

## **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, tables, 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**

Airplane ear protection (LOMN))	Ear wax removal drops (Rx)
Ear drops for swimmers (Rx)	Homeopathic earache tablets (Rx)
Ear water-drying aid (Rx)	Contact lens solution

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

Antifungal treatments (Rx)	Lice control (Rx)
Denture adhesive	Medicated bandages
Diuretics and water pills (Rx)	Motion sickness tablets (Rx)
Hemorrhoid relief (Rx)	Respiratory stimulant ammonia (Rx)
Incontinence supplies	Sleeping aids (Rx)

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

Arthritis pain reliever (Rx)	Orajel® (Rx)
Bunion and blister treatments (Rx)	Pain relievers, aspirin and non-aspirin (Rx)
Itch relief (Rx)	Throat pain medications (Rx)

**Personal Test Kits**

Cholesterol tests	Ovulation indicators
Colorectal cancer screening tests	Pregnancy tests
Home drug tests	

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

Acne medications (Rx)	Corn and callus removal medications (Rx)
Anti-itch lotion (Rx)	
Bunion and blister treatments (Rx)	Diaper rash ointment (Rx)
	Eczema cream (Rx)
Cold sore and fever blister medications (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)	Laxatives (Rx)
Anti-Diarrhea medications (Rx)	Pinworm treatment (Rx)
Gas prevention tablets or drops (Rx)	Upset stomach medications (Rx)
Ipecac syrup (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	Massagers (LOMN)
Blood pressure meter	Minerals (Rx)
Cold or hot compresses	Multivitamins (Rx)
Eye drops (Rx)	Saline nose drops (Rx)
Foot spa (LOMN)	Special supplements (Rx)
Gauze and tape (LOMN)	Special teeth cleaning system (LOMN)
Gloves and masks (LOMN)	
Herbs (Rx)	Thermometers
Leg or arm braces	Vitamins (Rx)

**Over-the-Counter items that DO NOT qualify for reimbursement:**

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

**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	Acupuncture fees
Emergency room co-pays	Eye exams
Out-patient surgery co-pays	Christian Science practitioner's fees
Inpatient admission co-pays	Radiology
Office visits	Surgical fees
Routine check ups	Lab fees
Routine physicals and other non-diagnostic services or treatments.	Diagnostic fees
Psychologist and psychiatrist fees	X-rays and MRI
	Weight loss programs and fees pertaining to a specific

Obstetrics and fertility	disease
Chiropractor and podiatrist fees	Reconstructive surgery in connection with birth defects, disease, or accident.
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:

Physical and speech therapy	Body scans
Weight-loss programs (for specific disease)	Reconstructive surgery associated with birth defect, disease, or accident.
Quit-smoking programs, patches, and gums	Home drug tests
Alcoholism and drug treatment	Cholesterol tests and monitors
Special schooling for a disabled child	Home blood tests
	Gastric bypass surgery

## **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.

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

## **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	LASIK surgery
Office visits and routine eye exams	Cataract surgery
Prescribed sunglasses and eyeglasses	Optometrist fees
Contact lenses, solutions, and supplies	Physician and ophthalmologist fees
Corrective eye surgery	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.