Qualified Expenses - FSA - Unreimbursed Medical

Limitation on Qualified Expenses

Your plan may restrict the reimbursement of one or more of these items. Check with your plan administrator. The total amount of all qualified expenses paid may not exceed the maximum allowed under the plan. Please review your Summary Plan Description or see your plan administrator for more information.

Prescription - Qualified Expenses

Prescription and co-pays that *do* qualify for reimbursement

- Prescription medications unless they are reimbursed by insurance.
- Co-pays for prescription medications.

Prescription and co-pays that *do not* qualify for reimbursement

- Prescriptions taken strictly for cosmetic purposes and are not for reconstruction due to disease, birth defect, or accident.
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

Over-the-Counter Medicines - Qualified Expenses

Over-the-counter medicines that *do* qualify for reimbursement

Over-the-counter items qualify unless they are reimbursed by insurance.
Antiseptics
Cold, Flu, Asthma, and Allergy Medications
Diabetic supplies
Ear/Eye Care
Health Aids

Pain Relief
Personal Test Kits
Skin Care
Stomach Care
Dual use items that require a letter from health practitioner to qualify

Antiseptics Prescription (Rx) required beginning 1/1/2011

- Antiseptic wash or ointment for cuts or scrapes (Rx)
- Antiseptic mouthwash (Rx)
- Benzocaine swabs (Rx)
- Boric Acid powder (Rx)
- First aid wipes (Rx)
- Hydrogen Peroxide (Rx)
- Iodine tincture (Rx)
- Rubbing Alcohol (Rx)
- Sublimed Sulfur powder (Rx)

Cold, Flu, Asthma, and Allergy Medications
Prescription (Rx) required beginning 1/1/2011

- Allergy medications (Rx)
- Bronchodilator/expectorant tablets (Rx)
- Bronchial asthma Inhalers (Rx)
- Cold relief syrup, tablets, and drops (Rx)
- Cough syrup, tablets, and drops (Rx)
- Flu relief syrup, tablets, and drops (Rx)
- Medicated chest rub (Rx)
- Nasal decongestant spray, drops, or inhaler (Rx)
- Nasal strips to improve congestion (Rx)
- Sinus and allergy nasal spray (Rx)
- Homeopathic sinus medications (Rx)
- Vapor patch cough suppressant (Rx)

Diabetes Prescription (Rx) required beginning 1/1/2011

- Diabetic lancets
- Diabetic needles
- Diabetic supplies
- Diabetic syringes
- Diabetic test strips
- Glucose meters
- Glucose tablets (Rx)
**Ear/Eye Care**

Letter of Medical Necessity required from a physician (LOMN)

**Prescription (Rx) required beginning 1/1/2011**

<table>
<thead>
<tr>
<th>Item</th>
<th>Prescription (Rx) required beginning 1/1/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Airplane ear protection (LOMN)</td>
<td>Ear wax removal drops (Rx)</td>
</tr>
<tr>
<td>Ear drops for swimmers (Rx)</td>
<td>Homeopathic earache tablets (Rx)</td>
</tr>
<tr>
<td>Ear water-drying aid (Rx)</td>
<td>Contact lens solution</td>
</tr>
</tbody>
</table>

**Health Aids Prescription (Rx) required beginning 1/1/2011**

<table>
<thead>
<tr>
<th>Item</th>
<th>Prescription (Rx) required beginning 1/1/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antifungal treatments (Rx)</td>
<td>Lice control (Rx)</td>
</tr>
<tr>
<td>Denture adhesive</td>
<td>Medicated bandages</td>
</tr>
<tr>
<td>Diuretics and water pills (Rx)</td>
<td>Motion sickness tablets (Rx)</td>
</tr>
<tr>
<td>Hemorrhoid relief (Rx)</td>
<td>Respiratory stimulant ammonia (Rx)</td>
</tr>
<tr>
<td>Incontinence supplies</td>
<td>Sleeping aids (Rx)</td>
</tr>
</tbody>
</table>

