

## FSA Expenses Guide

This guide provides important information about your flexible spending account (FSA) and includes detailed lists of expenses generally reimbursable under your FSA. The various lists contain general expenses allowed by the Internal Revenue Service (IRS). **A final determination cannot be made on any claim until you complete and submit a reimbursement form along with the required supporting documentation.** Reimbursement forms are available by logging in to your personal account at [www.anthem.com](http://www.anthem.com)\*

Be sure to keep receipts and other supporting documentation related to your FSA expenses and reimbursement requests. Per IRS regulations, you may be required to submit itemized receipts to verify your FSA expenses.

### Bookmarked Sections

This guide has been bookmarked so it's easier to quickly find the information you're looking for. In Adobe Acrobat or Adobe Acrobat Reader, simply click the bookmark icon on the left-hand side of the screen or click one of the section names below:

- **Introduction** – Bookmarked sections and 2011 expense changes
- **Eligible Health FSA Expenses** – A summary of eligible and ineligible expenses
- **Health FSA Reimbursement Requirements** – Documents needed for the reimbursement
- **Health FSA Expense List** – A complete list of eligible expenses and, if necessary, supporting documents required for reimbursement
- **Over-the-counter (OTC) Drugs and Other Health Care Items** – A list of OTC medicines and drugs requiring a prescription in 2011 and other health care-related products (see below for additional details)
- **Orthodontia** – Reimbursement methods for orthodontia expenses
- **Dependent Care FSA** – Various qualified dependent care expenses and documents required for reimbursement
- **Commuter Expenses** – Transportation and parking expenses and the reimbursement process

### Health Reform Changes Affecting Over-the-counter Expenses in 2011

- Beginning January 1, 2011, OTC medicines and drugs will no longer be eligible for reimbursement under your health flexible spending account (FSA) unless prescribed by a doctor (or another individual who is legally authorized to issue a prescription) in the state in which the OTC drug expense is purchased. Any claims you submit for reimbursement that include OTC drug expenses incurred on or after January 1, 2011 must be accompanied by appropriate documentation (see *Health FSA Reimbursement Requirements*).
- If you have an Elite Benefit Card, you will not be able to use it to purchase OTC medicines beginning on January 1, 2011 because of these changes. If you need to purchase OTC drugs, you must pay for the items using a form of payment other than your benefit card and then submit the expense for reimbursement along with the appropriate documentation.
- Over-the-counter items, such as thermometers, bandages, and first aid kits, are still eligible for reimbursement under the plan and do not require special documentation for approval. If applicable, you can use your Elite Benefit Card to purchase these OTC products.

*\*If you are not enrolled in an Anthem medical plan, you will need to log in to your Reimbursement Benefit Account at [www.benefitadmsolutions.com/anthem](http://www.benefitadmsolutions.com/anthem). You will need your Anthem Reimbursement Account Number or Social Security Number and Date of Birth to log in to the website for the first time.*

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- Changes beginning January 1, 2011 relate only to OTC medicines and do not apply to prescription drugs and insulin (including OTC insulin).
- These rules apply to all FSA participants, even if you are in the middle of your current plan year (such as plans that began October 1, 2010 and end on September 30, 2011).

## Health FSA Expenses

The key to making the most of your health FSA is knowing about the wide variety of eligible expenses. You can use your health FSA funds for numerous health care-related products and services – for yourself, your spouse, and your qualifying child or relative. IRS regulations state that expenses reimbursed under your health FSA may not be reimbursed under any other plan or program, and only your out-of-pocket expenses are eligible. These expenses must be incurred during within the current plan year. Plus, expenses reimbursed under a health FSA may not be used to claim any federal income tax deduction or credit.

### Eligible Expenses

Certain products and services that are used to prevent, cure, or treat a specific illness or medical condition may be eligible expenses. The list below shows some examples.

