

HEALTH CARE SPENDING ACCOUNT - ELIGIBLE EXPENSES (Check your Summary Plan Document for details or limitations.)

Services by an M.D. or Licensed Practitioner when medically necessary, including:

- Acupressurist
- Acupuncturist
- Anesthesiologist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Midwife
- Obstetrician
- Ophthalmologist
- Optometrist
- Osteopath
- Pediatrician
- Podiatrist
- Psychiatrist/Psychologist
- Psychotherapist
- Surgeon

Medical/Hospital services or other fees:

- Diagnostic services by or under direction of M.D.
- Surgical services by or under direction of M.D.
- X-rays and radiological services for diagnosis or treatment
- Expenses for donating or receiving an organ transplant
- Nursing services for specific medical ailments by an RN or LPN who is not related to employees
- Services of a physical, speech or an occupational therapist
- Ambulance
- Laboratory fees
- Prescription drugs: including insulin, laetrile and birth control pills
- Over-the-counter drugs, medications and supplies.* Only a quantity of six may be purchased at a time.
- Vitamins and dietary supplements.** Only a quantity of six may be purchased at a time.
- Vaccinations and immunizations
- Orthotics
- Special schooling for physically or mentally disabled dependents
- Transportation and lodging expenses incurred for medical reasons
- Legal fees paid to authorize treatment for mental illness
- Deductibles and copayments

Other health-related expenses

- Treatment of alcoholism or drug dependency, including expenses for meals and lodging at a treatment center
- Lead-based paint removal in the home
- Smoking cessation programs and related drugs

Dental, vision & hearing

- Dental checkups and care (by a DDS or dental hygienist), including dentists' fees, X-rays, fillings, braces, extractions and dentures
- Orthodontics (usually the pro-rated cost attributable to this plan year)
- Cost of guide dog for blind or deaf
- Braille books and magazines (in excess of regular book cost)
- LASIK, Laser, RK surgery or PRK surgery, prescription eyeglasses and contact lenses (including solutions)
- Special devices for the blind (tape recorder, typewriter)
- Hearing aids and care (including batteries)
- Cost of note-taker for a deaf person in school
- Household visual alert & expenses for special phone equipment for a deaf person
- Adapting a television for the deaf

Maintenance & support devices (these require a letter of medical necessity from a licensed physician)

- Support hose and orthopedic shoes (in excess of regular shoe cost)
- Wheelchairs, crutches and wigs for hair loss due to medical treatment
- Oxygen and oxygen equipment
- Cost of equipping an auto for the disabled (in excess of regular auto cost)
- Prostheses and prosthetic supplies
- Colostomy supplies
- Capital expenses - the amounts between the cost of improvements or special equipment installed and the increase in the value of the home
- Psychiatric care - may include costs of supporting mentally ill dependents at a specially equipped center where a dependent receives medical care
- Massage therapy

* If used for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body

** If specifically directed by a licensed practitioner of the healing arts, a written directive is needed

INELIGIBLE EXPENSES (Health Care)

- Athletic or health club membership
- Cosmetic procedures and/or surgeries
- Household help
- Any illegal treatment
- Prepayment for services
- Dancing or ballet, even when recommended by a doctor
- Cost of remedial reading classes for a non-handicapped child
- Insurance premiums of any type
- Weight reduction programs for general well-being
- Teeth bleaching or whitening
- Marriage counseling
- Toiletries and sundry items (such as toothpaste, shaving cream, deodorant, shampoo, makeup)
- Electric toothbrushes
- Sunscreen under SPF 30
- Insect repellent

DEPENDENT CARE SPENDING ACCOUNT - ELIGIBLE EXPENSES (Check your Summary Plan Document for details or limitations.)

- Before and after school care
- Preschools
- Day care centers (facilities that care for 6 or more children must be licensed)
- Day camps (including summer and holiday)
- Services provided by someone who is not your minor child, dependent for income tax purposes, or the parent of the child
- Registration and application fees
- Au pair or nanny
- Transportation – to or from where care is provided, if furnished by day care provider
- Sick child facility
- FICA and FUTA taxes of day care provider

INELIGIBLE EXPENSES (Dependent Care)

- Kindergarten tuition
- Overnight camps
- Prepayment for services
- Late payment fees
- Incidental expenses such as meals, activity charges, supply fees, equipment fees, uniforms (when separate from care)

This list is not intended to be a guarantee of reimbursement or eligibility. All claims are reviewed when they are received and the determination of eligibility or reimbursement is made based upon the information received from the plan participant.