Eligible Health Care FSA Expense Examples:

■ Dental Services
  Crowns/Bridges
  Dental X-Rays
  Dentures
  Exams/Teeth Cleanings
  Extractions
  Fillings
  Gum Treatments
  Oral Surgery
  Orthodontia/Braces

■ Insurance-Related Items
  Copays
  Coinsurance
  Deductibles

■ Lab Exams/Tests
  Blood Tests
  Cardiographs
  Diagnostic Fees
  Laboratory Fees
  Spinal Fluid Tests
  Urine/Stool Analyses
  X-Rays

■ Medication
  Insulin
  Prescribed Birth Control
  Prescribed Vitamins*
  Prescription Drugs*

■ Other Medical Treatments/Procedures
  Acupuncture
  Alcoholism (inpatient treatment)
  Chiropractor Services
  Drug Addiction (inpatient treatment)
  Hearing Exams
  Hospital Services
  Infertility
  In-vitro Fertilization
  Norplant Insertion or Removal
  Patterning Exercises
  Physical Examination (not employment related)
  Physical Therapy
  Speech Therapy
  Sterilization
  Vaccinations and Immunizations
  Vasectomy and Vasectomy Reversals
  Well Baby Care

■ Other Medical Supplies and Services
  Abdominal/Back Supports
  Ambulance Services
  Arches
  Breast Pumps and Lactation Supplies
  Contact Lens Solution and Cleaners
  Contraceptives
  Counseling (except for Marriage and Family)
  Crutches
  Guide Dog (for visually/hearing impaired person)
  Hearing Aids & Batteries
  Hospital Bed
  Insulin Supplies
  Learning Disability (special school/teacher)
  Lead Paint Removal (if not capital expense and incurred for a child poisoned)
  Mastectomy Bras
  Medic Alert Bracelet or Necklace
  Medical Miles, Tolls, and Parking
  Orthopedic Shoes
  Oxygen Equipment
  Pregnancy Tests
  Pre-natal Vitamins
  Prosthesis
  Rubbing Alcohol
  Splints/Casts
  Suntan Lotion/Sunscreen greater than SPF 14
  Syringes
The BESTflex℠ Plan | Eligible Expenses

Transportation Expenses (essential to medical care)
Wheelchair
Wigs (hair loss due to disease)

Vision Expenses
Contact Lenses
Contact Lens Solution

Eye Examinations
Eyeglasses
Laser Eye Surgeries
Prescription Sunglasses
Radial Keratotomy/LASIK
Reading Glasses

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll-free Participant Services line at 800 346 2126.

Eligible with Doctor’s Prescription:

Important note about over-the-counter (OTC) drug reimbursement: Due to health care reform regulations, the Health Care FSA only reimburses OTC drug expenses if you have and provide a doctor’s prescription for them. Doctor’s prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Make sure you plan your annual election accordingly.

Eligible Health Care FSA Expense Examples:

Baby-Sitting
Canceled Appointment Fees
Chapstick/Lip Balm
Contact Lens Insurance
Cosmetics
Cosmetic Surgery/Procedures
Dance/Exercise/Fitness Programs
Diaper Service
Electrolysis
Exercise Equipment
Eyeglass Insurance
Face Cream

Feminine Hygiene Products
Hair Loss Medications
Hair Transplant
Health Club Dues
Insurance Premiums
Long Term Care Premiums
Marriage or Family Counseling
Massage Therapy*
Maternity Clothes
Mattresses
Meals that are not part of inpatient care
Moisturizers
Nutritional Supplements*
Personal Trainer

Menstrual Cycle Products (medication for pain and cramp relief)
Motion Sickness Pills
Muscle/Joint Pain Relievers
Nasal Sinus Sprays
Nicotine Gum/Patches
Pain Relievers
PediaLyte
Retin A (non-cosmetic)
Sinus Medications
Sleeping Aids
Smoking Cessation Products
Sore Throat Sprays
Special Ointments/Burn Ointments
Throat Lozenges
Vapor Rubs
Weight Loss Drugs (to treat specific disease)*

Yeast Infection Treatments

* Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.