

## FSA Eligible Expenses

Listed below are the types of medical services or products that typically qualify for reimbursement under your Flexible Spending Account. Approval of some items may require additional documentation from your physician.

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| <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Alcoholism Treatment</li> <li>• Ambulance</li> <li>• Chiropractors</li> <li>• Contact Lenses and Prescription Eyeglasses</li> <li>• Copayments for Office Visits or Prescriptions</li> <li>• Crutches</li> <li>• Deductible Expenses</li> <li>• Dental Fees (deductibles, copays, x-rays, etc., excluding cosmetic procedures)</li> </ul> | <ul style="list-style-type: none"> <li>• Dentures</li> <li>• Eyeglasses</li> <li>• Eye Exams</li> <li>• Eye Surgery (LASIK)</li> <li>• Hearing Devices and Batteries</li> <li>• Hospital Expenses (excluding cosmetic procedures)</li> <li>• Insulin</li> <li>• Obstetrical Expenses</li> <li>• Oral Surgery</li> <li>• Orthodontic Fees and Devices</li> <li>• Oxygen</li> </ul> | <ul style="list-style-type: none"> <li>• Physician Office Visits (copays, etc.)</li> <li>• Prescriptions (pharmacy copays, etc.)</li> <li>• Psychiatric Care / Psychologist Fees (for medical reasons)</li> <li>• X-Rays</li> <li>• Routine Physicals</li> <li>• Smoking Cessation Programs</li> <li>• Weight Loss Plan Membership Fees (if prescribed by a physician to treat a medical condition)</li> <li>• Wheelchairs</li> </ul> |
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A doctor's prescription is required for reimbursement of the following types of over-the-counter medications.

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| <ul style="list-style-type: none"> <li>• Acid Controllers</li> <li>• Allergy and Sinus</li> <li>• Antibiotic Products</li> <li>• Anti-Diarrheals</li> <li>• Anti-Gas</li> <li>• Anti-Itch and Insect Bite</li> <li>• Anti-Parasitic Treatments</li> </ul> | <ul style="list-style-type: none"> <li>• Baby Rash Ointments/Creams</li> <li>• Cold Sore Remedies</li> <li>• Cough, Cold and Flu</li> <li>• Digestive Aids</li> <li>• Feminine Anti-Fungal/Anti-Itch</li> <li>• Hemorrhoidal Preps</li> <li>• Laxatives</li> </ul> | <ul style="list-style-type: none"> <li>• Motion Sickness</li> <li>• Pain Relief</li> <li>• Respiratory Treatments</li> <li>• Sleep Aids and Sedatives</li> <li>• Stomach Remedies (This list is subject to change.)</li> </ul> |
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A doctor's prescription is not required for these types of over-the-counter items. These items may be purchased using a health care benefit card ("flex card").

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| <ul style="list-style-type: none"> <li>• Band Aids</li> <li>• Birth Control</li> <li>• Braces and Supports</li> <li>• Breast Pumps and Supplies that Assist Lactation (became eligible as of February 2011)</li> </ul> | <ul style="list-style-type: none"> <li>• Catheters</li> <li>• Contact Lens Supplies and Solutions</li> <li>• Denture Adhesives</li> <li>• Diagnostic Tests and Monitors</li> <li>• Elastic Bandages and Wraps</li> </ul> | <ul style="list-style-type: none"> <li>• First Aid Supplies</li> <li>• Insulin and Diabetic Supplies</li> <li>• Ostomy Products</li> <li>• Reading Glasses</li> <li>• Sunscreens (with SPF 15 or above used to prevent sunburn)</li> <li>• Wheelchairs, Walkers, Canes (This list is subject to change.)</li> </ul> |
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### Expenses That Are Not Eligible for Reimbursement

The following types of medical services or products typically do not qualify for FSA reimbursement.

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| <ul style="list-style-type: none"> <li>• Vitamins or supplements (unless prescribed by a physician)</li> <li>• Aromatherapy</li> <li>• Cosmetics</li> <li>• Cosmetic surgery</li> <li>• Feminine care products</li> <li>• Low-calorie or low-carb foods</li> <li>• Shampoos and conditioners</li> <li>• Baby bottles, nipples, cups, diapers, baby oils, etc.</li> </ul> | <ul style="list-style-type: none"> <li>• Cotton swabs</li> <li>• Fragrances</li> <li>• Oral care products (toothbrushes, toothpaste, dental floss, etc.)</li> <li>• Teeth whitening or bleaching products</li> <li>• Toiletries (shaving creams, soaps, deodorants, etc.)</li> <li>• Skin care products</li> <li>• Hair removal or transplants</li> </ul> | <ul style="list-style-type: none"> <li>• Breast enhancement systems</li> <li>• Facial care products</li> <li>• Petroleum jelly</li> <li>• Sun tanning products (see also Sunscreens above)</li> <li>• Bone and joint care supplements</li> <li>• Marriage/couples counseling</li> <li>• Insurance premiums</li> <li>• Extended warranty/protection plans (on eye glasses, for example)</li> </ul> |
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