

Sample Expenses Eligible for Flexible Spending Account Reimbursement

Medical, Dental, Vision Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance hire
- Artificial teeth
- Birth control pills
- Braces
- Braille-books & magazines
- Chiropractors
- Christian Science Practitioners' fees
- Co-insurance amount you pay
- Co-pay amount you pay
- Contact lenses & eyeglasses plus eye examination
- Contact lens solution
- Cost of operations and related treatments
- Crutches
- Dental fees
- Drugs (by prescription) & medical supplies
- Handicapped persons' special schools
- Hearing devices & batteries
- Home improvements necessitated by medical considerations
- Hospital bills
- Insulin
- Laboratory fees
- Lead-base paint removal (for children with lead poisoning)
- Massage Therapy (medically necessary)
- Mentally handicapped persons' cost of special home therapy
- Nicotine Patches and Gum
- Obstetrical expenses
- Orthopedic shoes
- Over-the-counter medications purchased to *treat* or *alleviate* the symptoms of an illness or injury (see the chart on the following pages for eligible expenses)
- Oxygen
- Physical fees
- Psychiatrists & Psychologists fees
- Radial Keratotomy Lasik eye surgery
- Routine physical & other non-diagnostic services or treatments
- Seeing-eye dog and maintenance
- Special education for the blind
- Special plumbing for the handicapped

- Sterilization (i.e., tubal ligation, vasectomy)
- Surgical fees (except cosmetic)
- Telephone, special services for the deaf
- Television audio display equipment for the deaf
- Therapeutic care for drug & alcohol addiction
- Therapy treatments
- Transportation expenses primarily in the rendering of medical services
- Tuition at special school for handicapped
- Vitamins, by prescription only
- Weight loss program (if prescribed by Physician to treat existing disease)
- Wheelchair
- X-ray

Dependent Care Expenses

- Babysitters over the age of 19
- Daycare Centers
- Nursery Schools
- After-School Programs
- Day Camp
- Eldercare

Common Expenses Not Eligible for Reimbursement

- Cosmetic procedures
 - Over the counter vitamins and dietary supplements (unless the claimant provides physician documentation that a medical condition validates the expense)
 - Gym and fitness club memberships
- *Some items may require physician documentation**

*If you are unsure if an expense is eligible for reimbursement, please call the Interactive Medical Systems Flex Department at :
919-877-9933 or 800-426-8739 extension 5052. Business hours are Monday through Friday 8:00 am to 5:00 pm EST.*