#### Eligible Health FSA Expenses

- Acupuncture and chiropractic services
- Artificial limbs or teeth
- Birth control pills, condoms, contraceptive devices, and sterilization procedures
- Childbirth classes
- Co-pays, co-insurance, and deductibles
- Crutches, wheelchairs, and other durable medical equipment
- Dental exams, cleanings, fillings, and other qualified services
- Eye exams and vision correction surgery
- Eyeglasses, contact lenses, and solutions
- Fertility treatment
- Hearing devices
- Hospital bills
- Immunizations and flu shots
- Insulin, diabetic supplies, and test kits
- Medical tests and other medical services
- Orthodontia
- Over-the-counter health care items, such as bandages and thermometers
- Physical exams and medical screenings
- Prescription drugs
- X-rays

**Required Documentation:** Explanation of Benefits (EOB), provider’s statement of work, or itemized receipt. Document must include the patient’s name, date of service or purchase, provider or merchant name, procedure description or product name, and cost of service or product.

### Ineligible Expenses

Items or services that are purchased for cosmetic, personal, or general health purposes are ineligible expenses, as are insurance and COBRA premiums. You can’t use your health FSA funds for these products and services.

#### Ineligible Health FSA Expenses

- Cosmetic dental procedures
- Cosmetic prescription drugs, surgery, and procedures
- Cosmetics, makeup, and perfume
- Cotton balls and swabs
- Deodorant, soap, shaving cream, and razors
- Diapers or diaper service
- Hair removal treatments and waxes
- Moisturizers and lotions
- Prescription drugs from another country
- Teeth whitening kits and strips
- Toothpaste, mouthwash, and antiseptics

## Over-the-counter Medicines and Drugs

Beginning January 1, 2011, over-the-counter (OTC) medicines and drugs will no longer be eligible for reimbursement unless they have been prescribed by a doctor (or another health care professional who can authorize a prescription) in the state where you purchased the OTC medicine.

### Over-the-counter Drug Examples

- Allergy and sinus: Actifed, Alavert, Benadryl, Claritin, Sudafed
- Antacids and acid reducers: Mylanta, Pepcid AC, Prilosec, TUMS, Zantac
- Antidiarrheal and laxatives: Ex-Lax, Imodium A.D., Kaopectate, Miralax, Pepto-Bismol
- Antifungal: Lamisil AT, Lotrimin AF, Micatin
- Anti-itch lotions and creams: Benadryl Cream, Calamine Lotion, Caldecort, Cortaid, Hydrocortisone
- Aspirin and pain relievers: Advil, Aleve, Bayer Aspirin, Excedrin, Motrin, Tylenol
- Cold and flu: Advil Cold & Sinus, Afrin, Nyquil, Theraflu, Tylenol Cold & Flu
- Cough suppressants: Chloraseptic, Robitussin, Vicks 44
- Diaper rash ointments: Balmex, Desitin
- Digestive aids: Lactaid, Lactase, Beano
- First aid creams, sprays and ointments: Bactine, Neosporin
- Hemorrhoid treatments: Preparation H, Hemorid, Tronolane
- Liniments: BENGAY, Tiger Balm, Flexall
- Menstrual cycle medications: Midol, Pamprin, Premsyn PMS
- Motion sickness: Dramamine, Marezine
- Nicotine gum and patches: Commit, Nicoderm CQ, Nicorette, Nicotrol, Nicodin
- Respiratory treatments: Primatene, Bronkaid, Vicks Vapor Rub
- Sleep aids: Sominex, Sleepinal, Tylenol PM, Unisom Sleep Tabs
- Teething pain: Orajel

**Required documentation:** A written OTC prescription along with an itemized cash register receipt that includes the merchant name, name of OTC medicine, purchase date, and amount; OR a printed pharmacy statement or receipt that includes the patient's name, the Rx number, the prescription fill date, and the amount.

## Potentially Eligible Items or Programs

Various items, therapies, and programs that are used for cosmetic or overall health improvement are ineligible expenses unless they are used to treat a medical condition. To be an eligible expense, the item or service must be prescribed by a doctor to treat a medical condition and appropriate documentation must be provided.

