



ELIGIBLE MEDICAL EXPENSES

The following is a partial list of medical, dental and vision expenses that are considered eligible expenses for Med-FSA and HRA Plans.

Generally, eligible expenses are services, products and treatments that are medically necessary to 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 plan.

To be eligible, your expenses must be incurred - services received - by you or your eligible dependents during the plan year while you are/were an active participant. Proof of payment of an expense is not usually required or relevant.

- Adaptive Equipment *
- Allergy Products *
- Ambulance Services
- Artificial Limbs, Crutches, Canes & Wheelchairs
- Birth Control, Condoms & Contraceptives
- Breast Pump (If needed to treat a specific medical condition for either the mother or child.) *
- Childbirth Classes (Childbirth classes only. Does not include parenting, newborn/infant care and breastfeeding classes.)
- Chiropractic Services
- Christian Science Practitioner Fees
- Co-payments, Coinsurance & Deductibles
- Cord Blood Storage (Rx required w/specific diagnosis.)
- Counseling by a Licensed Provider (A medical diagnosis is required. Career and marriage counseling are not eligible.)

Dental Services & Treatments

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

- Diapers (Adults or Disabled Dependents. Not for infants/toddlers.)
- Doula Services (Licensed Healthcare Provider only. Pre-delivery & delivery only. Not for healthy baby/family postpartum care.)

Eye Care Services, Products & Treatments

Contact Lenses & Supplies	Lasik Surgery
Prescription Glasses	Rx Sunglasses
OTC Reading Glasses	Vision Surgery

Fertility Enhancement

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|---|------------------------|
| Artificial Insemination | In Vitro Fertilization |
| Ovulation Monitors | Pregnancy Tests |
| Temporary Egg/Sperm Storage (12 months or less) * | |
- Guide and Disability Support Service Animals *
 - Hearing Aids & Batteries

- Immunizations/Flu Shots/Vaccinations
- Insulin, Related Supplies & Equipment
- Laboratory Fees
- Lactation Consultant (Licensed Healthcare Provider only.)
- Learning Disability Expenses *
- Massage Therapy *
- Medical Alert ID Bracelets/Necklaces
- Medical Information Plans & Records Fees

Medical Service Provider Fees

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

- Nursing Services (If medically necessary to provide or monitor medical treatment. Excludes postpartum care for healthy babies.)

- Orthodontia Treatments
- Orthopedic Shoes & Orthotic Devices *
- Over-the-Counter Medications (see next page)
- Physical Therapy
- Prescription Drugs
- Prosthetics (Including Prosthetic Bras Post-mastectomy.)
- Reconstructive Surgery
- Smoking Cessation Treatments * (see next page.)
- Speech Therapy
- Telephone Equipment for the Hearing Impaired

- Medical Travel (Submit travel expenses along with the documentation of the expenses to which the travel relates. Mileage is paid at 16.5¢ per mile (2010) as well as actual Parking and Toll Fees. Call us regarding any plane, lodging or other travel expenses. Mileage expenses related to routine pharmacy trips are not eligible.)

- Ultrasound, Pre-natal (If medically necessary.)
- Vasectomy & Vasectomy Reversal
- Weight Loss Programs (No foods.) *
- Wig *

* By Prescription Only or a Letter of Medical Necessity is required. See next page for more information.

Special Expense? Expense Not Listed? Call Us!

expense is not listed above, please contact us for more information at **1-800-995-5373**.

If you have an unusual situation or if your

Please read the Summary Plan Description (SPD) your Employer gave you. The SPD is a detailed description of your Employer's Plan and includes important information including benefits, eligibility, expenses, plan year and claims requirements. This is a brief introduction and is subject to limitation and change.

