

FLEXIBLE SPENDING ACCOUNT ELIGIBLE EXPENSES

Unreimbursed Medical Expenses

The Unreimbursed Medical account is designed to help pay health care expense incurred by you, your spouse or your dependents, which have not and will not be reimbursed by any medical or dental insurance. Health care includes the prevention, diagnosis, treatment and care of physical or mental defect, illness or disease. Only expenses NOT reimbursed by insurance can be claimed. Receipts for expenses for the plan year for the employee, spouse of employee and dependent (as claimed with the Internal Revenue Service).

Some Common Eligible Qualifying Unreimbursed Medical Expenses – If your expense is not shown, contact our office.

Artificial limbs & teeth	Hospital Bills	Orthodontia (contract required)
Automobile modifications For physically impaired	Laboratory	Medical supplies for specific condition
Braille books/magazines	Nursing Care	Speech therapy
Crutches	Operations & related treatment	Therapy treatments
Deductibles	Oxygen equipment	Transportation expense (14 cents per mile relative to illness)
Drugs Prescribed by physician	Obstetrical Services	Tolls & Parking relative to illness
Equipment for visual/hearing impaired	Over the Counter drugs*	Weight loss problem (where prescribed as a treatment for specific disease)
Eyeglasses/Contact Lenses/Supplies	Radial Keratotomy (LASIK)	Wheelchair
Diabetic supplies/insulin	Rental of medical/healing	X-rays
Drug/Alcohol Rehabilitation	Seeing-eye/Hearing dog	
Hearing device & batteries	Smoking cessation program	

Health Providers:

Acupuncturists, Chiropractor, Christian Science Practitioners, Dentist, Eye Doctor, Medical Doctor, Nurses, Orthodontists, Osteopaths, Physical therapists, Psychologist, Psychoanalyst, Psychiatrist, Speech therapist, Surgeon

*Over the counter drugs and medications: must be used for a medical condition of the employee, spouse, or dependent. The receipt must be itemized to include the name/address where purchased, date of purchase, name and cost of product. A statement should be written on receipt to give reason for taking medication. Examples: Cold medicine, antihistamine, antacid, aspirin for pain relief, etc.

For a receipt that is not itemized as above, you are required to send in the package for the item with the price tag printed on the package to match receipt.

Orthodontia and obstetrics are covered for expenses received in the current plan year only.

PLEASE NOTE: Expenses must be itemized from the service provider: This itemization must include name & address of provider, date of purchase, name of patient, type of service/medication received, and the cost of the service/medication.

Prescriptions receipts must include the same itemization information listed above.

Types of expenses that are NOT COVERED for reimbursement:

1. The cost of over the counter drugs/items for general well being.
2. Any expense not substantiated by an itemized written statement from the service provider.
3. Cosmetic Surgery not caused by an accidental injury or congenital defect.
4. Insurance premiums.
5. Large quantities of medical supplies that cannot be used during the remainder of current plan year.
6. Over the counter pregnancy test, teeth whitening expenses, vitamins, laetrile.
7. Physical exams for employment purposes, ear piercing, scientology “audits”.
8. Prepayment of any expense for services not received in the current plan year.