

# Allowable Medical Expenses

This is a general listing of accepted items. Please check your company's plan documents for specific exclusions. For example, participation in a Health Savings Account would limit the reimbursable expenses listed below. To verify if a certain expense is covered if it is not listed below, please call 1-800-532-3327.

| Expense  | Allowed?                                | Comments   |
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| Acupuncture  | <input checked="" type="checkbox"/> Yes | If it is to treat a medical condition.   |
| Adoption – medical expenses incurred before adoption is finalized.   | <input checked="" type="checkbox"/> Yes | This expense will qualify as long as the child qualifies as a tax dependent when the services were incurred.   |
| Air conditioner, air purifier or water filters   | <input type="checkbox"/> Maybe          | Must be prescribed by licensed health care provider and primarily used for treatment of medical condition and be detachable from the property. If attached to property only the amount which exceeds the value added to the property is reimbursable.  |
| Alcoholism   | <input checked="" type="checkbox"/> Yes | Amount paid for inpatient treatment including meals and lodging at a therapeutic center for alcohol addiction.   |
| Alternative remedies   | <input type="checkbox"/> Maybe          | Must be primarily for treatment of a medical condition and service must be performed by a professional who is providing a legal service.   |
| Allergy treatment products and household improvements to treat allergies (filters, pillows, special vacuums) | <input type="checkbox"/> Maybe          | Generally no, if the product is one which would be owned even without allergies (such as a pillow or vacuum) except where the difference in cost between a regular item and the allergy proof item can be established. Items such as air purifier or water filters may be allowable (see above). |
| Ambulance  | <input checked="" type="checkbox"/> Yes |  |
| Artificial limb or teeth   | <input checked="" type="checkbox"/> Yes |  |
| Asthma Treatments  | <input checked="" type="checkbox"/> Yes | Medications and devices such as inhalers and nebulizers are accepted.  |
| Baby-sitting and childcare   | <input checked="" type="checkbox"/> No  | These expenses are reimbursable under a DCAP account.  |
| Birth control pills  | <input checked="" type="checkbox"/> Yes | If prescribed by licensed health care provider.  |
| Birthing classes   | <input type="checkbox"/> Maybe          | No for parenting or childrearing. Yes if they related to the birth only.   |

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| Blood Pressure and Blood Sugar Kits                 | <input checked="" type="checkbox"/> | Yes   | Monitoring devices are accepted.  |
| Braille books                                       | <input checked="" type="checkbox"/> | Yes   | Amount paid which exceeds cost of regular printed materials.  |
| Breast pumps  | <input checked="" type="checkbox"/> | Yes   | Yes, if they are for the purpose of affecting a structure or function of the body of the lactating woman.   |
| Childbirth classes                                  | <input type="checkbox"/>            | Maybe | No, unless there is an underlying medical condition.  |
| Chinese herbal provider & herbal treatment          | <input type="checkbox"/>            | Maybe | Yes, for licensed health care provider charges if legal and primarily for treatment of a medical condition.   |
| Chiropractors                                       | <input checked="" type="checkbox"/> | Yes   | Yes, if primarily for treatment of a medical condition and not for general health reasons.  |
| Christian Science practitioners                     | <input checked="" type="checkbox"/> | Yes   | Yes, if legal and primarily for treatment of a medical condition.   |
| COBRA Payments                                      | <input checked="" type="checkbox"/> | No    | COBRA premiums are not reimbursable from the FSA.   |
| Coinsurance amounts, co-pay amounts and deductibles | <input checked="" type="checkbox"/> | Yes   |   |
| Contact Lenses                                      | <input checked="" type="checkbox"/> | Yes   | Requires Rx (non-cosmetic). Includes materials and equipment needed for contact lens care such as saline solution and enzyme cleaners.  |
| Contraceptives (over-the-counter)                   | <input checked="" type="checkbox"/> | Yes   |   |
| Cosmetic surgery                                    | <input checked="" type="checkbox"/> | No    | Except as required to correct congenital deformity or personal injury from an accident, trauma or disfiguring disease. Cosmetic surgery which is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease is not an allowable expense. |
| Counseling  | <input type="checkbox"/>            | Maybe | No, for marriage counseling. Yes, for medical reasons – see Psychiatric care and Psychologist.  |
| Crutches  | <input checked="" type="checkbox"/> | Yes   |   |
| Dancing Lessons                                     | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider for specific medical condition (such as rehabilitation after surgery).   |
| Deductibles   | <input checked="" type="checkbox"/> | Yes   |   |
| Dental treatment                                    | <input checked="" type="checkbox"/> | Yes   | Must be medically necessary and non-cosmetic.   |
| Dependent care expenses                             | <input checked="" type="checkbox"/> | No    |   |
| Diabetic Supplies                                   | <input checked="" type="checkbox"/> | Yes   |   |
| Diagnostic services                                 | <input checked="" type="checkbox"/> | Yes   |   |

