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, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

- Acupuncture
- Ambulance fees
- Braille – books and magazines
- Breast pumps
- Childbirth classes
- Chiropractic care
- Coinsurance
- Contact lens, solutions and cleaners
- Crutches
- Deductibles
- Dental fees
- Dentures
- Denture adhesives and denture cleaners
- Diagnostic testing fees
- Eyeglasses, including examination fee
- Guide dog

- Health Insurance Premiums (only those not paid on a pre-tax basis)
- 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
- Prescribed drugs – see cosmetic exceptions below
- Psychiatric care
- Individual psychologist fees or individual therapy
- Radial Keratotomy-Laser Eye Surgery
- Routine physicals
- 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

<table>
<thead>
<tr>
<th>Eligible without a Doctor’s Prescription</th>
<th>Example of Over-the-Counter Items that Require a Doctor’s Prescription</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Asthma flow meters</td>
<td>✓ Acid Controllers</td>
</tr>
<tr>
<td>✓ Bandages</td>
<td>✓ Cough, Cold &amp; Flu</td>
</tr>
<tr>
<td>✓ Blood pressure monitors</td>
<td>✓ Digestive Aids</td>
</tr>
<tr>
<td>✓ Cholesterol tests</td>
<td>✓ Allergy &amp; Sinus</td>
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<tr>
<td>✓ Contact lens solutions</td>
<td>✓ Antihistamine</td>
</tr>
<tr>
<td>✓ Crutches</td>
<td>✓ Anti-Diarrheals</td>
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<tr>
<td>✓ Cushions, pads, arch supports</td>
<td>✓ Anti-Gas</td>
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<tr>
<td>✓ Denture care products</td>
<td>✓ Anti-itch &amp; Insect Bite</td>
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<tr>
<td>✓ Diabetes care:</td>
<td>✓ Anti-parasitic Treatment</td>
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<tr>
<td>✓ Blood test strips,</td>
<td>✓ Baby Rash</td>
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<tr>
<td></td>
<td>glucose kits, monitors and testers</td>
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<tr>
<td>✓ Eyeglasses</td>
<td>✓ Cold Sore Remedies</td>
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<td>✓ Callous and corn removers</td>
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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.)
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Hygiene Items
- Expenses reimbursed by an HSA or HRA.