<td>Compound W®</td>
</tr>
<tr>
<td>Allergy, Asthma &amp; Colds</td>
<td>Beano®</td>
<td>Cortizone®</td>
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<tr>
<td>Afrin®</td>
<td>Metamucil®</td>
<td>Desitin®</td>
</tr>
<tr>
<td>Benadryl®</td>
<td>Electrolytes</td>
<td>Lanacane®</td>
</tr>
<tr>
<td>Claritin®</td>
<td>Pedialyte®</td>
<td>Neosporin®</td>
</tr>
<tr>
<td>Vicks Sinex®</td>
<td>Motion Sickness</td>
<td>Orajel®</td>
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<tr>
<td>Zyrtec®</td>
<td>Dramamine®</td>
<td>Prep. H®</td>
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<tr>
<td>Antifungals</td>
<td>Bonine®</td>
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<tr>
<td>Gyne-Lotrimin®</td>
<td>Smoking Cessation</td>
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<tr>
<td>Monistat®</td>
<td>Commit®</td>
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<tr>
<td>Lamisil®</td>
<td>Nicoderm®</td>
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<tr>
<td>Tinactin®</td>
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</tbody>
</table>

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 or recommended by your Physician to treat a specific medical condition:

- **Allergy Products (LMN)**
- **Birth Control & Contraceptives (Rx)**
- **Cord Blood Banking (LMN)**
- **Egg/Sperm/Embryo Storage (LMN)**
- **Guide and Disability Support Service Animals (LMN)**
- **Gym Memberships & Fitness Programs (LMN)**
- **Humidifiers and Air Purifiers (LMN)**
- **Language and/or Learning Disability Expenses (LMN)**
- **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

- 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.
- OTC products and medications (must be prescribed), are limited to a 90-day supply in a 90-day period.
- Personal use items such as bedding, clothing, feminine hygiene products, shoes, soap, etc., are not generally eligible. In some cases, the excess cost of a special form of a “daily use” product may be eligible if prescribed (Rx) by a Physician to treat a specific condition, such as shoes and 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, even if the fees include screenings, checkups, etc.
- 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.