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| Dietary Supplements                           | <input type="checkbox"/>            | Maybe | No, unless prescribed by a health care provider to treat a medical condition. Must have a licensed health care provider's prescription.  |
| Diet Foods                                    | <input checked="" type="checkbox"/> | No    | The costs of foods associated with a weight-loss program do not qualify.   |
| Diapers or diaper service                     | <input checked="" type="checkbox"/> | No    | Unless medically necessary and prescribed.   |
| DNA Collection & Storage                      | <input type="checkbox"/>            | Maybe | Generally these expenses will not qualify. Temporary storage (one year or less) will if used as a part of a treatment, diagnosis, or prevention of a medical condition.  |
| Drug addiction treatment                      | <input checked="" type="checkbox"/> | Yes   | Amount paid for inpatient treatment including meals and lodging at a therapeutic center for drug addiction.  |
| Dyslexia                                      | <input checked="" type="checkbox"/> | Yes   | Language Training will qualify if the child is disabled or has dyslexia. A licensed health care providers note is required recommending the training to treat the specific medical condition.  |
| Ear plugs                                     | <input checked="" type="checkbox"/> | Yes   | If medically necessary and prescribed by licensed health care provider.  |
| Egg Donor Fees and Storage Fees               | <input type="checkbox"/>            | Maybe | Amounts paid for the egg donor fee will qualify. Fees for storage will qualify but only for immediate conception (one year).   |
| Electrolysis/Hair Removal                     | <input checked="" type="checkbox"/> | No    |  |
| Exercise equipment                            | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider for specific medical condition (such as rehabilitation after surgery).  |
| Eye examinations and eye-glasses              | <input checked="" type="checkbox"/> | Yes   | Must be prescription glasses.  |
| Face lifts                                    | <input checked="" type="checkbox"/> | No    |  |
| Fees for long-term storage of sperm or embryo | <input type="checkbox"/>            | Maybe | Only to extent necessary for immediate conception. Fees for future conception not reimbursable.  |
| Feminine Hygiene Products                     | <input checked="" type="checkbox"/> | No    |  |
| Fertility treatments                          | <input checked="" type="checkbox"/> | Yes   | Expenses paid to or for an in vitro surrogate are not reimbursable.  |
| Fitness programs                              | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider for specific medical condition (such as rehabilitation after surgery).  |
| Flu shots                                     | <input checked="" type="checkbox"/> | Yes   |  |
| Foods   | <input type="checkbox"/>            | Maybe | Generally, no, unless the food is for a specific medical condition. If so, then only the cost of food, which exceeds the cost of commonly available versions of same product, is reimbursable. A licensed health care provider's note is needed. |