OVER-THE-COUNTER MEDICATIONS

Category	The following are examples of eligible OTC medications:
Allergy, Asthma & Cold Medicines	Actifed®, Benadryl®, Bronkaid®, Chloraseptic®, Claritin®, Hall's Cough Drops®, Neo-Synephrine®, NyQuil®, Primatene®, Robitussin®, Sucrets®, Sudafed®, TheraFlu®, Vicks®
Anesthetics	Anbesol®, Num-Zit®, Orajel®, Rid-A-Pain®, Cough Drops, Topicaïne®, Unguentine®
Antifungals	Cruex®, Fem-Stat3®, Gyne-Lotrimin®, Lamisil®, Monistat®, Tinactin®, Vagistat®
Aspirin & Pain Relief	Advil®, Aleve®, Ascriptin®, Azo®, Bayer®, Bufferin®, Doan's®, Ecotrin®, Excedrin®, Midol®, Motrin®, Nuprin®, Pamprin®, Tylenol®, St. Joseph®, Vanquish®
Birth Control	Conceptrol Gel®, Durex®, Encare®, LifeStyles®, Trojan®
Smoking Cessation	Commit®, Endit®, NicoBloc®, Nicoderm®, Nicorette®, Nicotrol®
Stomach & Intestinal	Alka-Seltzer®, Beano®, Citrucel®, Ex-Lax®, Gas-X®, Imodium®, Kaopectate®, Lactaid®, Maalox®, Metamucil®, Mylicon®, Pepto-Bismol®, Roloids®, Tagamet®, Tums®, Zantac®
Topical Treatments	Abreva®, Antibiotics, Aspercreme®, Bactine®, Betadine®, Capcaicin®, Cortizone®, Desitin®, Herpecin®, Fleet Relief®, Mentholatum®, Neosporin®, Preparation H®, Sportscreme®
Other Examples	Ace® Bandages, AuroDri®, Bandages, BandAids®, Blood Pressure Monitors, Bonine®, Callous Removers, Compound W®, Contact Lens Solutions, Ear Drops, Fertility Monitors, First Aid Kits, Nytol®, OcuHist®, Pedialyte®, Peroxide, Polygrip®, Reading Glasses, Rid®, Rubbing Alcohol, Sunblocks/Sunscreen (but not cosmetics/body lotions w/sunscreen), Thermometers, Visine®
No Rx Required	Hand Sanitizers (not soap), Anti-Arthritics (Glucosamine & Chondroitin specially packaged for those with arthritis, like Move Free® & Joint Health®), Fiber Laxatives (but not supplements), Adult Incontinence Supplies, Specialty Socks specifically marketed to individuals with diabetes & circulatory issues (such as Futuro® and Dr. Scholls® (excess cost of the special form only).

The use of categories, trademarks and brand names is solely for your reference and does not indicate or imply endorsement, recommendation or limitation.

Effective 01/01/2011, you will need a prescription to be reimbursed for OTC Medications. Click here for more information.

What Expenses Are Not Eligible?

Generally, 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®, Breast Augmentation, Propecia®, Rogaine® & teeth whitening.
- Foods & food replacements are not eligible unless the food does not satisfy normal nutritional needs and is prescribed to treat a specific medical condition as prescribed by a physician. Then the special food cost would be eligible to the extent that the cost of the special food exceeds the cost of a normal diet.
- Missed appointment fees, late fees and finance charges.
- Prescription Drugs imported to U.S. from foreign countries are not generally eligible.
- Generic receipts, charge card, prior balance and balance forward statements do not provide sufficient documentation.
- Vitamins, herbs, biologicals, botanicals, homeopathic medications & food supplements are not eligible unless prescribed by a physician (M.D., N.D. or D.O.) to treat a specific medical condition. *
- Prepaid Orthodontia services are not eligible.
- Premiums, Insurance & Student Health fees. Toothbrushes and toothpaste are not eligible, even if prescribed to treat a specific medical/dental condition.
- Preferred Provider (PPO) discounts are not eligible.
- Prepaid medical fees such as "concierge," "boutique," and similar membership and retainer fees paid on a monthly, quarterly or annual basis are not eligible.
- Over-the-counter medications and medical supplies are limited to a 3-month/90-day supply in any single purchase or series of purchases within a 3-month/90-day period.
- Personal use items are not eligible. This includes such expenses as cleansers, clothing, earplugs, personal or feminine hygiene products, infant diapers, soaps, sunglasses (non-Rx), etc. In some cases, the excess cost of a special form may be eligible. *

* **Letter of Medical Necessity Required.** A letter of medical necessity is required from your physician including the specific medical diagnosis and treatment plan. The terms "physician" refers to a medical provider authorized to write prescriptions for medications within the scope of their license and practice. This includes doctors (M.D., N.D., or D.O.) and nurse practitioners (N.P.). Stress relief, preventive care and good/general health are not a sufficient medical diagnosis. If prescribed by a physician to treat a specific medical condition, the excess cost of a special form may be eligible for personal use items that are used in daily life, such as orthopedic shoes and allergen-free bedding. Vitamins, herbal 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 diagnosis from the physician and the letter of medical necessity from the health professional.

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