



HEALTH FLEXIBLE SPENDING ACCOUNT List of Eligible Expenses

Eligible Expenses

Below is a current list of healthcare expenses reimbursable under your Health FSA account. These expenses must be medically necessary and satisfy all other requirements for reimbursement under your employer's Flexible Benefits Plan and applicable federal tax law. This list is intended to be a guide to assist you in determining whether an expense is eligible for reimbursement. This list may be modified from time to time. For specific questions regarding expenses eligible for reimbursement, please contact HealthTrust.

- Acupuncture**
- Alcoholism treatment program fees**
- Ambulance service**
- Artificial limbs**
- Birth control pills and devices**
- Braille books and magazines** (above the cost of regular print)
- Breast pumps and supplies** that assist lactation
- Breast reconstruction surgery** (following mastectomy)
- Capital expenses** (for special equipment installed in the home or for improvements if their main purpose is medical care)
- Car modification for equipment installed for the use of a person with a disability**
- Childbirth classes** (mother's costs only)
- Chiropractic care**
- Christian Science practitioner fees**
- Co-insurance amounts**
- Contact lenses** (including cleanser and saline solution)
- Co-payments**
- Cosmetic surgery** (only from congenital abnormality, personal injury or disfiguring disease)
- Crutches**
- Deductibles**
- Dental expenses** (non-cosmetic only)
- Dentures**
- Diabetic Supplies**
- Drug addiction treatment at a therapeutic center**
- Eye Exams**
- Eyeglasses**
- Guide dog or other animal** used by person with a physical disability
- Hearing aids and batteries**
- Hospital fees**
- Infertility treatments**
- Insulin**
- Laboratory fees**
- LASIK**
- Learning disability** (tuition payments or tutors' fees for child with severe learning disabilities caused by mental or physical impairments, only if doctor recommends child attend the school)
- Lodging and meals** (at a hospital or similar institution if main reason for being there is to receive medical care or accompanying a dependent receiving the care)
- Medical equipment, supplies and diagnostic devices** (for diagnosis, cure, mitigation, treatment or prevention of disease)
- Medical services provided by physicians, surgeons and specialists** (non-cosmetic only)
- Mileage** (only for the purpose of receiving medical services)
- Optical Care by Optometrist/Ophthalmologist or Optician**
- Organ transplants**
- Orthodontia** (except care for cosmetic purposes)
- Orthotic Inserts**
- Physical exams** (except for employment-related physicals)
- Physical Therapy**
- Prescribed Medicines and drugs**
- PRK (photo refractive keratectomy)**
- Prosthesis**
- Psychiatric care**
- Psychoanalysis**
- Psychological treatment**
- Schools, special** (a school that teaches Braille, lip-reading, remedial language training to correct condition cause by birth defect)
- Smoking cessation programs**
- Special Foods** (prescribed by a physician at costs in excess of commonly available products)
- Sunglasses (Prescription)**
- Teeth guards** (except for sports use)
- Vaccines**
- Vasectomy**
- Wheelchair costs**
- X-rays**

Examples of ineligible expenses include: Cosmetic surgery and procedures (including teeth whitening); Custodial nursing care; Dental hygiene products; Health club dues; Insurance premiums.

Eligible Over-the-Counter (OTC) Products

IMPORTANT NOTE REGARDING OTC PRODUCTS

The recently enacted Patient Protection and Affordable Care Act of 2010 has changed the rules for the purchase of OTC products using your Health Flexible Spending Account (FSA) pre-tax funds. Beginning January 1, 2011, OTC drugs and medicines are not eligible for Health FSA reimbursement unless: the program participant obtains a prescription for the drug or medicine, the prescription meets the legal requirements of a prescription in New Hampshire, and the prescription is issued by an individual who is legally authorized to issue a prescription in New Hampshire. OTC supplies and equipment (e.g., bandages and reading glasses) are not impacted by the legislation and continue to be eligible without a prescription.

Under current IRS rules, your Benefit Advantage Debit Card may be used for the purchase of OTC drugs and medicines as long as the prescription is filled by a pharmacist and an Rx number is assigned. If your OTC prescription is not filled by a pharmacist, you must pay out of pocket and submit a claim for reimbursement. Any debit card use and reimbursement of qualifying OTC products will be only to the extent permitted by applicable IRS rules in effect at the time the item is purchased. This list may be modified from time to time. It is recommended that participants use caution when including OTC drugs and medicines in their annual Health FSA elections.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

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| ▪ Acid controllers | ▪ Denture pain relief | ▪ Medicated or unmedicated nasal sprays, drops & inhalers |
| ▪ Allergy & sinus | ▪ Digestive aids | ▪ Medicated or unmedicated respiratory treatments & vapor products |
| ▪ Antibiotic products | ▪ Ear care | ▪ Motion sickness |
| ▪ Antifungal (foot) | ▪ Eye care | ▪ Oral remedies or treatments |
| ▪ Antiseptics & wound cleansers | ▪ Feminine antifungal & anti-itch | ▪ Pain relief (includes aspirin) |
| ▪ Anti-diarrhea medicines | ▪ First aid burn remedies | ▪ Skin treatments |
| ▪ Anti-gas | ▪ Foot care treatment | ▪ Sleep aids & sedatives |
| ▪ Anti-itch & insect bite | ▪ Hemorrhoidal preps | ▪ Smoking deterrents |
| ▪ Baby rash ointments | ▪ Homeopathic remedies | ▪ Stomach remedies |
| ▪ Baby teething pain | ▪ Incontinence protection & treatment medications | |
| ▪ Cold sore remedies | ▪ Laxatives | |
| ▪ Contraceptives | | |
| ▪ Cough, cold & flu | | |

Eligible Over-the-Counter Items (you can use your benefits card for these items)

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| ▪ Baby Electrolytes and Dehydration | ▪ Diabetes Testing and Aids | ▪ Hearing Aid Batteries |
| ▪ Blood Pressure Monitors | ▪ Family Planning (pregnancy and ovulation kits) | ▪ Incontinence Products (e.g. Attends, Depends) |
| ▪ Cholesterol Testing | ▪ First Aid Supplies (bandages, band-aids, hot/cold packs, gauze pads, non-sports tapes) | ▪ Reading Glasses |
| ▪ Condoms | | ▪ Thermometers |
| ▪ Contacts Lens Care | | |

Ineligible Over-the-Counter Items

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| ▪ Chapstick | ▪ Hand lotion | ▪ Vitamins & supplements (unless prescribed and substantiated by physician to treat physical defect or illness) |
| ▪ Cosmetics | ▪ Moisturizers | ▪ Weight loss drugs |
| ▪ Deodorant | ▪ Mouthwash | |
| ▪ Face Creams | ▪ Suntan lotion (unless >30 spf) | |
| ▪ Feminine hygiene products | ▪ Toothpaste | |

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