



Charles F. Herman & Associates, Inc.

# *Eligible Expenses Under a Flexible Benefit Plan*

*(Including but not limited to)*

*With a health care flexible spending account, you may be reimbursed for those services currently allowed by the federal government as income tax deductions.*

The following are some examples of health care costs that may be covered by a health care FSA, provided that they are incurred to treat a medical condition. If these charges are covered by the medical, dental or vision plan you choose, only the co-payments, deductibles, or any other out-of-pocket expenses may be covered under your health care FSA.

## **PROFESSIONAL SERVICES**

- Chiroprapist
- Chiropractor
- Christian Sciences Practitioner
- Dermatologist
- Dentist
- Gynecologist
- Neurologist
- Obstetrician
- Optician
- Optometrist
- Orthopedist
- Osteopath
- Pediatrician
- Physician
- Physiotherapist
- Plastic Surgeon
- Podiatrist
- Practical or nonprofessional nurse for medical services only, not for care of a healthy person or a small child who is not ill. Cost for medical care of elderly person unable to get about is covered.
- Psychiatrist
- Psychologist
- Registered Nurse
- Surgeon

## **DENTAL SERVICES**

- Cleaning Teeth
- Dental X-rays
- Extracting Teeth
- Filling teeth
- Gum treatment

- Oral surgery
- Straightening teeth

## **EQUIPMENT & SUPPLIES**

- Abdominal supports
- Ambulance hire
- Arches
- Artificial teeth, eyes
- Autoette (auto device for handicapped person), but not if used to travel to job or business
- Back supports
- Braces
- Contact lenses
- Crutches
- Elastic hosiery
- Eyeglasses
- Hearing aids
- Orthopedic shoes
- Sacroiliac belt
- Splints
- Truss
- Oxygen & oxygen equipment

## **MEDICAL TREATMENTS**

- Acupuncture
- Blood Transfusion
- Diathermy
- Electric shock treatments
- Healing services
- Hydrotherapy (water treatments)
- Injections
- Insulin treatments
- Nursing
- Prenatal/postnatal treatments
- Psychotherapy
- Sterilization
- Radium therapy
- Ultra-violet ray treatments
- Vasectomy
- X-ray treatments

## **MEDICINES**

- Cost of prescription medications

## **LABORATORY EXAMINATIONS & TESTS**

- Blood test
- Cardiographs
- Metabolism tests
- Spinal fluid tests
- Sputum tests
- Stool Examination
- Urine analyses

## **MISCELLANEOUS**

- Alcoholic inpatient care costs
- Ambulance
- Asylum
- Birth control pills or other birth control items prescribed by your physician
- Braille books – excess cost of Braille works over cost of regular editions
- Convalescent home- for medical treatment only
- Nurse's board and wages, including Social Security taxes you pay on wages
- Remedial reading for child suffering from dyslexia
- Sanitarium or smaller institution
- "Seeing Eye" dog and its maintenance
- Wages of guide for a blind person



## Expenses NOT Covered by your Health Care Flexible Spending Account

**The following expenses are not reimbursable, even if they meet the definition of "medical care" under Code § 213 or may otherwise be reimbursable under regulations governing Health FSAs:**

Over-the-counter drugs and pregnancy testing kits except as indicated below in Categories A and B.

Health insurance premiums that you or your Spouse pay for coverage under another health plan.

Long-term care services

Cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or a disfiguring disease. "Cosmetic surgery" means any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease.

The salary expense of a nurse to care for a healthy newborn at home.

Funeral and burial expenses.

Household and domestic help (even though recommended by a qualified physician due to an Employee's or Dependent's inability to perform physical housework).

Home or automobile improvements.

Custodial care.

Costs for sending a child restricted from conventional schooling to an alternative or special school for benefits that the child may receive from the course of study and disciplinary methods.

Health club or fitness program dues.

Social activities, such as dance lessons (even though recommended by a physician for general health improvement).

Bottled water.

Maternity clothes.

Diaper service or diapers.

Cosmetics, oral rinses, shampoo, skin moisturizers, soap, toiletries, toothbrushes, toothpaste, etc.

Uniforms or special clothing, such as maternity clothing.

Automobile insurance premiums.

Special foods

Automobile transportation expenses, including transportation expenses to receive medical care.

Marijuana and other controlled substances that are in violation of federal laws, even if prescribed by a physician.

Any item that does not constitute "medical care" under Code § 213.

Any item that is not reimbursable under Code § 213 due to applicable regulations

### Category A Over-the counter items that are reimbursable

**Small quantities, of the following items, do not require a physician's letter to be reimbursed by the plan**

1. Allergy Medicine or Cold & Flu Medicine, containing analgesic, antihistamine or antitussive formulation
2. Antibacterial cream
3. Balm for treating muscle and joint pain
4. Burn cream or ointment containing antibiotic
5. Diaper rash ointment
6. Foot preparations containing antifungal formulation
7. Gastrointestinal medicine containing antacid, antifatulent, antidiarrheal, antiemetic, laxative or fecal softener

8. Hemorrhoid treatment, including suppositories and creams
9. Insect bite medication containing anti-infective agent
10. Nicotine gum or patches for stop-smoking purposes
11. Ophthalmic preparation
12. Pedialyte or similar formulation for treating an ill child
13. Pain reliever containing aspirin, ibuprofen or acetaminophen
14. Respiratory product containing sympathomimetic formulation
15. Sinus medicine or nasal sinus spray
16. Wart removal medication

### Category B Over-the-counter items that may be reimbursed under certain conditions

**Reimbursement for the following items is permitted only if your claim is accompanied by a letter from a licensed physician recommending the use of these items for (1) the treatment of a specific medical condition, not for general health and (2) for a specified time duration. The letter must specify the condition being treated and the duration of the treatment program.**

- A. Fiber supplements and digestive aids
- B. Herbal medicines and vitamins
- C. Hormone therapy to treat symptoms of menopause
- D. Prenatal vitamins
- E. Sedatives and Hypnotics
- F. Weight-loss drugs used to treat a specific disease (including obesity). Items that replace normal food consumption are not reimbursable.