**Pain Relief Prescription (Rx) required beginning 1/1/2011**

<table>
<thead>
<tr>
<th>Item</th>
<th>Prescription (Rx) required beginning 1/1/2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis pain reliever (Rx)</td>
<td>Orajel® (Rx)</td>
</tr>
<tr>
<td>Bunion and blister treatments (Rx)</td>
<td>Pain relievers, aspirin and non-aspirin (Rx)</td>
</tr>
<tr>
<td>Itch relief (Rx)</td>
<td>Throat pain medications (Rx)</td>
</tr>
</tbody>
</table>

**Personal Test Kits**

<table>
<thead>
<tr>
<th>Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cholesterol tests</td>
</tr>
<tr>
<td>Colorectal cancer screening tests</td>
</tr>
<tr>
<td>Home drug tests</td>
</tr>
</tbody>
</table>
Skin Care Prescription (Rx) required beginning 1/1/2011

- Acne medications (Rx)
- Anti-itch lotion (Rx)
- Bunion and blister treatments (Rx)
- Cold sore and fever blister medications (Rx)
- Corn and callus removal medications (Rx)
- Diaper rash ointment (Rx)
- Eczema cream (Rx)
- Medicated bath products (Rx)
- Wart removal medications (Rx)

Stomach Care Prescription (Rx) required beginning 1/1/2011

- Acid reducing gum, liquid and tablets (Rx)
- Anti-Diarrhea medications (Rx)
- Gas prevention tablets or drops (Rx)
- Ipecac syrup (Rx)
- Laxatives (Rx)
- Pinworm treatment (Rx)
- Upset stomach medications (Rx)

Over-the-Counter (OTC) items Prescription (Rx) required beginning 1/1/2011

Letter of Medical Necessity required from a physician (LOMN)

- Adhesive or elastic bandages
- Blood pressure meter
- Cold or hot compresses
- Eye drops (Rx)
- Foot spa (LOMN)
- Gauze and tape (LOMN)
- Gloves and masks (LOMN)
- Herbs (Rx)
- Leg or arm braces
- Massagers (LOMN)
- Minerals (Rx)
- Multivitamins (Rx)
- Saline nose drops (Rx)
- Special supplements (Rx)
- Special teeth cleaning system (LOMN)
- Thermometers
- Vitamins (Rx)
Over-the-Counter items that DO NOT qualify for reimbursement:

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement system
- Cosmetics
- Cotton swabs
- Dental floss
- Deodorants
- Feminine care fragrances
- Hair regrowth
- Low "carb" foods
- Low calorie foods
- Oral care
- Petroleum jelly
- Shampoo and conditioner
- Skin care
- Spa salts
- Sun tanning products
- Tooth brushes
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner

Medical - Qualified Expenses

Doctor's fees and co-pays that do qualify for reimbursement

Co-pays and other payments to doctors and healthcare providers qualify unless they are reimbursed by insurance:

- Doctor office co-pays
- Emergency room co-pays
- Out-patient surgery co-pays
- Inpatient admission co-pays
- Office visits
- Routine check ups
- Routine physicals and other non-diagnostic services or treatments.
- Psychologist and psychiatrist fees
- Acupuncture fees
- Eye exams
- Christian Science practitioner's fees
- Radiology
- Surgical fees
- Lab fees
- Diagnostic fees
- X-rays and MRI
- Weight loss programs and fees pertaining to a specific
Obstetrics and fertility fees
Chiropractor and podiatrist fees
Orthodontist and dentist fees
Periodontist and endodontist fees
Physician and Osteopath fees

**Doctor's fees that do not qualify for reimbursement**

Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect, or accident.

