**Qualified Expenses - Sec 125 - Unreimbursed Medical**

**Limitation on Qualified Expenses**

Your plan may restrict the reimbursement of one or more of these items. Check with your plan administrator. The total amount of all qualified expenses paid may not exceed the maximum allowed under the plan. Please review your Summary Plan Description or see your plan administrator for more information.

**Prescription - Qualified Expenses**

**Prescription and co-pays that do qualify for reimbursement**

- Prescription medications unless they are reimbursed by insurance.
- Co-pays for prescription medications.

**Prescription and co-pays that do not qualify for reimbursement**

- Prescriptions taken strictly for cosmetic purposes and are not for reconstruction due to disease, birth defect, or accident.
- Over-the-counter drugs or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

**Over-the-Counter Medicines - Qualified Expenses**

**Over-the-counter medicines that do qualify for reimbursement**

Over-the-counter expenses qualify unless they are reimbursed by insurance.

- Antiseptics
- Cold, Flu, Asthma, and Allergy Medications
- Diabetic supplies
- Ear/Eye Care
- Health Aids
- Pain Relief
- Personal Test Kits
- Skin Care
- Stomach Care
- Dual use items that require a letter from health practitioner to qualify

**Antiseptics (Rx) Prescription required beginning 1/1/2011**

- Antiseptic wash or ointment for cuts or scrapes (Rx)
- Antiseptic mouthwash (Rx)
- Benzocaine swabs (Rx)
- Boric Acid powder (Rx)
- First aid wipes (Rx)
- Hydrogen Peroxide (Rx)
- Iodine tincture (Rx)
- Rubbing Alcohol (Rx)
- Sublimed Sulfur powder (Rx)

**Cold, Flu, Asthma, and Allergy Medications (Rx) Prescription required beginning 1/1/2011**

- Allergy medications (Rx)
- Bronchodilator/expectorant tablets (Rx)
- Bronchial asthma Inhalers (Rx)
- Cold relief syrup, tablets, and drops (Rx)
- Cough syrup, tablets, and drops (Rx)
- Flu relief syrup, tablets, and drops (Rx)
- Medicated chest rub (Rx)
- Nasal decongestant spray, drops, or inhaler (Rx)
- Nasal strips to improve congestion (Rx)
- Sinus and allergy nasal spray (Rx)
- Homeopathic sinus medications (Rx)
- Vapor patch cough suppressant (Rx)
### Diabetes

- Diabetic lancets
- Diabetic needles
- Diabetic supplies
- Diabetic syringes
- Diabetic test strips
- Glucose meters
- Glucose tablets

### Ear/Eye Care

- Airplane ear protection (LOMN)
- Ear drops for swimmers (Rx)
- Ear water-drying aid (Rx)
- Ear wax removal drops (Rx)
- Homeopathic earache tablets (Rx)
- Contact lens cleaning solution

### Health Aids

- Antifungal treatments (Rx)
- Denture adhesive
- Diuretics and water pills (Rx)
- Hemorrhoid relief (Rx)
- Incontinence supplies
- Lice control (Rx)
- Medicated bandages
- Motion sickness tablets (Rx)
- Respiratory stimulant ammonia (Rx)
- Sleeping aids (Rx)

### Pain Relief

- Arthritis pain reliever (Rx)
- Bunion and blister treatments (Rx)
- Itch relief (Rx)
- Orajel® (Rx)
- Pain relievers, aspirin and non-aspirin (Rx)
- Throat pain medications (Rx)

### Personal Test Kits

- Cholesterol tests
- Colorectal cancer screening tests
- Home drug tests
- Ovulation indicators
- Pregnancy tests

### Skin Care

- Acne medications (Rx)
- Anti-itch lotion (Rx)
- Bunion and blister treatments (Rx)
- Cold sore and fever blister medications (Rx)
- Corn and callus removal medications (Rx)
- Diaper rash ointment (Rx)
- Eczema cream (Rx)
- Medicated bath products (Rx)
- Wart removal medications (Rx)

