SECTION 213 FSA EXPENSES FROM BeneFLEX HR RESOURCES 314-909-6979

Per IRS regulations, the following, while not intended to be complete, illustrates examples of eligible medical or medical-related expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, <u>not</u> when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

- Accommodations made for disabling medical conditions
- Acupuncture
- Ambulance fees
- Braille books and magazines
- Childbirth classes mother-to-be expenses only; partner's expenses not eligible
- Chiropractic care
- Coinsurance
- · Contact lens, solutions and cleaners
- Crutches
- Deductibles
- Dental fees
- Dentures
- Diagnostic testing fees
- Eyeglasses, including examination fee
- Guide dog

- Hearing aids and batteries
- Hospital bills
- Insulin and diabetic supplies
- Laboratory fees
- Laetrile by prescription
- Nurse fees
- Obstetrical expenses
- Operations
- Orthodontia
- Orthopedic shoes
- Osteopath fees
- Oxygen
- · Physician fees
- · Practical nurse fees
- Prescribed drugs—see cosmetic exceptions below
- · Psychiatric care

- · Psychologist fees
- Radial Keratotomy-Laser Eye Surgery
- Routine physicals
- Special communication equipment for the deaf
- Smoking cessation prescriptions
- Special plumbing for the handicapped
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Therapy treatments, prescribed
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Tuition at special school for physically or mentally impaired
- Wheelchairs
- X-rays

Eligible Items Subject to Change

OVER-THE-COUNTER ITEMS

*Unofficial List – Watch <u>www.beneflexhr.com</u> for update

Eligible <u>without</u> a Doctor's Prescription		Example of Over-the-Counter Items that require a Doctor's Prescription
 Asthma flow meters Bandages Blood pressure monitors Callous and corn removers Cholesterol tests Contact lens solution Crutches Cushions, pads, arch supports Denture care products Diabetes care: Blood test strips, glucose kits, monitors and testers Eye drops Eyeglasses First-Aid kits Gauze and gauze pads 	 Heart rate monitors Heating pads Hydrogen Peroxide Incontinence supplies for adults Medical bracelets & necklaces Medical tape Nasal strips Nebulizers Ointments Rubbing alcohol Sunburn cream Supports and braces Thermometers Wart removal products Wound care products 	 Acid Controllers Allergy & Sinus Antibiotic Products Anti-Diarrheals Anti-Gas Anti-Itch & Insect Bite Anti-parasitic Treatments Baby Rash Ointments/Creams Cold Sore Remedies Cough, Cold & Flu Digestive Aids Feminine Anti-Fungal/Anti-Itch Hemorrhoidal Preps Laxatives Pain Relief Respiratory Treatments Sleep Aids & Sedatives Stomach Remedies

EXAMPLES OF EXPENSES THAT MAY NOT BE CLAIMED AS PART OF THE PLAN:

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants or treatments including Retin-A and vein surgery. [To be eligible, treatments must be proven medically necessary.]
- · Diaper service for infants
- · Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- · Fitness programs or physical therapy for general health benefits
- · Illegal treatments
- Insurance premiums, including contact lens insurance programs
- · Hygiene Items
- · Expenses reimbursed by an HSA or HRA.

Dual use - requires doctor letter

- Foot spa
- Gloves and masks
- Herbs
- Humidifier
- Massagers
- Minerals
- Multivitamins
- Special supplements
- Special teeth cleaning system
- Sunscreen
- Vitamins
- Weight Loss Programs

Note: Plan restrictions may apply. Check with your plan administrator. *Additional Guidance Pending