### Potentially Eligible Expenses

- CPR classes
- Doula (birthing coach)
- Exercise equipment or programs
- Genetic testing
- Hormone replacement therapy
- Home and/or automobile modifications
- Lactation consultant
- Massage therapy
- Nutritionist's professional services
- Sleep deprivation treatment
- Weight-loss drugs or programs

**Required documentation:** Medical Determination Form completed by your physician and an itemized receipt, an EOB, or a statement of work from your health care provider. Find the Medical Determination Form by logging in to your personal account at [www.anthem.com](http://www.anthem.com).

## Health FSA Reimbursement Requirements

Keep in mind that a final determination cannot be made on any claim until you complete and submit a reimbursement form along with the required supporting documentation. These forms are available by logging in to your account at [www.anthem.com](http://www.anthem.com).

### Appropriate Standard Documentation

A signed and dated reimbursement form should be sent along with one of the following types of appropriate documentation:

- **For office visits and other health care services** – An Explanation of Benefits (EOB) showing the date of service and out-of-pocket expense(s). If the EOB indicates the procedure is not covered by your health insurance plan, you may be required to submit an itemized statement from the provider.
- **For expenses not covered by insurance** – An itemized statement from the service provider. The itemized statement should include: the patient’s name, date(s) of service, procedure description(s), provider name, and the charge(s) for the service. Account balance statements, balance forward statements, canceled checks, cash register receipts, and credit card receipts are not acceptable third-party documentation (see below for special rules regarding cash register receipts for eligible over-the-counter medicines). In some cases, a Medical Determination Form from a medical practitioner may be required.
- **For prescription drugs** – A pharmacy statement including: the name of the pharmacy, patient’s name, date of fill, cost, Rx number, and name of the drug.
- **For over-the-counter (OTC) medicines and drugs** – A written OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine, purchase date, and amount, OR a printed pharmacy statement or receipt from a pharmacy that includes the patient’s name, the Rx number, the date the prescription was filled, and the amount.
- **For eligible OTC health care-related items** – An itemized cash register receipt. The merchant name, product name, and the purchase date must be on the receipt.
- **For dual-purpose items or programs** – A Medical Determination Form that has been completed by a doctor is required for dual-purpose items or programs that have both a medical purpose and a general health/personal/cosmetic purpose. See specific details for each dual-purpose items or programs in the following *Health FSA Expense List*. The Medical Determination Form is available through your personal online account.

### Submission Process

There are three ways to submit reimbursement requests:

- Online submission through your personal account at [www.anthem.com](http://www.anthem.com). You will need access to a scanner to use this method.
- Fax reimbursement forms and supporting documentation to the attention of Reimbursement Account Services using the number listed on your form.
- Mail reimbursement forms and copies of supporting documents to the mailing address listed on your form.

**Helpful Habit** - Save all of your itemized receipts, EOBs, and other supporting documents along with copies of your reimbursement forms. Because of IRS regulations, you may be asked to verify some of your FSA expenses.

