

With so many eligible expenses to meet your health care needs, you're sure to pay less with the BESTflex<sup>SM</sup> Plan.

The  
**BESTflex**<sup>SM</sup>  
Plan

## Eligible Expenses

### **Eligible Health Care FSA Expense Examples:**

#### **Dental Services**

Crowns/Bridges  
Dental X-Rays  
Dentures  
Exams/Teeth Cleanings  
Extractions  
Fillings  
Gum Treatments  
Oral Surgery  
Orthodontia/Braces

#### **Insurance-Related Items**

Copays  
Coinsurance  
Deductibles

#### **Lab Exams/Tests**

Blood Tests  
Cardiographs  
Diagnostic Fees  
Laboratory Fees  
Spinal Fluid Tests  
Urine/Stool Analyses

#### **X-Rays**

#### **Medication**

Insulin  
Prescribed Birth Control

Prescribed Vitamins\*

Prescription Drugs\*

#### **Other Medical Treatments/Procedures**

Acupuncture  
Alcoholism (inpatient treatment)  
Chiropractor Services  
Drug Addiction (inpatient treatment)  
Hearing Exams  
Hospital Services  
Infertility  
In-vitro Fertilization  
Norplant Insertion or Removal  
Patterning Exercises  
Physical Examination (not employment related)  
Physical Therapy  
Speech Therapy  
Sterilization  
Vaccinations and Immunizations  
Vasectomy and Vasectomy Reversals  
Well Baby Care  
**Other Medical Supplies and Services**  
Abdominal/Back Supports  
Ambulance Services  
Arches

Breast Pumps and Lactation Supplies  
Contact Lens Solution and Cleaners  
Contraceptives  
Counseling (except for Marriage and Family)  
Crutches  
Guide Dog (for visually/hearing impaired person)  
Hearing Aids & Batteries  
Hospital Bed  
Insulin Supplies  
Learning Disability (special school/teacher)  
Lead Paint Removal (if not capital expense and incurred for a child poisoned)  
Mastectomy Bras  
Medic Alert Bracelet or Necklace  
Medical Miles, Tolls, and Parking  
Orthopedic Shoes  
Oxygen Equipment  
Pregnancy Tests  
Prosthesis  
Rubbing Alcohol  
Splints/Casts  
Suntan Lotion/Sunscreen greater than SPF 14  
Syringes

\*Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

Transportation Expenses (essential to medical care)  
Wheelchair  
Wigs (hair loss due to disease)

**Vision Expenses**  
Contact Lenses  
Contact Lens Solution  
Eye Examinations  
Eyeglasses

Laser Eye Surgeries  
Prescription Sunglasses  
Radial Keratotomy/LASIK  
Reading Glasses

**This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll-free Participant Services line at 800 346 2126.**

### **Examples of Expenses Eligible with Doctor's Prescription**

**Important note about over-the-counter (OTC) drug reimbursement:** Due to health care reform regulations, the Health Care FSA only reimburses OTC drug expenses if you have and provide a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Make sure you plan your annual election accordingly.

Allergy Medicines  
Antihistamines  
Analgesics  
Antacids  
Anti-Diarrhea Medications  
Anti-Itch Medications  
Anti-Nausea Medications  
Aspirin  
Athletes Foot Creams and Powders  
Cold Sore Remedies  
Cough Drops  
Cough Syrups  
Decongestants  
Eye Drops

Fever Reducers  
First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)  
Digestive Tract Relief Medications  
Flu and Cold Medications  
Hemorrhoidal Medications  
Laxatives  
Lice and Scabies Treatments  
Menstrual Cycle Products (medication for pain and cramp relief)  
Motion Sickness Pills  
Muscle/Joint Pain Relievers  
Nasal Sinus Sprays

Nicotine Gum/Patches  
Pain Relievers  
Pedialyte  
Pre-natal Vitamins  
Retin A (non-cosmetic)  
Sinus Medications  
Sleeping Aids  
Smoking Cessation Products  
Sore Throat Sprays  
Special Ointments/Burn Ointments  
Throat Lozenges  
Vapor Rubs  
Weight Loss Drugs (to treat specific disease)\*  
Yeast Infection Treatments

### **Ineligible Health Care FSA Expense Examples:**

Baby-Sitting  
Canceled Appointment Fees  
Chapstick  
Contact Lens Insurance  
Cosmetics  
Cosmetic Surgery/Procedures  
Dance/Exercise/Fitness Programs  
Diaper Service  
Electrolysis  
Exercise Equipment  
Eyeglass Insurance  
Face Cream  
Feminine Hygiene Products  
Hair Loss Medications

Hair Transplant  
Health Club Dues  
Illegal Operation or Treatments  
Insurance Premiums  
Long Term Care Premiums  
Marriage or Family Counseling  
Massage Therapy\*  
Maternity Clothes  
Mattresses  
Meals that are not part of inpatient care  
Moisturizers  
Nutritional Supplements\*  
Personal Trainer  
Prescription Drug Discount Programs

Prescription Drugs for Hair Loss  
Provider Discounts  
Rogaine  
Shampoos/Soaps  
Special Foods\*  
Suntan Lotion/Sunscreen less than SPF 15  
Supplements\* (for general health)  
Teeth Whitening/Bleaching  
Toiletries  
Toothbrushes (including battery operated)  
Toothpaste  
Vision Discount Program Premiums  
Vitamins\* (for general health)  
Weight Loss Programs\* (for general health)

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