### Stomach Care

- Acid reducing gum, liquid and tablets (Rx)
- Anti-Diarrhea medications (Rx)
- Gas prevention tablets or drops (Rx)
- Ipecac syrup (Rx)
- Laxatives (Rx)
- Pinworm treatment (Rx)
- Upset stomach medications (Rx)
### Over-the-Counter (OTC) items

*(Rx) Prescription required beginning 1/1/2011

<table>
<thead>
<tr>
<th>Items</th>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhesive or elastic bandages</td>
<td>Massagers <em>(LOMN)</em></td>
</tr>
<tr>
<td>Blood pressure meter</td>
<td>Minerals <em>(LOMN)</em></td>
</tr>
<tr>
<td>Cold or hot compresses</td>
<td>Multivitamins <em>(LOMN)</em></td>
</tr>
<tr>
<td>Eye drops <em>(Rx)</em></td>
<td>Saline nose drops <em>(Rx)</em></td>
</tr>
<tr>
<td>Foot spa <em>(LOMN)</em></td>
<td>Special supplements <em>(LOMN)</em></td>
</tr>
<tr>
<td>Gauze and tape</td>
<td>Special teeth cleaning system <em>(LOMN)</em></td>
</tr>
<tr>
<td>Gloves and masks</td>
<td>Thermometers</td>
</tr>
<tr>
<td>Herbs <em>(LOMN)</em></td>
<td>Vitamins <em>(LOMN)</em></td>
</tr>
<tr>
<td>Leg or arm braces</td>
<td></td>
</tr>
</tbody>
</table>

*(LOMN) Letter of Medical Necessity required from a physician

### Over-the-Counter items that DO NOT qualify for reimbursement:

<table>
<thead>
<tr>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aromatherapy</td>
</tr>
<tr>
<td>Baby bottles and cups</td>
</tr>
<tr>
<td>Baby oil</td>
</tr>
<tr>
<td>Baby wipes</td>
</tr>
<tr>
<td>Breast enhancement system</td>
</tr>
<tr>
<td>Cosmetics</td>
</tr>
<tr>
<td>Cotton swabs</td>
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<tr>
<td>Dental floss</td>
</tr>
<tr>
<td>Deodorants</td>
</tr>
<tr>
<td>Feminine care fragrances</td>
</tr>
<tr>
<td>Hair regrowth</td>
</tr>
<tr>
<td>Low &quot;carb&quot; foods</td>
</tr>
</tbody>
</table>

### Medical - Qualified Expenses

#### Doctor's fees and co-pays that do qualify for reimbursement

Co-pays and other payments to doctors and healthcare providers qualify unless they are reimbursed by insurance:

<table>
<thead>
<tr>
<th>Items</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor office co-pays</td>
</tr>
<tr>
<td>Emergency room co-pays</td>
</tr>
<tr>
<td>Out-patient surgery co-pays</td>
</tr>
<tr>
<td>Inpatient admission co-pays</td>
</tr>
<tr>
<td>Office visits</td>
</tr>
<tr>
<td>Routine check ups</td>
</tr>
<tr>
<td>Routine physicals and other non-diagnostic services or treatments.</td>
</tr>
<tr>
<td>Psychologist and psychiatrist fees</td>
</tr>
<tr>
<td>Obstetrics and fertility</td>
</tr>
<tr>
<td>Chiropractor and podiatrist fees</td>
</tr>
<tr>
<td>Orthodontist and dentist fees</td>
</tr>
<tr>
<td>Periodontist and endodontist fees</td>
</tr>
<tr>
<td>Physician and Osteopath fees</td>
</tr>
<tr>
<td>Acupuncture fees</td>
</tr>
<tr>
<td>Eye exams</td>
</tr>
<tr>
<td>Christian Science practitioner’s fees</td>
</tr>
<tr>
<td>Radiology</td>
</tr>
<tr>
<td>Surgical fees</td>
</tr>
<tr>
<td>Lab fees</td>
</tr>
<tr>
<td>Diagnostic fees</td>
</tr>
<tr>
<td>X-rays and MRI</td>
</tr>
<tr>
<td>Weight loss programs and fees pertaining to a specific disease</td>
</tr>
</tbody>
</table>
| Reconstructive surgery in connection with birth defects, disease, or accident.
**Doctor's fees that do not qualify for reimbursement**

- Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect, or accident.
- Dental bleaching
- Marriage counseling
- Weight loss programs for general health or appearance.
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

**Health improvement programs and supplies that do qualify for reimbursement**

Health improvement programs that qualify unless they are reimbursed by insurance:

- Physical and speech therapy
- Weight-loss programs (for specific disease) (LOMN)
- Quit-smoking programs
- Quit-smoking patches and gums (RX)
- Alcoholism and drug treatment
- Special schooling for a disabled child (LOMN)
- Body scans
- Reconstructive surgery associated with birth defect, disease, or accident.
- Home drug tests
- Cholesterol tests and monitors
- Home blood tests
- Gastric bypass surgery

**Health improvement programs and supplies that do not qualify for reimbursement**

- Weight-loss programs for general health or appearance.
- Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect, or accident.
- Dental bleaching
- Marriage counseling
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

**Health related expenses and equipment that do qualify for reimbursement**

(LOMN) Letter of Medical Necessity required from a physician

(Rx) Prescription required beginning 1/1/2011

These expenses qualify unless they are reimbursed by insurance.

- Humidifiers and vaporizers (LOMN)
- First aid bandages, gloves, and masks
- Hot and cold compress packs and wraps
- Oxygen
- Pill boxes (LOMN)
- Shower protection for casts, prostheses, etc.
- Therapeutic support gloves (LOMN)
- Elevated toilet seat
- Thermometers
- Special school for disabled child
- Arches and orthopedic shoes (LOMN)
- Wigs for hair loss caused by disease (LOMN)
- Shower bars and safety handles
- Hearing devices and batteries
- Crutches and canes
- Wheelchairs, walkers, and shower chairs
- Medical alert bracelet and fees
- Bedpans and ring cushions
- Travel to doctors or healthcare facilities
- Ambulance expenses
Health related expenses and equipment that do not qualify for reimbursement

- Expenses and equipment that are not medically necessary or are not prescribed by your health practitioner.
- Weight-loss programs for general health or appearance.

Medical Health Plan Deductible - Qualified Expenses

Deductible expenses that do qualify for reimbursement

- Employee responsibility for medical health plan deductible expenses, based on the explanation of benefits from your health plan.
- These may include qualified medical expenses like unreimbursed co-payments, co-insurance and doctor visits applied to your deductible amount.

Dental - Qualified Expenses

Dental services and supplies

Dental services and supplies qualify unless they are reimbursed by insurance:

- Co-payments
- Dental fillings, crowns, and bridges
- Deductibles
- Dentures
- Diagnostic fees
- Oral surgery
- Orthodontist and dentist fees
- Periodontist and endodontist fees
- Prescribed medicines
- Routine checkups
- Dental sealants
- Surgical fees
- X-rays

Dental services and supplies that do not qualify

- Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect or accident.
- Dental bleaching.
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

Dental Plan Deductible - Qualified Expenses

Deductible expenses that do qualify for reimbursement

- Employee responsibility for dental plan deductible expenses, based on the explanation of benefits from your dental plan.
- These may include qualified dental expenses like unreimbursed co-payments, co-insurance and doctor visits applied to your deductible amount.

Vision - Qualified Expenses

Vision services and supplies that do qualify for reimbursement

Vision services and supplies qualify unless they are reimbursed by insurance.

- Vision co-pays
- Office visits and routine eye
- LASIK surgery
- Cataract surgery
exams

- Prescribed sunglasses and eyeglasses
- Contact lenses, solutions, and supplies
- Corrective eye surgery

- Optometrist fees
- Physician and ophthalmologist fees
- Surgical fees and x-rays

Vision services and supplies that do not qualify for reimbursement

- Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect, or accident.
- Over-the-counter items, drugs, or medications that are not medically necessary, or are not prescribed by your physician or health practitioner.

Vision Plan Deductible - Qualified Expenses

Deductible expenses that do qualify for reimbursement

- Employee responsibility for vision plan deductible expenses, based on the explanation of benefits from your vision plan.
- These may include qualified vision expenses like unreimbursed co-payments, co-insurance and doctor visits applied to your deductible amount.