

## HEALTHCARE REIMBURSEMENT ACCOUNT

### Eligible and Ineligible Health Care Expenses

The following categorizes medical expenses as **eligible**, **ineligible** or **documentation required** to be reimbursed under this program. This list is not all-inclusive. If you have a question on an expense that is not listed, call Mutual Assurance Administrators Client Services at 405-607-2648.

**All Service for medical, dental or vision must be considered by the participant's Health, Dental or Vision Benefit Plan, as available, prior to submitting to their flexible spending account.**

#### Eligible Expenses

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

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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
Herbs	Supplements
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	Fiber Supplements
Air Filter (if prescribed to treat a specific medical condition)	Glucosamine
Blood Pressure Machine	Hormone therapy
Breast Pump (if prescribed to alleviate a specific medical condition affecting either the mother or the child)	Massage therapy (prescribed treatment)
Breast reduction (only if a physician substantiates that the procedure is medically necessary and not for cosmetic purposes)	Nurses' services, domestic
Cayenne Pepper	Laetrile, legal use (prescribed)
Chondroitin	St. John's Wort
Custom Orthotics	Sunscreen
Exercise Programs and Health Spa Membership	Teeth guards (prescribed to treat the grinding of teeth while sleeping)
Family Counseling	Therapy treatments (prescribed)
	Vitamins (* <b>see below</b> )
	Weight Loss programs (prescribed by a Physician)

**\*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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### Eligible and Ineligible Health Care Expenses

**Eligible Over The Counter (OTC) Expenses** include medicines or products that alleviate or treat injuries or illness for you and your dependents. You do not need to provide a statement from a medical provider or indicate a diagnosis in order to receive reimbursement.

Type / Class of Drug or Product	Examples
<b>Allergy Prevention &amp; Treatment</b>	Actifed ♦ Allerest ♦ Benadryl ♦ Chlor-Trimetron ♦ Claritin ♦ Contac ♦ Nasalcrom ♦ Sudafed
<b>Analgesic / Antipyretics</b>	Aspirin ♦ Advil ♦ Alleve, ♦ Ibuprofen, ♦ Naprosyn, ♦ Tylenol, ♦ Midol, ♦ Pamprin, Premysyn PMS
<b>Antacids and Acid Reducers</b>	AXID AR ♦ Gas-X ♦ Maalox ♦ Mylanta ♦ Tums ♦ Pepcid AC ♦ OTC Prilosec ♦ Tagamet HB ♦ Zantec 75
<b>Antibiotics (topical)</b>	Bacitracin ♦ Neosporin ♦ Triple antibiotic ointment
<b>Anticandil (yeast)</b>	Femstat 3 ♦ Gyne-Lotrimin ♦ Mycelex-7 ♦ Monistat 3 ♦ Vagistat-1
<b>Antidiarrheal &amp; Laxatives</b>	Ex-Lax ♦ Immodium AD ♦ Kaopectate ♦ Pepto-Bismol
<b>Antifungal</b>	Lamisil AT ♦ Lotramin AF ♦ Micatin
<b>Antihistamines</b>	Actidil ♦ Actifed ♦ Allerest ♦ Benadryl ♦ Claritin ♦ Chlor-Trimetron ♦ Contac ♦ Drixoral ♦ Sudafed ♦ Tavist ♦ Triaminic
<b>Anti-itch Lotions &amp; Creams</b>	Bactine ♦ Benadryl ♦ Caldecort ♦ Caladryl ♦ Calamine ♦ Cortaid ♦ Hydrocortisone ♦ Lanacort ♦ Lamisil AT ♦ Lotrimin AF
<b>Asthma Medicines</b>	Bronitin Mist ♦ Bronkaid ♦ Bronklixer ♦ Primatene
<b>Cold Sore / Fever Blister</b>	Abreva Cream ♦ Herpecin
<b>Cold, Flu, Decongestant and Sinus Remedies</b>	Actidil ♦ Actifed ♦ Advil Cold and Sinus ♦ Afrin ♦ Alka Seltzer Cold and Flu ♦ Afrinol, ♦ Alleve Cold and Sinus ♦ Childresn'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 ♦ Gough Drops ♦ Nasal Sprays
<b>Contraceptive / Family Planning</b>	Ovulation predictor kits ♦ Pregnancy tests ♦ Spermicides ♦ Condoms
<b>Cough Suppressants or Expectorants</b>	Robitussin ♦ Vicks 44 ♦ Chloraseptic ♦ Mucinex ♦ Cough drops ♦ Throat lozenges
<b>Dehydration</b>	Pedialyte
<b>Dental / Denture Care</b>	Orajel ♦ Anbesol ♦ Poligrip
<b>Diaper Rash</b>	Aquaphor ♦ Balmax ♦ Desitin
<b>Ear Care</b>	Ear drops ♦ Ear wax removal
<b>Eye Care</b>	Contact lens supplies ♦ Eye drops ♦ Reading glasses ♦ Eye patches
<b>First Aid / Medical Supplies</b>	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
<b>Foot Care</b>	Arch and insole supports ♦ Callous removers ♦ Athlete's foot products (see antifungal) ♦ Bunion ♦ Blister and corn treatments
<b>Hemorrhoidal Preparations</b>	Preparation H ♦ Hemorrhoid ♦ Tronolane
<b>Home Diagnostic Test or Kits</b>	Cholesterol ♦ Diabetic equipment and supplies ♦ Colorectal screenings ♦ HIV test
<b>Lactose Intolerance</b>	DairyCare ♦ Dairy relief ♦ Lactaid ♦ Lacteeze ♦ Lactase
<b>Menstrual Cycle</b>	Midol ♦ Pamprin ♦ Premysyn PMS
<b>Migraine Relief</b>	Advil Migraine ♦ Motrin Migraine ♦ Excedrin
<b>Motion Sickness</b>	Dramamine ♦ Marizine
<b>Smoking cessation</b>	Commit ♦ Nicoderm CQ ♦ Nicorette ♦ Nicotrol
<b>Teething / toothaches</b>	Orajel ♦ Anbesol
<b>Topical Steroids</b>	Hydrocortisone
<b>Wart Removal</b>	Compound W ♦ Dr. Scholl's Clear Away ♦ Wart-Off