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| Funeral expenses   | <input checked="" type="checkbox"/> | No    |  |
| Genetic testing  | <input type="checkbox"/>            | Maybe | Yes, if performed to prevent possible defect. No, if performed to determine gender of fetus.   |
| Guide dog or other animal aide                                       | <input checked="" type="checkbox"/> | Yes   | Includes charges for purchase, training and care.  |
| Hair removal or transplants  | <input checked="" type="checkbox"/> | No    | Except as required to correct congenital deformity or personal injury from an accident, trauma or disfiguring disease. Cosmetic surgery which is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease is not an allowable expense.  |
| Health club dues   | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider for specific medical condition (such as rehabilitation after surgery).  |
| Hearing Aids   | <input checked="" type="checkbox"/> | Yes   | Including batteries and maintenance charges.   |
| Holistic or natural remedies   | <input type="checkbox"/>            | Maybe | Yes, for professional charges if legal and primarily for treatment of a medical condition. No, if for general health.  |
| Hospital services  | <input checked="" type="checkbox"/> | Yes   |  |
| Immunizations  | <input checked="" type="checkbox"/> | Yes   |  |
| Infertility treatments   | <input checked="" type="checkbox"/> | Yes   | Expenses paid to or for an in vitro surrogate are not reimbursable.  |
| Insulin  | <input checked="" type="checkbox"/> | Yes   | Also includes test strips and testing equipment.   |
| Insurance premiums   | <input checked="" type="checkbox"/> | No    |  |
| Laboratory fees  | <input checked="" type="checkbox"/> | Yes   |  |
| Lamaze class   | <input checked="" type="checkbox"/> | No    | No, unless there is an underlying medical condition.   |
| Language training for disabled child                                 | <input checked="" type="checkbox"/> | Yes   |  |
| Laser eye surgery  | <input checked="" type="checkbox"/> | Yes   |  |
| Late Fees  | <input checked="" type="checkbox"/> | No    |  |
| Lead-based paint removal   | <input checked="" type="checkbox"/> | Yes   | Yes, for removal of paint from surfaces in the home. Surfaces must be in poor repair and within child's reach. Cost of repainting is not a medical expense.  |
| Learning disability (special school or specifically trained teacher) | <input checked="" type="checkbox"/> | Yes   | Must be prescribed by licensed health care provider for a child who has severe learning disabilities caused by mental or physical impairments.   |
| Lodging  | <input type="checkbox"/>            | Maybe | Up to \$50 per night will qualify if these conditions are met: 1. Lodging is primarily for medical care. 2. A licensed health care provider or practitioner provides medical care. 3. Lodging is not lavish or extravagant. 4. If there is no significant element of personal pleasure, recreation, or vacation in the travel. Up to \$100 per night will qualify if a parent or companion is traveling with a sick child. |

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| Marijuana or other controlled substance  | <input checked="" type="checkbox"/> | No    | Not even if for medical care and allowed by state law allows with licensed health care provider's prescription.   |
| Massage therapy  | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider for specific medical condition (such as rehabilitation after surgery). Must have licensed health care provider's prescription on file to be reimbursed.  |
| Mastectomy-related special bras  | <input checked="" type="checkbox"/> | Yes   |   |
| Maternity clothes  | <input checked="" type="checkbox"/> | No    |   |
| Mattress   | <input checked="" type="checkbox"/> | No    | Unless prescribed by licensed health care provider and mattress possesses a uniqueness used exclusively for treatment of severe medical condition (i.e., hospital mattress as opposed to an extra-firm mattress). If so, then only the cost of the mattress, which exceeds the cost of a commonly available version of the same product, is reimbursable. |
| Meals  | <input type="checkbox"/>            | Maybe | No, unless the amount paid is part of the hospital stay.  |
| Medic alert bracelet or necklace   | <input checked="" type="checkbox"/> | Yes   |   |
| Medical monitoring and testing devices (e.g. blood pressure monitor, syringes, glucose kits, etc.) | <input checked="" type="checkbox"/> | Yes   |   |
| Missed Appointments  | <input checked="" type="checkbox"/> | No    |   |
| Naturopathic expenses  | <input type="checkbox"/>            | Maybe | Yes, for professional charges if legal and primarily for treatment of a medical condition or for charges for remedies that are characterized as a medicine or drug. Expenses towards vitamin, supplements, or general wellness are not accepted.  |
| Norplant insertion or removal  | <input checked="" type="checkbox"/> | Yes   |   |
| Nursing services   | <input checked="" type="checkbox"/> | Yes   | Yes, for wages and nursing services; No, for a healthy baby care in home.   |
| Nutritionist's professional expenses   | <input type="checkbox"/>            | Maybe | Yes, if for treatment of medical condition. No, if for general health.  |
| Occlusal guards to prevent teeth grinding  | <input checked="" type="checkbox"/> | Yes   |   |
| Operations   | <input checked="" type="checkbox"/> | Yes   | If legal and medically necessary. Cosmetic expenses are not reimbursable.   |
| Optometrist  | <input checked="" type="checkbox"/> | Yes   |   |
| Organ donors   | <input checked="" type="checkbox"/> | Yes   | Includes amounts paid for surgical, hospital, laboratory and transportation expenses for organ donor.   |
| Orthodontia  | <input checked="" type="checkbox"/> | Yes   | Unless for cosmetic reasons.  |

