

HEALTHCARE REIMBURSEMENT ACCOUNT

Eligible and Ineligible Health Care Expenses

The following categorizes medical expenses as **eligible**, **ineligible** or **documentation required** for possible reimbursement under this program. This list is not all-inclusive. Additional information can be found at www.irs.gov .

All service for medical, dental or vision must be considered by the enrollee's coverage prior to submitting to their flexible spending account. The Explanation of Benefits (EOB) must be submitted with your reimbursement request for consideration.

Eligible Expenses

Abortion (Legal)	Medical alert devices
Acupuncture	Nicotine patches and gum
Alcohol/drug addiction recovery	Obstetrical expenses
Ambulance	Operations (Legal)
Artificial limbs	Optometrist services
Artificial teeth	Orthopedic shoes
Birth control pills and devices (prescribed)	Orthodontia costs
Breast implant removal (if implants are defective or are causing a medical problem)	Osteopath services
Braces	Oxygen equipment
Braille-books and magazines	Physician services
Care for mentally handicapped children	Physician-prescribed equipment and maintenance
Childbirth classes (mother's cost)	Pre-existing conditions
Chiropractic services	Prescription medicine
Christian Science treatment	Prescription sunglasses
Co-insurance (costs applied to it)	PRK (photorefractive keratectomy)
Contact lens (and solutions)	Prosthesis
Costs for physical or mental illness confinements	Psychiatric services
Crutches	Psychologist services
Deductibles (costs applied to it)	Radial Keratotomy Surgery
Dental services (excluding cosmetic bleaching)	Remedial reading (neurological)
Dentures	Routine physicals and other non-diagnostic services or treatments
Diagnostic services	Service animal, seeing-eye or deaf
Dyslexia, language training	Sexual dysfunction treatment
Eyeglasses (prescribed) and exams	Special communication equipment for blind or deaf
Fertility treatment (including in vitro fertilization)	Special education for blind or deaf
Handicapped person's special school	Special plumbing for handicapped
Hearing device and batteries	Speech therapy
Hospital care (medical services)	Sterilization operation (Legal)
Insulin	Stop-smoking drugs prescribed by a physician
Iron lung	Surgical services, legal
Laboratory services	Television decoder
Lasik (laser in-site keratomileusis)	Wheel chair
Life fee to retirement home or medical care	X-rays

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Ineligible Expenses - These services are not eligible through a Health Care FSA under any circumstances.

Breast augmentation	Marriage counseling
Breast pump (used for the convenience of the mother)	Maternity clothing
Dancing lessons	Medical insurance premiums
Dental bleaching	Medicated shampoo/soap
Dental hygiene products	Neck support pillows
Diaper service	Retin-A (unless diagnosis of acne)
Elective cosmetic surgery	Rogaine
Electrolysis	Sex change
Funeral expenses	Skin moisturizers
Health club dues	Sonicare products
Household help	Swimming lessons
Humidifiers	Swimming pools, saunas, or exercise equipment
Hypoallergenic linens/pillows	Teeth guards designed for sports
Long-term care insurance premiums	Toiletries (including sanitary napkins/tampons)
Marijuana	Trips or vacations
	Weight loss meals

Documentation Required - There is a small group of items that may be allowed **if and only if** you are diagnosed by a medical doctor (M.D.) with a specific medical condition and that the specific item is medically necessary to treat the condition. These items must be to treat the condition and cannot be for preventative purposes.

- Acne treatment
- Air filter (if prescribed to treat a specific medical condition)
- Blood pressure machine
- Breast pump (if prescribed to alleviate a specific medical condition affecting either the mother or the child)
- Breast reduction (only if a physician substantiates that the procedure is medically necessary and not for cosmetic purposes)
- Cayenne pepper
- Chondroitin
- Custom orthotics
- Exercise programs and health spa membership
- Family counseling

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Eligible and Ineligible Health Care Expenses

Effective January 1, 2011 the **Eligible Over The Counter (OTC) Expenses** include products that alleviate or treat injuries or illness for you and your dependents. You **do not** need to provide a prescription from your attending provider.