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
Allergy Prevention and Treatment	Actifed w Allerest w Benadryl w Chlor-Trimetron w Claritin w Contac w Nasal crom w Sudafed
Analgesics/Antipyretics	Aspirin w Advil w Alleve w Ibuprofen w Naprosyn w Tylenol w Midol w Pamprin w Premysyn PMS
Antacids and Acid Reducers	AXID AR w Gas-X w Maalox w Mylanta w Tums w Pepcid AC w OTC Prilosec w Tagamet HB w Zantac 75
Anti-arthritis	Glucosamine
Antibiotics (topical)	Bacitracin w Neosporin w Triple antibiotic ointment
Anticandial (yeast)	Femstat 3 w Gynelotrimin w Mycelex-7 w Monistat 3 w Vagistat-1
Antidiarrheal and Laxatives	Ex-Lax w Immodium AD w Kaopectate w Pepto-Bismol
Antifungal	Lamisil AT w Lotramin AF w Micatin
Antihistamines	Actidil w Actifed w Allerest w Benadryl w Claritin w Chlor-Trimetron w Contac w Drixoral w Sudafed w Tavist w Triaminic
Anti-itch Lotions and Creams	Bactine w Benadryl w Caldecort w Caladryl w Calamine w Cortaid w Hydrocortisone w Lanacort w Lamisil AT w Lotramin AF
Asthma Medicines	Bronitin Mist w Bronkaid w Bronkolixer w Primatene
Cold Sore/Fever Blister	Abreva Cream w Herpeclin
Cold, Flu, Decongestant and Sinus Remedies	Advil Cold and Sinus w Afrin w Alka Seltzer Cold and Flu w Alleve Cold and Sinus w Children's Advil Cold w Contac w Dayquil w Dimetane w Dristan w Drixoral w Neo-Synephrine w Nyquil w Orrivin w Pediacare w Sudafed w Tavist-D w Thera-flu w Triaminic w Tylenol Cold and Flu w Cough Drops & Lozenges w Nasal Sprays
Contraceptive / Family Planning	Ovulation predictor kits w Pregnancy tests w Spermicides w Condoms
Cough Suppressants or Expectorants	Robitussin w Vicks 44 w Chlorasptic w Mucinex w Cough drops w Throat lozenges
Dehydration	Pedialyte
Dental/Denture Care	Orajel w Anbesol w Poligrip
Diaper Rash	Aquaphor w Balmax w Desitin
Ear Care	Ear drops w Ear wax removal
Eye Care	Contact lens supplies w Eye drops w Reading glasses w Eye patches
First Aid / Medical Supplies	Antiseptics w Witch Hazel w Peroxide w Bandages w First aid kits w Cold/hot packs for injuries w Joint supports (ankle, elbow, knee, wrist) w Rubbing alcohol w Ace wraps w Splints w Thermometers w Liquid adhesives
Foot Care	Arch and insole supports w Callous removers w Athlete's Foot products (see anti-fungal) w Bunion, blister and corn treatments
Hemorrhoidal Preparations	Preparation H w Hemorrhoid w Tronolane
Home Diagnostic Tests or Kits	Blood pressure (monitor and related equipment) w Cholesterol w Diabetic equipment and supplies w Colorectal screenings w HIV test
Lactose Intolerance	DairyCare w Dairy Relief w Lactaid w Lacteeze w Lactrase
Menstrual Cycle	Midol w Pamprin w Premysyn PMS
Migraine Relief	Advil Migraine w Motrin Migraine w Excedrin
Motion Sickness	Dramamine w Marizine
NSAIDS	Advil w Alleve w Ibuprofen w Motrin w Naprosyn w Naproxen
Pediculicide	Nix w Rid
Pre-natal Vitamins	
Skin Care	Sunburn relief w Aloe Vera
Sleeping Aids	
Smoking Cessation	Commit w Nicoderm CQ w Nicorette w Nicotrol
Teething/Toothaches	Orajel w Anbesol
Topical Steroids	Hydrocortisone
Wart Removal	Compound W w Dr. Scholl's Clear Away w Wart-Off

Dual-Purpose OTC Medicines and Products may be reimbursed under an 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
Calcium	Calcium Carbonate wCaltrate wTricalcium Phosphate wCalcium Citrate wCalcium Lactate wCalcium Gluconate	Diagnosis (e.g. osteoporosis) or at-risk for illness or injury based on physician note	Routine use for general health
Dental fluoride			Routine use for general oral care
Fiber Supplements	Benefiber wMetamucil	Documented specific medical condition; short duration	Routine use for general health
Homeopathic Remedies			
Incontinence		Post-surgery	Infants and toddlers
Joint Supplements	Chondroitin	Diagnosis of Arthritis	Routine use for general health
Minerals	Calcium wCaltrate wFerrous Sulfate wFeosol wSlow FE wFolic Acid	Diagnosis (e.g. osteoporosis, anemia) 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 w Power drinks wEnsure wGlucerna wSlimfast	Documented specific medical condition	Sports performance, general energy and health
Snoring Cessation Aids		Breathe Right wSnorezz	Sleep Apnea
Vitamins		Vitamin B for treatment of scurvy	Routine use for general health
Weight Loss		Diagnosis of obesity or other documented specific medical condition	General weight loss

Excluded OTC Products (non-eligible expenses)

Type/Class of Drug or Product	Examples
Cosmetic Products	Face soaps wCreams wMake-up wPerfumes wHair removal
Dental Products	Dental floss wToothpaste wToothbrushes wTeeth whitening kits wMouthwash
Ear Care	Ear plugs
Herbal Supplements	
Toiletries	Deodorant wShampoo wBody sprays wSoaps wMoisturizers wChapstick
Vitamins	Without a Letter of Medical Necessity