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| OTC Medications                                | <input type="checkbox"/>            | Maybe | No, unless prescribed by a health care provider for a medical condition. Must have a licensed health care provider's prescription. See 'Allowable FSA OTC Meds' listing at <a href="http://www.flores247.com">www.flores247.com</a> for a complete listing. |
| OTC Supplies                                   | <input checked="" type="checkbox"/> | Yes   | OTC supplies including bandages, sunscreen with SPF 30 or higher, and first aid kits are reimbursable. See the "Allowable FSA OTC Expenses" listing at <a href="http://www.flores247.com">www.flores247.com</a> for a complete listing.                     |
| Oxygen   | <input checked="" type="checkbox"/> | Yes   | Includes oxygen and breathing equipment for treatment of a medical condition.   |
| Patterning exercises                           | <input checked="" type="checkbox"/> | Yes   |   |
| Personal Trainer                               | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider for specific medical condition (such as rehabilitation after surgery).   |
| Physical exams                                 | <input checked="" type="checkbox"/> | Yes   |   |
| Physical therapy                               | <input checked="" type="checkbox"/> | Yes   | If medically necessary.   |
| Pre-payments                                   | <input checked="" type="checkbox"/> | No    | Services are only reimbursable when/if they are incurred.   |
| Prescription sunglasses                        | <input checked="" type="checkbox"/> | Yes   |   |
| Prescription Drugs                             | <input checked="" type="checkbox"/> | Yes   |   |
| Propecia                                       | <input checked="" type="checkbox"/> | No    |   |
| Prosthesis                                     | <input checked="" type="checkbox"/> | Yes   |   |
| Psychiatric care                               | <input checked="" type="checkbox"/> | Yes   | Yes, if for medical reason.   |
| Psychoanalysis                                 | <input checked="" type="checkbox"/> | Yes   | Yes, if for medical reason.   |
| Psychologist                                   | <input checked="" type="checkbox"/> | Yes   | Yes, if for medical reason.   |
| Reading glasses                                | <input checked="" type="checkbox"/> | Yes   |   |
| Reconstructive surgery following mastectomy    | <input checked="" type="checkbox"/> | Yes   |   |
| Safety glasses (non-prescription)              | <input checked="" type="checkbox"/> | No    |   |
| Seeing-eye dog                                 | <input checked="" type="checkbox"/> | Yes   |   |
| Shipping and Handling Fees                     | <input checked="" type="checkbox"/> | Yes   | As long as the fees are covering the purchase of a qualified medical expense.   |
| Smoking cessation program and medications      | <input checked="" type="checkbox"/> | Yes   | Smoking cessation medications purchased from a licensed health care provider will qualify.  |
| Special foods (i.e., gluten free or salt free) | <input type="checkbox"/>            | Maybe | Yes, if for medical condition and only for cost of foods which exceed cost of commonly available versions of same product. No, if for general health. Must have licensed health care provider's prescription on file to be reimbursed.                      |