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**Dual-Purpose Over The Counter (OTC) Medicines and Products** may be reimbursed under a FSA with a licensed health care provider's 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
<b>Calcium</b>	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
<b>Fiber supplements</b>	Benefiber, Metamucil	Documented specific medical condition; short duration	Routine use for general health
<b>Incontinence</b>		Post-surgery	Infants and toddlers
<b>Joint supplements</b>	Chondroitin	Diagnosis of arthritis	Routine use for general health
<b>Minerals</b>	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
<b>OTC Hormone Therapy</b>		Peri-menopausal or menopausal symptoms	Routine use for general health
<b>Dietary Supplements</b>	Protein bars, Power Drinks, Ensure, Glucerna, Slimfast	Documented specific medical condition	Sports performance, general energy and health
<b>Snoring Cessation Aids</b>	Breathe Right, Snorezz	Sleep Apnea	
<b>Vitamins</b>		Vitamin B for treatment of scurvy	Routine use for general health
<b>Weight Loss</b>		Diagnosis of obesity or other documented specific medical condition	

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

Type / class of Drug or Product	Examples
<b>Cosmetic Products</b>	Face soaps ♦ Creams ♦ Make-up ♦ Perfumes ♦ Hair removal
<b>Dental Products</b>	Dental floss ♦ Toothpaste ♦ Toothbrushes ♦ Teeth Whitening kits ♦ Mouthwash
<b>Ear Care</b>	Ear plugs
<b>General Products</b>	Diapers ♦ Sanitary napkins ♦ Wipes
<b>Herbal Supplement</b>	
<b>Toiletries</b>	Deodorant ♦ Shampoo ♦ Body sprays ♦ Soaps ♦ Moisturizers ♦ Chap stick
<b>Vitamins</b>	Without a letter of Medical Necessity

Additional information on **covered over the counter expenses** can be found on our web site at:

<http://www.maa-tpa.com/flexible-expenses>. Pharmacy web-sites such as Walgreens or CVS will also indicate if the expense is eligible.