

# ELIGIBLE MEDICAL EXPENSES

The Med-FSA covers most medical, dental and vision expenses and you can include the expenses of your eligible dependents, even if they are not covered under your employer's group insurance plan. Eligible expenses are services and treatments that are medically necessary and prevent or treat illness or disease.

To be eligible, 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 for reimbursement of the eligible expenses must be submitted according to the requirements set by your employer's plan.

## The following is a partial list of eligible expenses:

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

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

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, 2009=24¢ per mile) 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 \*

\*A letter of medical necessity is required. See the bottom of the next page for more information and clarification.

### Special Expenses? Call Us!

There are other expenses that may eligible and some that will require a prescription and special documentation. If you have an unusual situation or if your expense is not listed above, please contact us for more information at **1-800-995-5373**.

## OVER-THE-COUNTER MEDICATIONS

Category	The following are examples of OTC medications that are eligible in the Med-FSA:
<b>Allergy, Asthma &amp; Cold Medicines</b>	Actifed®, Benadryl®, Bronkaid®, Chloraseptic®, Claritin®, Hall's Cough Drops®, Neo-Synephrine®, NyQuil®, Primatene®, Robitussin®, Sucrets®, Sudafed®, TheraFlu®, Vicks®
<b>Anesthetics</b>	Anbesol®, Num-Zit®, Orajel®, Rid-A-Pain®, Cough Drops, Topicalaine®, Unguentine®
<b>Antifungals</b>	Cruex®, Fem-Stat3®, Gyne-Lotrimin®, Lamisil®, Monistat®, Tinactin®, Vagistat®
<b>Aspirin &amp; Pain Relief</b>	Advil®, Aleve®, Ascriptin®, Azo®, Bayer®, Bufferin®, Doan's®, Ecotrin®, Excedrin®, Midol®, Motrin®, Nuprin®, Pamprin®, Tylenol®, St. Joseph®, Vanquish®
<b>Birth Control</b>	Conceptrol Gel®, Durex®, Encare®, LifeStyles®, Trojan®
<b>Smoking Cessation</b>	Commit®, Endit®, NicoBloc®, Nicoderm®, Nicorette®, Nicotrol®
<b>Stomach &amp; Intestinal</b>	Alka-Seltzer®, Beano®, Citrucel®, Ex-Lax®, Gas-X®, Imodium®, Kaopectate®, Lactaid®, Maalox®, Metamucil®, Mylicon®, Pepto-Bismol®, Rolaids®, Tagamet®, Tums®, Zantac®
<b>Topical Treatments</b>	Abreva®, Antibiotics, Aspercreme®, Bactine®, Betadine®, Capcaicin®, Cortizone®, Desitin®, Herpecin®, Fleet Relief®, Mentholatum®, Neosporin®, Preparation H®, Sportscreme®
<b>Other Examples</b>	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®
<b>NEW FOR 2009 No Rx Required</b>	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.

### 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.
- 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. \*
- Over-the-counter medications and 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.
- 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.
- Prescription Drugs imported to U.S. from foreign countries are not generally eligible.
- 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. or D.O.) to treat a specific medical condition. \*
- Prepaid Orthodontia services are not eligible.
- Premiums, Insurance & Student Health fees.

\* **Letter of Medical Necessity Required.** A letter of medical necessity is required from your physician (MD/DO/ND) including the specific medical diagnosis and treatment plan. Stress relief is not a valid diagnosis for massage therapy. 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 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 (MD/ DO/ND), will require documentation of the diagnosis from the MD/DO/ND and the letter of medical necessity from the health professional.

This brochure is not intended to provide tax or legal advice. Please contact your personal advisor regarding your personal situation. This brochure is a brief introduction to the Flex Plan benefits. Please read the Summary Plan Description (SPD) that your employer gave you. The SPD is a detailed description of your Flex Plan and includes important information regarding the benefits, the eligibility requirements and the claims filing deadlines.