

Know Your MEDFLEX Health Care Eligible and Ineligible Expenses

Maximize the Value of Your MEDFLEX Reimbursement Account

Your MEDFLEX Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses.

Eligible Expenses		
BABY/CHILD TO AGE 13 <ul style="list-style-type: none">■ Lactation Consultant*■ Lead-Based Paint Removal■ Special Formula*■ Tuition: Special School/Teacher for Disability or Learning Disability*■ Well Baby /Well Child Care	MEDICAL EQUIPMENT/SUPPLIES <ul style="list-style-type: none">■ Air Purification Equipment*■ Arches and Orthotic Inserts■ Contraceptive Devices■ Crutches, Walkers, Wheel Chairs■ Exercise Equipment*■ Hospital Beds*■ Mattresses*■ Medic Alert Bracelet or Necklace■ Nebulizers■ Orthopedic Shoes*■ Oxygen*■ Post-Mastectomy Clothing■ Prosthetics■ Syringes■ Wigs*	MEDICATIONS <ul style="list-style-type: none">■ Insulin■ Prescription Drugs
DENTAL <ul style="list-style-type: none">■ Dental X-Rays■ Dentures and Bridges■ Exams and Teeth Cleaning■ Extractions and Fillings■ Oral Surgery■ Orthodontia■ Periodontal Services	MEDICAL PROCEDURES/SERVICES <ul style="list-style-type: none">■ Acupuncture■ Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)■ Ambulance■ Fertility Enhancement and Treatment■ Hair Loss Treatment*■ Hospital Services■ Immunization■ In Vitro Fertilization■ Physical Examination (not employment-related)■ Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)■ Service Animals■ Sterilization/Sterilization Reversal■ Transplants (including organ donor)■ Transportation*	OBSTETRICS <ul style="list-style-type: none">■ Doulas*■ Lamaze Class■ OB/GYN Exams■ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)■ Pre- and Postnatal Treatments
EYES <ul style="list-style-type: none">■ Eye Exams■ Eyeglasses and Contact Lenses■ Laser Eye Surgeries■ Prescription Sunglasses■ Radial Keratotomy		PRACTITIONERS <ul style="list-style-type: none">■ Allergist■ Chiropractor■ Christian Science Practitioner■ Dermatologist■ Homeopath■ Naturopath*■ Optometrist■ Osteopath■ Physician■ Psychiatrist or Psychologist
HEARING <ul style="list-style-type: none">■ Hearing Aids and Batteries■ Hearing Exams		THERAPY <ul style="list-style-type: none">■ Alcohol and Drug Addiction■ Counseling (not marital or career)■ Exercise Programs*■ Hypnosis■ Massage*■ Occupational■ Physical■ Smoking Cessation Programs*■ Speech■ Weight Loss Programs*
LAB EXAMS/TESTS <ul style="list-style-type: none">■ Blood Tests and Metabolism Tests■ Body Scans■ Cardiograms■ Laboratory Fees■ X-Rays		

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

The IRS does not allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

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| ■ Contact Lens or Eyeglass Insurance | ■ Insurance Premiums and Interest (FSA Ineligible Only) | ■ Personal Trainers |
| ■ Cosmetic Surgery/Procedures | ■ Long Term Care Premiums (FSA Ineligible Only) | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis | ■ Marriage or Career Counseling | ■ Swimming Lessons |

Note: This list is not meant to be all-inclusive.

Please Note: The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with a PrePaid Benefit Card for Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your PBS PrePaid Benefits Card for these purchases.

If you do not have a prescription for the OTC medication, and/or do not use the PBS PrePaid Benefit Card, and the expenses have been incurred during the plan year or during your period of coverage once enrolled, a Letter of Medical Necessity Form will be required with the OTC medication claim submission in order to be considered for reimbursement

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

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| ■ Acid controllers | ■ Cough, cold & flu | ■ Medicated nasal sprays, drops, & inhalers |
| ■ Acne medications | ■ Denture pain relief | ■ Medicated respiratory treatments & vapor products |
| ■ Allergy & sinus | ■ Digestive aids | ■ Motion sickness |
| ■ Antibiotic products | ■ Ear care | ■ Oral remedies or treatments |
| ■ Antifungal (Foot) | ■ Eye care | ■ Pain relief (includes aspirin) |
| ■ Antiparasitic treatments | ■ Feminine antifungal & anti-itch | ■ Skin treatments |
| ■ Antiseptics & wound cleansers | ■ Fiber laxatives (bulk forming) | ■ Sleep aids & sedatives |
| ■ Anti-diarrheals | ■ First aid burn remedies | ■ Smoking deterrents |
| ■ Anti-gas | ■ Foot care treatment | ■ Stomach remedies |
| ■ Anti-itch & insect bite | ■ Hemorrhoidal preps | ■ Un-medicated nasal sprays, drops & inhalers |
| ■ Baby rash ointments & creams | ■ Homeopathic remedies | ■ Un-medicated vapor products |
| ■ Baby teething pain | ■ Incontinence protection & treatment products | |
| ■ Cold sore remedies | ■ Laxatives (non-fiber) | |
| ■ Contraceptives | | |

OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your PBS PrePaid Benefits Card for these items.

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

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| <ul style="list-style-type: none"> ■ Baby Electrolytes and Dehydration
Pedialyte, Enfalyte ■ Contraceptives
Unmedicated condoms ■ Denture Adhesives, Repair, and Cleansers
PoliGrip, Benzodent, Plate Weld, Efferdent ■ Diabetes Testing and Aids
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products ■ Diagnostic Products
Thermometers, blood pressure | <ul style="list-style-type: none"> ■ Elastics/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts ■ Eye Care
Contact lens care ■ Family Planning
Pregnancy and ovulation kits ■ First Aid Dressings and Supplies
Band Aid, 3M Nexcare, non-sport tapes ■ Foot Care Treatment
Un-medicated corn and callus treatments (e.g., callus) | <ul style="list-style-type: none"> ■ Hearing Aid/Medical Batteries ■ Home Health Care (limited segments)
Ostomy, walking aids, decubitus/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, un-medicated wound care, wheel chairs ■ Incontinence Products
Attends, Depend, GoodNites for juvenile incontinence, Prevail ■ Prenatal Vitamins |
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monitors, cholesterol testing

■ **Ear Care**

Un-medicated ear drops, syringes,
ear wax removal

cushions), devices, therapeutic
insoles

Stuart Prenatal, Nature's Bounty
Prenatal Vitamins

■ **Reading Glasses and Maintenance
Accessories**

For additional information, please contact Progressive Benefit Services (PBS) at 1-866-906-8023

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