

Eligible Expenses for 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 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 expenses qualify unless they are reimbursed by insurance.

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

- Diabetic lancets
- Diabetic needles
- Diabetic supplies
- Diabetic syringes
- Diabetic test strips
- Glucose meters
- Glucose tablets(Rx)

Ear/Eye Care(Rx) Prescription required beginning 1/1/2011(LOMN) Letter of Medical Necessity required from a physician

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

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

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

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

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

Personal Test Kits

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

Skin Care(Rx) Prescription 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(Rx) Prescription 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(Rx) Prescription required beginning 1/1/2011(LOMN) Letter of Medical Necessity required from a physician

- Adhesive or elastic bandages
- Blood pressure meter
- Cold or hot compresses
- Eye drops(**Rx**)
- Foot spa(**LOMN**)
- Gauze and tape
- Gloves and masks
- Herbs(**LOMN**)
- Leg or arm braces
- Massagers(**LOMN**)
- Minerals(**LOMN**)
- Multivitamins(**LOMN**)
- Saline nose drops(**Rx**)
- Special supplements(**LOMN**)
- Special teeth cleaning system(**LOMN**)
- Thermometers
- Vitamins(**LOMN**)

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
- Obstetrics and fertility
- Chiropractor and podiatrist fees
- Physician and Osteopath fees
- Acupuncture fees
- 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 disease
- Reconstructive surgery in connection with birth defects, disease, or accident.

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
- Weight-loss programs (for specific disease)(**LOMN**)
- Quit-smoking programs
- Quit-smoking patches and gums(**Rx**)
- Alcoholism and drug treatment
- Special schooling for a disabled child(**LOMN**)
- Body scans
- Reconstructive surgery associated with birth defect, disease, or accident.
- Home drug tests

- Cholesterol tests and monitors
- 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

(Rx) Prescription required beginning 1/1/2011 (LOMN) Letter of Medical Necessity required from a physician

These expenses qualify *unless* they are reimbursed by insurance.

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

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

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.

Vision Plan Deductible - Qualified Expenses

Deductible expenses that *do* qualify for reimbursement

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

Group Insurance - Qualified Expenses

Insurance premium expenses that *DO* qualify for inclusion in a Premium Savings Plan (payroll-deducted premiums sponsored by your employer)

Only premiums offered through your employer are eligible for payment on a pre-tax basis

- Group health insurance
- Group dental insurance
- Group vision insurance
- Hospital indemnity insurance
- Long- and short-term disability*
- Employer-sponsored group term life insurance**
- Accidental death and dismemberment
- Cancer insurance policy
- Prescription drug coverage
- Medical discount plans
- Membership in association that gives cooperative or "free-choice" medical services, or group hospitalization and clinical care

* If disability insurance is paid on a pre-tax basis, employee pays taxes on benefits received

** \$50,000 coverage limitation on a pre-tax basis

Insurance premium expenses that *DO NOT* qualify for inclusion in a flexible benefits plan

- Individually owned health, dental, or vision insurance
- Return-of-premium products
- Lifetime care policies
- Dependent (or spouse) life insurance policies
- Whole life insurance premiums
- Spousal or dependent health premiums (coverage sponsored by spouse's or dependent's employer)

Eligible Expenses for FSA-Dependent Care

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.

Dependent Care - Qualified Expenses

Dependent Care expenses that *do* qualify for reimbursement

Only expenses necessary for you and your spouse (if married) to be gainfully employed can be claimed.

- Nanny expenses, for services provided inside your home, are eligible to the extent they are attributable to dependent care expenses and expenses of incidental household services.
- Dependent care expenses incurred for services outside your home, providing they are incurred for the care of a qualifying dependent that regularly spends at least eight hours per day in your home.
- Registration fees to a daycare facility are eligible as long as the fees are allocable to actual care and not described as materials or other fees.
- Food and incidental expenses (diapers, activities, etc.) may be eligible if part of dependent care charge.
- Expenses paid to a relative (i.e., child, parent, or grandparent of participant) are eligible. However, the relative cannot be under age 19 or a tax dependent of the participant.
- Nursery school expenses are eligible, even if the school also furnishes lunch and educational services.
- FICA and FUTA payroll taxes of the daycare provider are eligible.
- Dependent care expenses incurred to enable the employee to find work are eligible.

Dependent Care expenses that *do not* qualify for reimbursement

- Kindergarten fees are almost always an education expense and should never be reimbursed under a dependent care plan.
- Elementary school expenses for a child in first grade or higher are not eligible.
- Food, transportation, and incidental expenses (diapers, activities, etc.) are not eligible if charged separately from dependent care expenses.
- Expenses paid to a housekeeper, maid, cook, etc., are not eligible, except where incidental to child or dependent adult care.
- Mass transit and parking.

Limitation on qualified expense

Dependent Care reimbursement may not exceed the smaller of the following limits:

- The maximum allowed under the plan.
- \$5,000 (if you are filing a joint tax return) and \$2,500 if separate returns are filed.
- Your taxable compensation (after all compensation reduction elections).
- If you are married, your spouse's actual or deemed earned income.