

WHAT'S ELIGIBLE?

A Health Care FSA covers a wide variety of expenses. We've assembled a list of common expenses that are eligible for reimbursement. Not all eligible items are on this list. For a more exhaustive list, visit our website at www.flex-plan.com.

ELIGIBLE HEALTH CARE EXPENSES

Items marked with an asterisk (*) are considered over-the-counter (OTC) medicines or drugs and require a prescription for reimbursement.

Acne treatment*	Compression stockings	Immunizations	Pregnancy test
Acupuncture	Contacts & solutions	Incontinence supplies	Prenatal vitamins
Allergy & Sinus medication*	Copays	Individual counseling	Prescription drugs
Antacids*	CPAP machine	Insect bite treatment*	Prescription glasses
Antibiotic ointment*	Crutches	Lab work	Reading glasses
Anti-diarrheal*	Deductibles	Lactation Consultant	Respiratory Treatments*
Antifungal foot cream*	Dental services	Lactose intolerance pills*	Saline nasal spray
Anti-gas medication*	Diabetic supplies	Laser eye surgery	Sleep Aids & Sedatives*
Anti-itch cream/gel*	Diaper rash ointment*	Laxative*	Sleep deprivation treatment
Antiseptic*	Digestive Aids*	Lice treatment products*	Smoking cessation products*
Asthma treatment*	Drug addiction treatment	Massage therapy	Smoking cessation programs
Bandages/gauze	Ear wax removal kits*	Medical records	Speech therapy
Birthing classes or Lamaze	Eye drops	Motion sickness relief*	Stool softener*
Blood pressure monitor	Feminine Anti-Fungal/Anti-Itch*	Nasal strips	Thermometer
Braces (knee, ankle, wrist)	Fertility monitor	Naturopathic visits	Throat lozenges*
Breast pump	Flu shots	Orthodontia	Vision care
Burn cream*	Hearing aids & supplies	Orthotic inserts	Walker
Chiropractic services	Hemorrhoid medication*	Oxygen and equipment	Wart treatment*
Coinurance	Hormone therapy	Pain relievers*	Wheelchair & repair
Cold/hot pack	Hospital fees	Parasitic treatment*	X-rays
Cold sore treatment*	Humidifiers	Physical exams	
Cold/cough medication*		Physical therapy	

ADDITIONAL DOCUMENTATION REQUIRED

Certain medical expenses are not reimbursable under a Health Care FSA unless a licensed health care practitioner states that the service or product is medically necessary. Flex-Plan will need a Letter of Medical Necessity (LMN) for these items to be reimbursed. The LMN is available on our website. Please note that certain expenses may require additional documentation to be reimbursed.

Automobile modifications	Cosmetic procedures	Lumbar support	Vitamins and supplements
Braille books	Family Therapy	Mole removal	Weight loss programs
Breast augmentation	Home medical equipment	Motorized scooter	
Breast reduction	Learning disability fees	Nutritionist expenses	

INELIGIBLE HEALTH CARE EXPENSES

The following expenses are **not** eligible under a Health Care FSA. Under no circumstances will the following items be reimbursed. Please do not submit claims for these items.

Books	Funeral expenses	Insurance premiums	Hair growth products
Boutique practice fees	Gym membership	Late fees	Electric toothbrush/picks
COBRA premiums	Hair transplant	Liposuction	Teeth whitening
College insurance	Household help	Marijuana	Toiletries
CPR classes	Hygiene products	Marriage counseling	Veneers
Electrolysis/laser hair removal	Illegal operations/substances	Massage chair	Warranties
Face lift	Imported OTC items	Mattress	
Finance charges	Imported prescriptions	Missed appointment fee	