Dental bleaching
Marriage counseling
Weight loss programs for general health or appearance.
Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

**Health improvement programs and supplies that do qualify for reimbursement**

Health improvement programs that qualify unless they are reimbursed by insurance:

<table>
<thead>
<tr>
<th>Physical and speech therapy</th>
<th>Body scans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weight-loss programs (for specific disease)</td>
<td>Reconstructive surgery associated with birth defect, disease, or accident.</td>
</tr>
<tr>
<td>Quit-smoking programs, patches, and gums</td>
<td>Home drug tests</td>
</tr>
<tr>
<td>Alcoholism and drug treatment</td>
<td>Cholesterol tests and monitors</td>
</tr>
<tr>
<td>Special schooling for a disabled child</td>
<td>Home blood tests</td>
</tr>
<tr>
<td></td>
<td>Gastric bypass surgery</td>
</tr>
</tbody>
</table>
**Health improvement programs and supplies that do not qualify for reimbursement**

- Weight-loss programs for general health or appearance.
- Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect, or accident.
- Dental bleaching
- Marriage counseling
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

**Health related expenses and equipment that do qualify for reimbursement**

Generally, the following items require a doctor's prescription to qualify. These expenses qualify unless they are reimbursed by insurance.

<table>
<thead>
<tr>
<th>Health related expenses and equipment</th>
<th>Reimbursement Qualification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Humidifiers and vaporizers</td>
<td>Arches and orthopedic shoes</td>
</tr>
<tr>
<td>First aid bandages, gloves, and masks</td>
<td>Wigs for hair loss caused by disease</td>
</tr>
<tr>
<td>Hot and cold compress packs and wraps</td>
<td>Shower bars and safety handles</td>
</tr>
<tr>
<td>Oxygen</td>
<td>Hearing devices and batteries</td>
</tr>
<tr>
<td>Pill boxes</td>
<td>Crutches and canes</td>
</tr>
<tr>
<td>Shower protection for casts, prostheses, etc.</td>
<td>Wheelchairs, walkers, and shower chairs</td>
</tr>
<tr>
<td>Therapeutic support gloves</td>
<td>Medical alert bracelet and fees</td>
</tr>
<tr>
<td>Elevated toilet seat</td>
<td>Bedpans and ring cushions</td>
</tr>
<tr>
<td>Thermometers</td>
<td>Travel to doctors or healthcare facilities</td>
</tr>
<tr>
<td>Special school for disabled child</td>
<td>Ambulance expenses</td>
</tr>
<tr>
<td>Artificial limbs and braces</td>
<td></td>
</tr>
</tbody>
</table>

**Health related expenses and equipment that do not qualify for reimbursement**

- Expenses and equipment that are not medically necessary or are not prescribed by your health practitioner.
- Weight-loss programs for general health or appearance.
Medical Health Plan Deductible - Qualified Expenses

Deductible expenses that do qualify for reimbursement

Employee responsibility for medical health plan deductible expenses, based on the explanation of benefits from your health plan.
These may include qualified medical expenses like unreimbursed co-payments, co-insurance and doctor visits applied to your deductible amount.

Dental - Qualified Expenses

Dental services and supplies

Dental services and supplies qualify unless they are reimbursed by insurance:

Co-payments Periodontist and endodontist fees
Dental fillings, crowns, and bridges Prescribed medicines
Deductibles Routine checkups
Dentures Dental sealants
Diagnostic fees Surgical fees
Oral surgery X-rays
Orthodontist and dentist fees

Dental services and supplies that do not qualify

Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect or accident.
Dental bleaching.
Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.
Dental Plan Deductible - Qualified Expenses

Deductible expenses that *do* qualify for reimbursement

- Employee responsibility for dental plan deductible expenses, based on the explanation of benefits from your dental plan.
- These may include qualified dental expenses like unreimbursed co-payments, co-insurance and doctor visits applied to your deductible amount.

Vision - Qualified Expenses

Vision services and supplies that *do* qualify for reimbursement

Vision services and supplies qualify unless they are reimbursed by insurance.

- Vision co-pays
- Office visits and routine eye exams
- Prescribed sunglasses and eyeglasses
- Contact lenses, solutions, and supplies
- Corrective eye surgery
- LASIK surgery
- Cataract surgery
- Optometrist fees
- Physician and ophthalmologist fees
- Surgical fees and x-rays

Vision services and supplies that *do not* qualify for reimbursement

- Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect, or accident.
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.