Partial List of Eligible Expenses

Equipment and Supplies
Abdominal Supports  Hearing Aids and Batteries
Arches  Heating Pads
Artificial Limbs  Incontinence Supplies*
Artificial Teeth and Adhesives  Insulin
Supports  Medical Monitoring/Testing Devices
Bandages  Occlusal Guards
Braces  Oxygen
Contact Lenses and Solutions  Prescription Sunglasses
Cold Compresses  Reading Glasses
Crutches  Walkers
Eyeglasses  Wheelchair
First Aid Supplies  X-Rays

Medical Expenses
Acupuncture  Lasik Eye Surgery
Air Purifier*  Massage Therapy*
Ambulance  Office Visits
Chiropractic Care  Optometry
Co-Insurance  Orthodontia
Deductibles  Physical Therapy
Dental Treatment - if not for cosmetic purposes  Prescription Drugs - if not for cosmetic purposes
Diagnostic Services  Psychiatric Care
Fertility Treatments  Psychologist Fees*
Flu Shots  Smoking Cessation Programs
Gym Membership*  Surgery - if not for cosmetic purposes
Hospital Services  Vision Exams
Insurance Premiums:
• COBRA or Medicare  Speech Therapy
• Supplemental Medical or Prescription  Sterilization
• Dental  Transplants
• Long-Term Healthcare  Vaccines
Laboratory Fees  Vasectomy

OTC Medicine / Drugs Requiring a Prescription
Acid Controllers  Eye Drops
Acne Medications  Indigestion Medicine
Allergy & Sinus Medicine  Laxatives
Anti-itch Cream  Nasal Spray
Cold & Flu Medicine  Pain Relievers

* Some products & services require a letter from a physician stating the condition which requires such expenses. These expenses will not qualify without a letter of medical necessity.