### Health FSA Expense List

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Acetaminophen (e.g., Tylenol)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Acne treatments (e.g., Clearasil, Proactiv)	Yes	No	Standard	Standard + prescription	Must be used to treat specific medical condition; see page 5 for OTC prescription requirements.
Acupuncture	Yes	No	Standard	Standard	
Adoption, medical expenses	Potentially	No	Standard + legal documents pertaining to adoption	Standard + legal documents pertaining to adoption	For medical expenses incurred before an adoption is finalized, if the child was a legal dependent when services were provided
Alcohol & drug rehab	Yes	No	Standard	Standard	
Allergy medicine (e.g., Actifed, Benadryl, Claritin, Zyrtec)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Allergy products & home improvements to treat severe allergies	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Examples of eligible expenses include: special vacuum cleaners, electrostatic air purifiers, pillows and mattresses to alleviate certain allergies, etc. If the product would be owned without the allergy, then the expense is not considered eligible. <a href="#">See Capital expenses.</a>
Alternative healers, dietary substitutes, and drugs and medicines	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Ambulance transport	Yes	No	Standard	Standard	
Antacids and acid relievers (e.g., AXID AR, Gas-X, Maalox, Mylanta, Pepcid AC, Prilosec OTC, Tagamet HB, TUMS, Zantac 75)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Antidiarrheal and laxatives (e.g., Ex-Lax, Imodium A.D., Kaopectate, Pepto-Bismol)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Antifungal (e.g. Fenstat 3, Gyne-Lotrimin, Lamisil AT, Lotrimin AF, Micatin, Monistat 3, Vagistat-1)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Antihistamine (e.g., Actifed, Allerest, Chlor-Trimeton, Contac, Dimetane, Drixoral, NyQuil, Tavist-1, Triaminic)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Anti-itch lotions and creams (e.g., for bug bites and poison ivy: Benadryl Cream, Calamine Lotion, Caldecort, Cortaid, Hydrocortisone, Lanacort)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Artificial limbs	Yes	No	Standard	Standard	
Artificial teeth	Yes	Yes	Standard	Standard	
Aspirin (e.g., Bayer, Excedrin)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Bandages	Yes	No	Standard	Standard	
Batteries for durable medical equipment	Yes	No	Standard	Standard	Participant must note usage of batteries on receipt.
Birth control pills	Yes	No	Standard	Standard	
Blood pressure monitoring devices	Yes	No	Standard	Standard	
Body scan / diagnostic testing	Yes	No	Standard	Standard	
Braille books and magazines	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	If for the visually-impaired person, only the amount above the cost of regular printed material is reimbursable.
Breast reconstruction surgery following mastectomy	Yes	No	Standard	Standard	
Burn garment	Yes	No	Standard	Standard	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Capital expenses	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	The primary purpose of the expenditure must be for the medical care of the taxpayer, spouse, or dependent. The following information must be provided to determine eligibility: 1. A letter and/or prescription from a physician citing the medical necessity. 2. A written certification that states the item is for the patient's individual use, or the percentage of use in relation to other members of the household. 3. Third-party appraisal of the participant's home to substantiate the difference between the cost of capital expenditure and the increase in value to the participant's home (the cost of the appraisal is not reimbursable).
Carpal tunnel wrist supports	Yes	No	Standard	Standard	
Chelation (EDTA) therapy	Yes	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Only if used to treat a medical condition such as lead poisoning
Childbirth classes	Yes	No	Standard	Standard	<a href="#">See Lamaze classes.</a>
Chiropractor services	Yes	No	Standard	Standard	
Chondroitin sulfate	Potentially	No	Standard + Medical Determination Form	Standard + prescription	Only if used to treat a medical condition
Christian Science practitioners	Yes	No	Standard	Standard	
Circumcision	Yes	No	Standard	Standard	
COBRA premiums	No	No	N/A	N/A	



Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Co-insurance, co-payments and deductibles – dental	Yes	Yes	Standard	Standard	
Co-insurance, co-payments and deductibles – medical	Yes	No	Standard	Standard	
Co-insurance, co-payments and deductibles – vision	Yes	Yes	Standard	Standard	
Cold medicines and decongestants (e.g., Advil Cold and Sinus, Afrin, Aleve Cold and Sinus, Children's Advil Cold, Neo-Syneprhine-12 Hour, Sudafed, Tavist-D, Tylenol Cold and Flu, Theraflu)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Cold sore remedies (e.g., Abreva, Campho-Phenique, Releev, Zicam)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Concierge medical fee	No	No	N/A	N/A	A retainer fee (membership fee) that is billed for future services is not an eligible expense. Fees billed for actual qualified services rendered may be eligible for reimbursement.
Condoms and other contraceptive devices	Yes	No	Standard	Standard	See Spermicidal foam.
Contact lenses, equipment, and materials (e.g., Aosept, Allergan, Bausch & Lomb, Boston, Opti-Free, Renu)	Yes	Yes	Standard	Standard	
Controlled substances in violation of federal law	No	No	N/A	N/A	
Cosmetic prescriptions	No	No	N/A	N/A	
Cosmetics and perfume	No	No	N/A	N/A	
Cough suppressants (e.g., Chloraseptic, Delsym, Mucinex, Robitussin, Triaminic, Vicks 44)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
CPR classes	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Decongestants	Yes	No	Standard	Standard + prescription	See Cold medicines and decongestants for examples; refer to page 5 for OTC prescription requirements.
Dental veneers	No	No	N/A	N/A	
Dental visits (non-cosmetic)	Yes	Yes	Standard	Standard	Cosmetic dental procedures are not eligible.
Dentures	Yes	Yes	Standard	Standard	
Deodorant	No	No	N/A	N/A	
Diabetic supplies, test kits, and strips	Yes	No	Standard	Standard	
Diagnostic services	Yes	No	Standard	Standard	
Diaper rash ointments and creams (e.g., Balmex, Desitin)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Diapers or diaper service for newborns	No	No	N/A	N/A	
Diarrhea medicine (e.g., Ex-Lax, Imodium A.D., Kaopectate, Pepto-Bismol)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Diet foods	No	No	N/A	N/A	
Dietary supplements	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Disabled dependent's qualified dental or vision expenses	Yes	Yes	Standard	Standard	
Disabled dependent's qualified medical expenses	Yes	No	Yes	Yes	
DNA collection and storage	No	No	N/A	N/A	
Doula (birthing coach)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	The expense is only eligible if the doula is a licensed health care professional and provides medical care. Participant must submit itemized statement detailing the medical services rendered.
Drug addiction treatment	Yes	No	Standard	Standard	
Drug overdose, treatment of	Yes	No	Standard	Standard	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Dual-purpose expenses (items that have both a medical and general/personal/cosmetic purpose)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Durable medical equipment	Yes	No	Standard	Standard	Crutches, wheelchairs, nebulizers, etc.
Ear piercing	No	No	N/A	N/A	
Ear plugs	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Egg donor fees	Yes	No	Standard	Standard	
Eggs and embryos storage fees	Yes	No	Standard	Standard	Only temporary storage is eligible.
Electrolysis or hair removal	No	No	N/A	N/A	
Exercise equipment or programs	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Not unless recommended by a physician to treat a specific medical condition and the equipment would not otherwise be purchased but for treatment of the condition
Expenses reimbursed by a health reimbursement account (HRA)	No	No	N/A	N/A	
Eye drops for allergy and cold relief (e.g., OcuHist, Visine)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Eye examinations, eyeglasses, equipment and materials	Yes	Yes	Standard	Standard	
Face creams and moisturizers	No	No	N/A	N/A	
Face lifts	No	No	N/A	N/A	
Family counseling	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Not unless recommended to treat a medical condition
Feminine antifungal and anti-itch creams (e.g., Fenstat 3, Gyne-Lotrimin, Monistat 3, Vagistat-1)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Feminine hygiene products (tampons, etc.)	No	No	N/A	N/A	
Fertility treatments	Yes	No	Standard	Standard	
Fiber supplements (e.g., Benefiber, Metamucil)	Potentially	No	Standard + Medical Determination Form	Standard + prescription	Only if recommended by a physician
First aid cream, ointment, and spray (e.g., Bactine, Neosporin)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
First aid kits and supplies (e.g., ACE bandages, BAND-AIDS, bandage tape, gauze, medical gloves)	Yes	No	Standard	Standard	
Flu shots	Yes	No	Standard	Standard	
Fluoridation device	Yes	No	Standard	Standard	
Foods	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	See <a href="#">Special foods</a> ; <a href="#">Meals</a> ; <a href="#">Alternative healers</a> ; and <a href="#">Dietary supplements</a> .
Founder's fee	No	No	N/A	N/A	
Gauze pads	Yes	No	Standard	Standard	
Genetic testing	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	If ordered for medical care
GIFT(gamete intra-fallopian transfer)	Yes	No	Standard	Standard	
Glucosamine	Potentially	No	Standard + Medical Determination Form	Standard + prescription	
Glucose monitoring equipment	Yes	No	Standard	Standard	
Glucose tablets and gel	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Guide dog or other service animal aide	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Hair loss/replacement treatment (e.g., Rogaine)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Hair removal and transplants	No	No	N/A	N/A	
Hand lotion	No	No	N/A	N/A	
Health club dues and fees	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Not unless recommended by a physician to treat a specific medical condition and expense would not otherwise be incurred but for treatment of the condition. Expenses incurred for general health purposes are not eligible.
Hearing aids and hearing aid batteries	Yes	No	Standard	Standard	
Hemorrhoid treatments (e.g., Preparation H, Tronolane)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Herbs and Herbal Supplements (e.g., St. John's Wort)	Potentially	No	Standard + Medical Determination Form	Standard + prescription	Only if used to treat a specific medical condition
Hormone replacement therapy (HRT)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Only if used to treat a medical condition
Hospital services	Yes	No	Standard	Standard	
Hot and cold packs	Yes	No	Standard	Standard	
Household help	No	No	N/A	N/A	
Ibuprofen (e.g., Advil, Motrin)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Illegal operations and treatments	No	No	N/A	N/A	
Immunizations	Yes	No	Standard	Standard	
Inclinitor	Yes	No	Standard	Standard	
Incontinence supplies (e.g., Depends, Serenity)	Yes	No	Standard	Standard	Products must have labels for bladder control/incontinence.

