

| Type of Service/product | Reimbursable? | Type of Service/product | Reimbursable? |
|--|---|---|---|
| Abortion | Yes | Artificial teeth | Yes |
| Acne treatment | Prescription and/or diagnosis required* | Aspirin | Prescription and/or diagnosis required* |
| Acupuncture | Yes | Asthma treatments | Prescription and/or diagnosis required* |
| Adoption pre-adoption medical expenses | Yes | Automobile modifications | Prescription and/or diagnosis required* |
| Air purifier | Prescription and/or diagnosis required* | Bactine | Prescription and/or diagnosis required* |
| Alcoholism treatment | Yes | Bandages for torn or injured skin (medicated or not) | Yes |
| Allergy medicine (Example: Alavert) | Prescription and/or diagnosis required* | Behavioral modification programs | Prescription and/or diagnosis required* |
| Allergy treatment products; household improvements to treat allergies | Prescription and/or diagnosis required* | Birth-control pills | Yes |
| Alternative healers dietary substitutes and drugs and medicines | Prescription and/or diagnosis required* | Blood pressure monitoring devices | Yes |
| Ambulance | Yes | Blood sugar test kits and test strips | Yes |
| Antacids (Example: Zantac) | Prescription and/or diagnosis required* | Body scans | Yes |
| Antibiotic ointments (Example: Neosporin) | Prescription and/or diagnosis required* | Braille books and magazines | Yes |
| Antihistamines (Example: Benadryl) | Prescription and/or diagnosis required* | Breast pumps | Yes |
| Anti-itch creams (Example: Cortaid) | Prescription and/or diagnosis required* | Breast reconstruction surgery following mastectomy | Yes |
| Appearance improvements | No | Calamine lotion | Prescription and/or diagnosis required* |
| Arthritis gloves | Yes | Capital expenses | Prescription and/or diagnosis required* |
| Artificial limbs | Yes | Car modifications | Prescription and/or diagnosis required* |

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|---|---|---|---|
| Carpal tunnel wrist supports | Yes | Cosmetics | No |
| Cayenne pepper | Prescription and/or diagnosis required* | Cough suppressants (Examples: Robitussin, cough drops) | Prescription and/or diagnosis required* |
| Chelation therapy | Yes | Counseling | Prescription and/or diagnosis required* |
| Chinese herbal practitioners & herbal treatments | Prescription and/or diagnosis required* | Crutches | Yes |
| Chiropractors | Yes | Decongestants (Example: Dimetapp) | Prescription and/or diagnosis required* |
| Chondroitin | Prescription and/or diagnosis required* | Deductibles | Yes |
| Claritin | Prescription and/or diagnosis required* | Dental sealants | Yes |
| Co-insurance amounts | Yes | Dental treatment | Yes |
| Cold medicine (Example: Sudafed) | Prescription and/or diagnosis required* | Dentures and denture adhesives | Yes |
| Cold/hot packs | Yes | Deodorant | No |
| Cologne | No | Diabetic supplies | Yes |
| Condoms | Yes | Diagnostic items/services | Yes |
| Contact lenses materials and equipment | Yes | Diaper rash ointments (Example: Desitin) | Prescription and/or diagnosis required* |
| Contraceptives | Prescription and/or diagnosis required* | Diapers or diaper service | No |
| Controlled substances in violation of federal law | No | Diarrhea medicine (Example: Pepto-Bismol) | Prescription and/or diagnosis required* |
| Co-payments | Yes | Dietary supplements | Prescription and/or diagnosis required* |
| Cosmetic procedures | No | Diet foods | No |

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| Disabled dependent care expenses | Prescription and/or diagnosis required* | Fever-reducing medications (Example: Tylenol) | Prescription and/or diagnosis required* |
| DNA collection and storage | Prescription and/or diagnosis required* | Fiber supplements | Prescription and/or diagnosis required* |
| Drug addiction treatment | Yes | First aid cream | Prescription and/or diagnosis required* |
| Drug overdose, treatment of | Yes | First aid kits | Yes |
| Drugs and medicines | Prescription and/or diagnosis required* | Fitness programs | Prescription and/or diagnosis required* |
| Dyslexia | Prescription and/or diagnosis required* | Flu shots | Yes |
| Ear piercing | No | Fluoridation device or services | Yes |
| Ear plugs | Prescription and/or diagnosis required* | Founder's fee | No |
| Egg donor fees | Yes | Funeral expenses | No |
| Electrolysis or hair removal | No | Gauze pads | Yes |
| Exercise equipment or programs | Prescription and/or diagnosis required* | Genetic testing | Prescription and/or diagnosis required* |
| Expectorants (Example: Comtrex) | Prescription and/or diagnosis required* | GIFT (Gamete intrafallopian transfer) | Yes |
| Eye drops (Example: Visine) | Prescription and/or diagnosis required* | Glucosamine | Prescription and/or diagnosis required* |
| Eye examination and eyeglasses | Yes | Glucose monitoring equipment | Yes |
| Face creams | No | Hair colorants | No |
| Face lifts | No | Hair removal and transplants | No |
| Feminine hygiene products | No | Hand lotion | No |
| Fertility treatments | Yes | Headache medications (Example: Advil) | Prescription and/or diagnosis required* |