Type / Class of Drug or Product	Examples
Contraceptive / Family Planning	Ovulation predictor kits ♦ Pregnancy tests ♦ Spermicides ♦ Condoms
Ear Care	Ear drops ♦ Ear wax removal
Eye Care	Contact lens supplies ♦ Eye drops ♦ Reading glasses ♦ Eye patches
First Aid / Medical Supplies	Antiseptics ♦ Witch hazel ♦ Peroxide ♦ Bandages ♦ First aid kits (must be a "reasonable" price) ♦ cold/hot packs for injuries ♦ Joint supports (ankle, elbow, knee, wrist) ♦ Rubbing alcohol ♦ Ace wraps ♦ Splints ♦ Thermometers ♦ Liquid adhesives
Dental / Denture Care	Poligrip
Foot Care	Arch and insole supports ♦ Callous removers ♦ Athlete's foot products (see antifungal) ♦ Bunion ♦ Blister and corn treatments
Home Diagnostic Test or Kits	Cholesterol ♦ Diabetic equipment and supplies ♦ Colorectal screenings ♦ HIV test

Effective January 1, 2011 the following **Over the Counter Drugs/Medicines** may be reimbursed under a FSA with a prescription from your attending physician.

Type / Class of Drug or Product	Examples
Allergy Prevention & Treatment	Actifed ♦ Allerest ♦ Benadryl ♦ Chlor-Trimetron ♦ Claritin ♦ Contac ♦ Nasal crom ♦ Sudafed
Analgesic / Antipyretics	Aspirin ♦ Advil ♦ Alleve ♦ Ibuprofen ♦ Naprosyn ♦ Tylenol ♦ Midol ♦ Pamprin ♦ Premysyn PMS
Antacids and Acid Reducers	AXID AR ♦ Gas-X ♦ Maalox ♦ Mylanta ♦ Tums ♦ Pepcid AC ♦ OTC Prilosec ♦ Tagamet HB ♦ Zantec 75
Antibiotics (topical)	Bacitracin ♦ Neosporin ♦ Triple antibiotic ointment
Anticandid (yeast)	Femstat 3 ♦ Gyne-Lotrimin ♦ Mycelex-7 ♦ Monistat 3 ♦ Vagistat-1
Antidiarrheal & Laxatives	Ex-Lax ♦ Immodium AD ♦ Kaopectate ♦ Pepto-Bismol
Antifungal	Lamisil AT ♦ Lotramin AF ♦ Micatin
Antihistamines	Actidil ♦ Actifed ♦ Allerest ♦ Benadryl ♦ Claritin ♦ Chlor-Trimetron ♦ Contac ♦ Drixoral ♦ Sudafed ♦ Tavist ♦ Triaminic
Anti-itch Lotions & Creams	Bactine ♦ Benadryl ♦ Caldecort ♦ Caladryl ♦ Calamine ♦ Cortaid ♦ Hydrocortisone ♦ Lanacort ♦ Lamisil AT ♦ Lotrimin AF
Asthma Medicines	Bronitin Mist ♦ Bronkaid ♦ Bronklixer ♦ Primatene
Cold Sore / Fever Blister	Abreva Cream ♦ Herpecin
Cold, Flu, Decongestant and Sinus Remedies	Actidil ♦ Actifed ♦ Advil Cold and Sinus ♦ Afrin ♦ Alka Seltzer Cold and Flu ♦ Afrinol ♦ Alleve Cold and Sinus ♦ Children's Advil Cold ♦ Contac ♦ Dayquil ♦ Dimetane ♦ Dristan Long-Lasting ♦ Drixoral, Neo-Synephrine 12-hour ♦ Nyquil ♦ Orrivin ♦ Pediacare ♦ Sudafed ♦ Tavist-D ♦ Thera-flu ♦ Triaminic ♦ Tylenol Cold and Flu ♦ Cough Drops ♦ Nasal Sprays
Cough Suppressants or Expectorants	Robitussin ♦ Vicks 44 ♦ Chloraseptic ♦ Mucinex ♦ Cough drops ♦ Throat lozenges
Dehydration	Pedialyte
Dental / Denture Care	Orajel ♦ Anbesol
Diaper Rash	Aquaphor ♦ Balmax ♦ Desitin
Hemorrhoidal Preparations	Preparation H ♦ Hemorrhoid ♦ Tronolane
Lactose Intolerance	DairyCare ♦ Dairy relief ♦ Lactaid ♦ Lacteeze ♦ Lactase
Menstrual Cycle	Midol ♦ Pamprin ♦ Premysyn PMS

