

**FLEXIBLE SPENDING ACCOUNT  
ELIGIBLE EXPENSES**



**M.A. SERVICES**  
PO Box 587  
PITTSFORD, NY  
631.863.8887 / 800.836.8100  
FAX: 585.248.2488  
info@flexbene.com

**Please note effective January 1, 2011 over the counter medications and drugs (except insulin) CANNOT be reimbursed by a FSA, HRA or HSA without a valid prescription.** This is not a complete list of eligible items but is intended to provide participants with examples to help determine what may be an eligible expense. If you have any questions regarding an item's eligibility please contact us at the number above.

**\*\*Please Note – when submitting an expense you MUST include the condition and/or diagnosis being treated.\*\***

<b>* NOT Eligible After Jan.1 2011 W/O RX *</b>		<b>ELIGIBLE EXPENSES</b>	
<b>Acetaminophen</b> <b>Acne Medications</b> <b>Allergy &amp; Sinus Medications</b> <b>Antacid Controllers</b> <b>Antibiotic Creams &amp; Ointments (bacitracin, Neosporin)</b> <b>Anti-Arthritics</b> <b>Anti- Gas Medications</b> <b>Anti-Diarrhea Medications</b> <b>Anti-Fungal Spray/Creams</b> <b>Antihistamines</b> <b>Anti-Itch &amp; Insect Bite Meds</b> <b>Anti-parasitic treatments</b> <b>Asthma Medicine</b> <b>Birth Control (spermicides)</b> <b>Canker Soar Medication</b> <b>Cold Sore Medicines</b> <b>Cold, Cough &amp; Flu Medicines</b> <b>Cough Syrups/Drops</b> <b>Diaper Rash</b> <b>Ointments/Creams</b>	<b>Digestive Aids/ Laxatives</b> <b>Ear Drops</b> <b>Eye Drops</b> <b>Feminine Anti-Fungal/Itch Meds</b> <b>Hemorrhoid Treatments</b> <b>Indigestion Medicines</b> <b>Lice Treatment</b> <b>Menstrual Relief Medications</b> <b>Migraine Remedies</b> <b>Motion Sickness Medicine</b> <b>Nasal Sprays</b> <b>Pain Relief Medicines – (Aspirin, Advil, Aleve, Tylenol, Ibuprofen)</b> <b>Respiratory Treatments</b> <b>Sleep Aids &amp; Sedatives</b> <b>Smoking Cessation Medicines</b> <b>Stomach Remedies Topical</b> <b>Sunburn Relief Aloe/Lotion</b> <b>Wart Removal Products</b>	<b>Acupuncture</b> <b>Alcohol/Substance Abuse Programs</b> <b>Ambulance</b> <b>Band Aids/Bandages</b> <b>Birth Control Pills/Condoms</b> <b>Blood Pressure Monitor</b> <b>Body Scan</b> <b>Childbirth Classes (Lamaze)</b> <b>Chiropractic</b> <b>Christian Science Practitioners</b> <b>Co-insurance</b> <b>Contact Lenses &amp; Solution</b> <b>Co-payments</b> <b>Counseling (not career or marriage counseling)</b> <b>Crutches</b> <b>Doctor Fees</b> <b>Deductibles</b> <b>Dental Care – non cosmetic (cleanings, x-rays, fillings, crowns, orthodontia)</b> <b>Diabetic Supplies</b> <b>Eyeglasses, Reading Glasses, Prescription Sunglasses</b> <b>Eye Exams</b> <b>Flu Shots</b> <b>Fertility Treatments</b> <b>Hearing Aids</b>	<b>Health Screenings</b> <b>Heart Rate Monitor</b> <b>Home Diagnostic Tests</b> <b>Immunizations</b> <b>In Vitro Fertilization</b> <b>Lab Fees</b> <b>Laser Eye Surgery</b> <b>Medical Alert Bracelet/Necklace</b> <b>Medical Records</b> <b>Mileage (as of 7/1/11 23.5 cents/mile)</b> <b>Occupational Therapy</b> <b>Orthotics (with a doctor prescription)</b> <b>Out-of-Network Fees</b> <b>Ovulation Monitor</b> <b>Parking Fees &amp; Tolls for Medical Visit</b> <b>Physical Therapy</b> <b>Pregnancy Tests/Aids</b> <b>Prescription Drugs (non-cosmetic)</b> <b>Preventive Care Screenings</b> <b>Prosthetics</b> <b>Psychiatric Services and Care</b> <b>Psychoanalysis</b> <b>Psychologist</b> <b>Smoking Cessation Programs</b> <b>Sterilization Procedures</b> <b>Ultra Sounds</b> <b>Vision Care</b> <b>Walkers/Wheelchairs/Shower Chairs</b> <b>Weight Loss Procedures/Surgery's</b>
<p><b>POTENTIALLY ELIGIBLE EXPENSES – (Due to significant medical condition)</b> *Please note, all "potentially eligible expenses" require a <b>Letter of Medical Necessity</b> from your health care provider to be <i>considered</i> for reimbursement. The letter must include the diagnosis or symptoms for which you, your spouse, or dependent are being treated, along with specific information on how the product or service is intended to alleviate symptoms and cure the condition. Submitting the Letter of Medical Necessity <i>does not</i> guarantee that the expense will be reimbursed. You <i>must</i> submit a new letter each year – they cannot be approved indefinitely.</p>			
Air purifier Automobile Modifications Blood Storage ( <i>not to exceed six months</i> ) Calcium Supplements ( <i>osteoporosis</i> ) Cord Blood Storage ( <i>specific condition required</i> ) Dietary Supplements ( <i>to treat a specific medical condition</i> ) Electrolyte Replacements ( <i>pedialyte</i> ) Fiber Supplements Glucosamine ( <i>arthritis</i> ) Hair Loss Treatment ( <i>due to a specific medical condition</i> ) Herbal Remedies ( <i>by a licensed provider</i> ) Homeopathic Medicines ( <i>by a licensed provider with rx</i> ) Hormone Supplements	Incontinence Products Lodging ( <i>up to \$50 per night, subject to additional conditions</i> ) Massage Therapy ( <i>to alleviate pain due to a medical condition</i> ) Nutritionist Orthodontia Orthopedic shoes ( <i>only custom-fitted shoes</i> ) Oxygen Retin-A ( <i>for the treatment of acne</i> ) Sperm Storage Sunscreen (30SPF or higher) – for a condition post melanoma Vitamin B-12 Injections Wigs ( <i>loss of hair from disease or treatment</i> )		
<b>EXPENSES NOT ELIGIBLE</b>			
<b>Baby Diapers</b> <b>Cosmetic Dentistry</b> <b>Cosmetic Procedures</b> <b>Cosmetics</b> <b>Deodorant</b> <b>Face Cream</b> <b>Feminine Hygiene Products</b> <b>Finance Charges</b>	<b>Hair Removal Products</b> <b>Late Payment Fees</b> <b>Lotion</b> <b>Electrolysis</b> <b>Maternity Clothes</b> <b>Meals/Food</b> <b>Missed Appointment Fees</b> <b>Mouthwash</b>	<b>Shampoo</b> <b>Soap</b> <b>Sports Energy Drinks</b> <b>Teeth Whitening</b> <b>Toiletries</b> <b>Toothbrushes</b> <b>Toothpaste</b> <b>Wrinkle Reducers</b>	