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|--|---|---|---|
| Health club fees | Prescription and/or diagnosis required* | Insurance premiums | No |
| Health institute fees | No | IVF (in vitro fertilization) | Yes |
| Hearing aids | Yes | Laboratory fees | Yes |
| Hemorrhoid treatments (Example: Preparation H) | Prescription and/or diagnosis required* | Lactation consultant | Prescription and/or diagnosis required* |
| Herbs | Prescription and/or diagnosis required* | Lamaze classes | Yes |
| HMO premiums | No | Language training | Prescription and/or diagnosis required* |
| Holistic or natural healers recommended drugs and medicines | Prescription and/or diagnosis required* | Laser eye surgery; Lasik | Yes |
| Home care | Prescription and/or diagnosis required* | Late fees (e.g. for late payment of bills for medical services) | No |
| Home improvements (such as exit ramps widening doorways etc.) | Prescription and/or diagnosis required* | Laxatives (Example: Ex-Lax) | Prescription and/or diagnosis required* |
| Hormone replacement therapy (HRT) | Prescription and/or diagnosis required* | Lead-based paint removal | Prescription and/or diagnosis required* |
| Hospital services | Yes | Learning disability instructional fees | Yes |
| Humidifier | Prescription and/or diagnosis required* | Legal fees general | Prescription and/or diagnosis required* |
| Hypnosis | Prescription and/or diagnosis required* | Legal fees in connection with fertility treatments | Prescription and/or diagnosis required* |
| Illegal operations and treatments | No | Lipsticks | No |
| Immunizations | Yes | Liquid adhesive for small cuts | Prescription and/or diagnosis required* |
| Incontinence supplies | Prescription and/or diagnosis required* | Lodging at a hospital or similar institution | Yes |
| Infertility treatments | Yes | Lodging while attending a medical conference | No |
| Insect bite creams and ointments (Example: Caladryl) | Prescription and/or diagnosis required* | Makeup | No |
| Insulin | Yes | Marijuana or other controlled substances in violation of federal law | No |

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| Massage therapy | Prescription and/or diagnosis required* | Missed appointment fees | No |
| Mastectomy-related special bras | Yes | Moisturizers | No |
| Maternity clothes | No | Motion-sickness pills (Examples: Bonine Dramamine) | Prescription and/or diagnosis required* |
| Mattresses | No | Mouthwash | No |
| Meals not at a hospital or similar institution | No | Nasal strips or sprays | Prescription and/or diagnosis required* |
| Meals of a companion | No | Nasal saline | Yes |
| Meals while attending a medical conference | No | Naturopathic healers dietary substitutes and drugs and medicines | Prescription and/or diagnosis required* |
| Medical alert bracelet or necklace | Yes | Nicotine gum or patches (Examples: Nicoderm, Nicorette) | Prescription and/or diagnosis required* |
| Medical information plan charges | Yes | Non-prescription drugs and medicines | Prescription and/or diagnosis required* |
| Medical monitoring and testing devices | Yes | Norplant insertion or removal | Yes |
| Medical newsletter | No | Nursing services provided by a nurse or other attendant | Prescription and/or diagnosis required* |
| Medical records charges | Yes | Nursing services for a baby | No |
| Medical services | Yes | Nutritionist's professional expenses | Prescription and/or diagnosis required* |
| Medicines and drugs | Prescription and/or diagnosis required* | Nutritional supplements | Prescription and/or diagnosis required* |
| Menstrual pain relievers (Example: Midol) | Prescription and/or diagnosis required* | Obstetrical expenses | Yes |
| Mentally handicapped special home for | Prescription and/or diagnosis required* | Occlusal guards to prevent teeth grinding | Yes |
| Mineral supplements | Prescription and/or diagnosis required* | One-a-day vitamins | No |