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| Stem Cell, harvesting or storage   | <input type="checkbox"/>            | Maybe | This qualifies only if there is a specific medical condition it is treating. Long-term storage, in hopes of treating a future medical condition, is not accepted.  |
| Sterilization  | <input checked="" type="checkbox"/> | Yes   |  |
| Supplies to treat medical condition (i.e. bandages, gauze, batteries for hearing aids, etc.) | <input type="checkbox"/>            | Maybe | If supply is directly related to a specific medical condition and is not a personal comfort item.  |
| Student health fee   | <input checked="" type="checkbox"/> | No    | Considered same as insurance premium.  |
| Sunglasses   | <input type="checkbox"/>            | Maybe | Only prescription sunglasses are accepted.   |
| Surgery  | <input checked="" type="checkbox"/> | Yes   | If legal and medically necessary. Cosmetic expenses are not reimbursable.  |
| Swimming lessons   | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider for specific medical condition (such as rehabilitation after surgery).  |
| Tanning salons and equipment   | <input type="checkbox"/>            | Maybe | No, if for general health. May be reimbursable if incurred to treat a specifically diagnosable condition.  |
| Teeth Whitening  | <input checked="" type="checkbox"/> | No    | Not even if prescribed to treat congenital condition.  |
| Telephone (special for hearing-impaired)   | <input checked="" type="checkbox"/> | Yes   | Includes purchase and repair.  |
| Transplants  | <input checked="" type="checkbox"/> | Yes   | Includes amounts paid for surgical, hospital, laboratory and transportation expenses for organ donor.  |
| Travel expenses for person seeking treatment   | <input checked="" type="checkbox"/> | Yes   | Lodging up to \$50 per day. If a parent is traveling with a sick child, up to \$100 (\$50 per person) is allowed. Mileage can also be reimbursed for qualified medical expenses. Current mileage rates are listed on our website at <a href="http://www.flores247.com">www.flores247.com</a> . |
| Travel expenses for companion  | <input type="checkbox"/>            | Maybe | Generally no, unless necessary due to the patient's medical condition (e.g., nursing attendant) or a parent traveling with a sick child.   |
| Tuition for special needs program (e.g. reading program for dyslexia)                        | <input type="checkbox"/>            | Maybe | Will qualify if the primary purpose is for medical care.   |
| Umbilical Cord, freezing and storing   | <input type="checkbox"/>            | Maybe | This qualifies only if there is a specific medical condition it is treating. Long-term storage, in hopes of treating a future medical condition, is not accepted.  |
| Vaccines   | <input checked="" type="checkbox"/> | Yes   |  |
| Varicose veins   | <input checked="" type="checkbox"/> | No    | Cosmetic surgeries that are directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease is not an allowable expense.   |

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| Veneers   | <input checked="" type="checkbox"/> | No    |  |
| Viagra  | <input checked="" type="checkbox"/> | Yes   | To extent necessary to treat medical condition.  |
| Vitamins and Supplements  | <input type="checkbox"/>            | Maybe | No, unless prescribed by a health care provider to treat a medical condition. Must have a licensed health care provider's prescription.  |
| Weight loss program and/or drugs prescribed to induce weight loss | <input type="checkbox"/>            | Maybe | No, if for general health. Yes, if prescribed by licensed health care provider to treat medical condition such as diabetes. Must have licensed health care provider's prescription on file to be reimbursed. |
| Walkers   | <input checked="" type="checkbox"/> | Yes   |  |
| Wheelchair  | <input checked="" type="checkbox"/> | Yes   | Includes rental or purchase plus maintenance.  |
| Wigs  | <input type="checkbox"/>            | Maybe | The full cost of a wig purchased if prescribed by a licensed health care provider for the mental health of a patient who has lost all of his or her hair from disease.                                       |
| X-ray fees  | <input checked="" type="checkbox"/> | Yes   |  |