

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:	Speech Therapy
• COBRA or Medicare	Sterilization
• Supplemental Medical or Prescription	Transplants
• Dental	Vaccines
• Long-Term Healthcare	Vasectomy
Laboratory Fees	

OTC Medicine / Drugs Requiring a Prescription

Acid Controllars	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.