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|--|---|--|---|
| Operations | Yes | Prescription drugs and medicines obtained from other countries | No |
| Optometrist | Yes | Prescription drug discount programs | No |
| Orthodontia | Yes | Preventive care screenings | Yes |
| Orthopedic shoes and inserts | Prescription and/or diagnosis required* | Propecia | Prescription and/or diagnosis required* |
| Osteopath fees | Yes | Prosthesis | Yes |
| Ovulation monitor | Yes | Psychiatric care | Yes |
| Oxygen | Yes | Psychoanalysis | Prescription and/or diagnosis required* |
| Pain relievers (Examples: Advil Aspirin Tylenol) | Prescription and/or diagnosis required* | Psychologist | Prescription and/or diagnosis required* |
| Patterning exercises | Yes | Radial keratotomy | Yes |
| Perfume | No | Reading glasses | Yes |
| Permanent waves | No | Recliner chairs | No |
| Personal trainer fees | Prescription and/or diagnosis required* | Retin-A | Prescription and/or diagnosis required* |
| Physical exams | Yes | Rogaine | Prescription and/or diagnosis required* |
| Physical therapy | Yes | Rubbing alcohol | Prescription and/or diagnosis required* |
| Pregnancy test kits | Yes | Safety glasses | No |
| Prenatal vitamins | Prescription and/or diagnosis required* | Schools and education residential | Prescription and/or diagnosis required* |
| Pre-payments | No | Schools and education special | Prescription and/or diagnosis required* |
| Prescription drugs | Prescription and/or diagnosis required* | Screening tests | Yes |

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| Seeing-eye dog | Yes | Surgery | Yes |
| Shampoos | No | Surrogate expenses | No |
| Sinus medications (Example: Sudafed) | Prescription and/or diagnosis required* | Tanning salons and equipment | No |
| Skin moisturizers | No | Taxes on medical services and products | Yes |
| Sleep deprivation treatment | Yes | Teeth whitening | No |
| Smoking cessation medications | Prescription and/or diagnosis required* | Telephone for hearing-impaired persons | Yes |
| Smoking cessation programs | Yes | Television for hearing-impaired persons | Yes |
| Soaps | No | Thermometers | Yes |
| Spermicidal foam | Prescription and/or diagnosis required* | Throat lozenges (Examples: Cepacol, Chloraseptic) | Prescription and/or diagnosis required* |
| Sperm storage fees | Prescription and/or diagnosis required* | Toiletries | No |
| St. John's Wort | Prescription and/or diagnosis required* | Toothache and teething pain relievers (Example: Orajel) | Prescription and/or diagnosis required* |
| Stem cell harvesting and/or storage of | Prescription and/or diagnosis required* | Toothbrushes | No |
| Sterilization procedures | Yes | Toothpaste | No |
| Student health fee | No | Transplants | Yes |
| Sunglasses | Prescription and/or diagnosis required* | Transportation costs of disabled individual commuting to and from work | No |
| Sunburn creams and ointments (Example: Solarcaine) | Prescription and/or diagnosis required* | Transportation expense primarily for and essential to medical care | Yes |

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| Treadmill | Prescription and/or diagnosis required* | Vision correction procedures | Yes |
| Tuition for special needs program | Prescription and/or diagnosis required* | Vision discount programs | No |
| Usual and customary charges excess | Yes | Vitamins | Prescription and/or diagnosis required* |
| Vaccines | Yes | Walkers | Yes |
| Varicose veins treatment of | Prescription and/or diagnosis required* | Wart remover treatments (Example: Compound W) | Prescription and/or diagnosis required* |
| Vasectomy | Yes | Weight-loss programs and/or drugs prescribed to induce weight loss | Prescription and/or diagnosis required* |
| Vasectomy reversal | Yes | Wheelchair | Yes |
| Veneers | No | Wigs | Prescription and/or diagnosis required* |
| Veterinary fees | Prescription and/or diagnosis required* | X-ray fees | Yes |
| Viagra | Yes | Yeast infection medications (Example: Monistat) | Prescription and/or diagnosis required* |

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*See last page for detailed explanation.

Over-the-counter drugs and medicines are not reimbursable through your flex account unless prescribed by a medical practitioner.

“Dual purpose” expenses, such as vitamins and supplements, are those that may be used to treat a medical condition, but may also be used to promote general health. Dual purpose expenses require:

1. A diagnosis of the medical condition by a medical professional, *and*;
2. A recommendation by the medical professional for the purchase of the particular item or service to treat the condition.

For a more detailed health care expenses table please use your employee password to log in to the Allegiance website. Look in the Document Library for the Guide to Reimbursable Expenses.