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Continued: Effective January 2011 the following Over The Counter (OTC) Medicines may be reimbursed under a FSA with a licensed health care provider's Letter of Medical Necessity (LMN) stating your specific diagnosis or medical condition, a recommendation to take the specific OTC medicine to treat your condition, and documentation of the product and cost.

Type / Class of Drug or Product	Examples
Migraine Relief	Advil Migraine ♦ Motrin Migraine ♦ Excedrin
Motion Sickness	Dramamine ♦ Marizine
Sleeping and Snoring Cessation Aids	Breathe Right ♦ Snorezz
Smoking cessation	Commit ♦ Nicoderm CQ ♦ Nicorette ♦ Nicotrol
Teething / toothaches	Orajel ♦ Anbesol
Topical Steroids	Hydrocortisone
Wart Removal	Compound W ♦ Dr. Scholl's Clear Away ♦ Wart-Off

Dual-Purpose Over The Counter (OTC) Medicines and Products may be reimbursed under a FSA with a licensed health care provider's Letter of Medical Necessity (LMN) stating your specific diagnosis or medical condition, a recommendation to take the specific OTC medicine to treat your condition, and documentation of the product and cost.

Type / Class of Drug or product	Examples	Reimbursable Use	Excluded Use
Calcium	Calcium Carbonate, Caltrate, Tricalcium Phosphate, Calcium Citrate, Calcium Lactate, Calcium Gluconate	Diagnosis (E.g. osteoporosis) or at-risk for illness or injury based on physician note	Routine use for general health
Fiber supplements	Benefiber, Metamucil	Documented specific medical condition; short duration	Routine use for general health
Herbs		Documented specific medical condition	Routine use for general health
Incontinence		Post-surgery	Infants and toddlers
Joint supplements	Chondroitin	Diagnosis of arthritis	Routine use for general health
Minerals	Calcium Caltrate, Ferrous Sulfate, Feosol Slow FE, Folic Acid	Diagnosis (e.g. osteoporosis, anemia, etc.) or at risk for illness or injury based on physician note	Routine use for general health
OTC Hormone Therapy		Peri-menopausal or menopausal symptoms	Routine use for general health
Dietary Supplements	Protein bars, Power Drinks, Ensure, Glucerna, Slimfast	Documented specific medical condition	Sports performance, general energy and health
Vitamins *		Vitamin B for treatment of scurvy	Routine use for general health
Weight Loss		Diagnosis of obesity or other documented specific medical condition	

***Generally Vitamins are not a covered expense, except in rare cases where the Vitamin is used to treat a Medical condition**

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Excluded Over the Counter (OTC) Products (non-eligible expenses)

Type / class of Drug or Product	Examples
Cosmetic Products	Face soaps ♦ Creams ♦ Make-up ♦ Perfumes ♦ Hair removal
Dental Products	Dental floss ♦ Toothpaste ♦ Toothbrushes ♦ Teeth Whitening kits ♦ Mouthwash
Ear Care	Ear plugs
General Products	Diapers ♦ Sanitary napkins ♦ Wipes
Toiletries	Deodorant ♦ Shampoo ♦ Body sprays ♦ Soaps ♦ Moisturizers ♦ Chap stick

Please contact Mutual Assurance Administrators at flex@maa-tpa or 800-825-3540 ext 2648 for any questions or issues.

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