

Health Care Extended

Eligible Expenses

Section 213(d) expenses are eligible under Health FSAs and Health Savings Accounts (HSAs)

<p>Baby/Child To Age 13</p> <ul style="list-style-type: none"> • Lactation Consultant* • Lead-Based Paint Removal • Special Formula* • Tuition: Special School/teacher for Disability or Learning Disability* • Well Baby/Well Child Care <p>Dental</p> <ul style="list-style-type: none"> • Dental X-Rays • Dentures and Bridges • Exams and Teeth Cleaning • Extractions and Fillings • Oral Surgery • Orthodontia • Periodontal Services <p>Eyes</p> <ul style="list-style-type: none"> • Eye Exams • Eyeglasses and Contact Lenses • Laser Eye Surgeries • Prescription Sunglasses • Radial Keratomy <p>Hearing</p> <ul style="list-style-type: none"> • Hearing Aids and Batteries • Hearing Exams <p>Lab Exams/Tests</p> <ul style="list-style-type: none"> • Blood Tests and Metabolism Tests • Body Scans • Cardiograms • Laboratory Fees • X-Rays 	<p>Medical Equipment/Supplies</p> <ul style="list-style-type: none"> • Air Purification Equipment* • Arches and Orthotic Inserts • Contraceptive Devices • Crutches, Walkers, Wheel Chairs • Exercise Equipment* • Hospital Beds* • Mattresses* • Medic Alert Bracelet or Necklace • Nebulizers • Orthopedic Shoes* • Oxygen* • Post-Mastectomy Clothing • Prosthetics • Syringes • Wigs* <p>Medical Procedures/Services</p> <ul style="list-style-type: none"> • Acupuncture • Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care) • Ambulance • Fertility Enhancement and Treatment • Hair Loss Treatment* • Hospital Services • Immunization • In-Vitro Fertilization • Physical Examination (not employment-related) • Reconstructive Surgery (due to a congenital defect, accident, or medical treatment) • Service Animals • Sterilization/Sterilization Reversal • Transplants (including organ donor) • Transportation* 	<p>Medications</p> <ul style="list-style-type: none"> • Insulin • Prescription Drugs <p>Obstetrics</p> <ul style="list-style-type: none"> • Breast Pumps and Lactation • Supplies • Doulas* • Lamaze Class • OB/GYN Exams • OB/GYN Prepaid Maternity Fees (reimbursable after date of birth) • Pre and Postnatal Treatments <p>Practitioners</p> <ul style="list-style-type: none"> • Allergist • Chiropractor • Christian Science Practitioner • Dermatologist • Homeopath • Naturopath* • Optometrist • Osteopath • Physician • Psychiatrist or Psychologist <p>Therapy</p> <ul style="list-style-type: none"> • Alcohol and Drug Addiction • Counseling (not marital or career) • Exercise Programs* • Hypnosis • Massage* • Occupational • Physical • Smoking Cessation Programs* • Speech • Weight Loss Programs* <p>HSA Eligible</p> <ul style="list-style-type: none"> • Insurance Premiums • Long Term Care Premiums
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Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are potentially eligible expenses that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

Eligible Over-the-Counter Supplies (Product categories are listed in bold face; common examples are listed in regular face)		
<ul style="list-style-type: none"> • Baby Electrolytes and Dehydration Pedialyte, Enfalyte • Contraceptives Unmedicated condoms • Denture Adhesives, Repair, and Cleansers PoliGrip, Benzodent, Plate Weld, Efferdent • Diabetes Testing and Aids Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products • Diagnostic Products Thermometers, blood pressure monitors, cholesterol testing • Ear Care Unmedicated ear drops, syringes, ear wax removal 	<ul style="list-style-type: none"> • Elastics/Athletic Treatments ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts • Eye Care Contact lens care • Family Planning Pregnancy and ovulation kits • First Aid Dressings and Supplies Band Aid, 3M Nexcare, non-sport tapes • Foot Care Treatment Unmedicated corn and Callus Treatments (e.g., callus cushions), devices, therapeutic insoles • Glucosamine &/or Chondroitin Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements 	<ul style="list-style-type: none"> • Hearing Aid/Medical Batteries • Home Health Care (limited segments) Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/ supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs • Incontinence Products Attends, Depend, GoodNites for juvenile incontinence, Prevail • Menstrual Care Products Tampons, pads and cups • Prenatal Vitamins Stuart Prenatal, Nature's Bounty Prenatal Vitamins • Reading Glasses and Maintenance Accessories

Note: This list is not meant to be all-inclusive

Eligible Over-the-Counter Medicines and Drugs		
<ul style="list-style-type: none"> • Acid controllers • Acne medications • Allergy & sinus • Antibiotic products • Antifungal (Foot) • Antiparasitic treatments • Antiseptics & wound cleansers • Anti-diarrheals • Anti-gas • Anti-itch & insect bite • Baby rash ointments & creams • Baby teething pain • Cold sore remedies 	<ul style="list-style-type: none"> • Cough, cold & flu • Denture pain relief • Digestive aids • Ear care • Eye care • Feminine antifungal & anti-itch • Fiber laxatives (bulk forming) • First aid burn remedies • Foot care treatment • Hemorrhoidal preps • Homeopathic remedies • Incontinence protection & treatment products • Laxatives (non-fiber) 	<ul style="list-style-type: none"> • Medicated nasal sprays, drops, & inhalers • Medicated respiratory treatments & vapor products • Motion sickness • Oral remedies or treatments • Pain relief (includes aspirin) • Skin treatments • Sleep aids & sedatives • Smoking deterrents • Stomach remedies • Unmedicated nasal sprays, drops & inhalers • Unmedicated vapor products

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses		
<ul style="list-style-type: none"> • Contact Lens or Eyeglass Insurance • Cosmetic Surgery/Procedures • Electrolysis 	<ul style="list-style-type: none"> • Insurance Premiums and Interest (eligible under HSAs only) • Long Term Care Premiums (eligible under HSAs only) • Marriage or Career Counseling 	<ul style="list-style-type: none"> • Personal Trainers • Sunscreen (spf less than 30) • Swimming Lessons