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Insect bite creams and ointments (e.g., Benadryl Cream, Calamine Lotion, Cortaid, cortisone cream)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Insulin (prescription and over-the-counter)	Yes	No	Standard	Standard	
Insurance premiums	No	No	N/A	N/A	
Laboratory fees	Yes	No	Standard	Standard	
Lactation consultant	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Lactose intolerance products (e.g. Lactaid)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Lamaze classes	Yes	No	Standard	Standard	Only the portion of the class covering the birthing process is covered.
Language training	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Lasik eye surgery	Yes	Yes	Standard	Standard	
Laxatives (e.g., Correctol, Dulcolax, Ex-Lax, MiraLAX, Senokot)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Lead-based paint removal	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Eligible if done to prevent a child who has or had lead poisoning from eating the paint. The wall surface must be within the child's reach.
Learning disability	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	If for a child with dyslexia or a disabled child. But school fees for regular schooling normally do not qualify.
Lifetime care-advance payments	No	No	N/A	N/A	
Liniments (e.g., BENGAY, Flexall, Tiger Balm)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Lip balm (e.g., Burt's Bees Lip Balm, Chapstick)	No	No	N/A	N/A	
Lodging at a hospital or similar institution (patient only)	Yes	No	Standard	Standard	
Lodging not at a hospital or similar institution	Yes	No	Standard	Standard	Up to \$50 per night if the lodging is primarily for and essential to medical care. The service must be provided by a physician in a licensed hospital or medical care facility equivalent to a licensed hospital. An additional \$50 per night may be reimbursable for a parent or companion who must accompany the patient.
Lodging of a companion	Yes	No	Standard	Standard	If accompanying a patient for medical treatment
Lodging while attending a medical conference	No	No	N/A	N/A	
Long-term care premiums	No	No	N/A	N/A	
Marijuana or other controlled substances in violation of federal law	No	No	N/A	N/A	
Marriage counseling	No	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Marriage counseling typically does not qualify for reimbursement under the health FSA; however, if the counseling is incurred to treat an underlying medical condition, the expense may be considered eligible.
Massage therapy	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Mastectomy-related special bras	Yes	No	Standard	Standard	
Meals at a hospital or similar institution (Patient Only)	Yes	No	Standard	Standard	Only meals for the person receiving care are eligible.
Meals not at a hospital or similar institution	No	No	N/A	N/A	
Meals of a companion	No	No	N/A	N/A	
Meals when attending a medical conference	No	No	N/A	N/A	
Medic Alert bracelet or necklace	Yes	No	Standard	Standard	
Medical conference admission	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Medical information plan changes	Yes	No	Standard	Standard	
Medical monitoring and testing devices	Yes	No	Standard	Standard	
Medical newsletter	No	No	N/A	N/A	
Medical records charges	Yes	No	Standard	Standard	
Medical services	Yes	No	Standard	Standard	
Medicare Part B premiums	No	No	N/A	N/A	
Medicated shampoo (to treat a specific medical condition like psoriasis; e.g., Dermarest shampoo)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Only the amount in excess of the cost of normal shampoo is reimbursable.
Menstrual pain relievers (e.g., Midol, Pamprin, Premsyn PMS)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Migraine pain relievers (e.g., Advil Migraine Liqui-gels, Excedrin Migraine)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Motion sickness pills (e.g., Dramamine, Marzine)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Mouthwash	No	No	N/A	N/A	
Nasal sprays	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.



Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Nasal strips (nose strips)	Potentially	No	Standard + Medical Determination Form	Standard + prescription	See page 5 for OTC prescription requirements.
Naturopathic healers	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Treatments using natural agents (e.g., air, water, wind, etc.) are not reimbursable.
Nebulizer	Yes	No	Standard	Standard	
Nicotine gum or patches (Commit, NicoDerm CQ, Nicorette, Nicotrol, Nicodin)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Norplant insertion or removal	Yes	No	Standard	Standard	
Nursing services for a baby	No	No	N/A	N/A	
Nursing services provided by a nurse or other attendant	Yes	No	Standard	Standard	
Nutritionist's professional expenses	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
OB/GYN	Yes	No	Standard	Standard	
Occlusal guards	Yes	Yes	Standard	Standard	
Office visits - dental	Yes	Yes	Standard	Standard	
Office visits - medical	Yes	No	Standard	Standard	
Office visits - vision	Yes	Yes	Standard	Standard	
Operations - dental	Yes	Yes	Standard	Standard	Legal operations only. Cosmetic procedures are not eligible.
Operations - medical	Yes	No	Standard	Standard	Legal operations only. Cosmetic procedures are not eligible.
Operations- vision	Yes	Yes	Standard	Standard	Legal operations only. Cosmetic procedures are not eligible.
Optometrist	Yes	Yes	Standard	Standard	
Organ donors	Yes	No	Standard	Standard	
Orthodontia	Yes	Yes	Standard	Standard	
Orthopedic shoes and inserts	Yes	No	Standard	Standard	The excess cost over ordinary shoes
Osteopath fees	Yes	No	Standard	Standard	
OTC pregnancy tests/fertility monitors	Yes	No	Standard	Standard	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Over-the-counter drugs used for general health and /or cosmetic purposes	No	No	N/A	N/A	
Over-the-counter drugs used to treat a specific medical condition	Yes	No	Standard	Standard + prescription	
Over-the-counter supplies	Yes	No	Standard	Standard	
Ovulation monitor	Yes	No	Standard	Standard	
Oxygen	Yes	No	Standard	Standard	
Pain relievers (e.g., Advil, acetaminophen, aspirin, ibuprofen, Motrin, Tylenol)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Patterning exercises	Yes	No	Standard	Standard	
Pedialyte and other oral electrolytes	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Pediculicide (head lice treatment; e.g., Nix, RID)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Physical exams	Yes	No	Standard	Standard	Not employment related exams
Physical therapy	Yes	No	Standard	Standard	
Podiatrist	Yes	No	Standard	Standard	
Poison ivy protection (e.g., Ivy-Block)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Pregnancy termination	Yes	No	Standard	Standard	Legal terminations only
Pregnancy test kits	Yes	No	Standard	Standard	
Prenatal vitamins	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Prescription drug discount programs	No	No	N/A	N/A	
Prescription drugs – dual-purpose (e.g., Propecia, Rogaine)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Not unless the item is used primarily to prevent or alleviate a physical or mental defect or illness
Prescription drugs imported from another country	No	No	N/A	N/A	
Prescription drugs used for general health and/or cosmetic purposes	No	No	N/A	N/A	
Prescription drugs used to treat a specific medical condition	Yes	No	Standard	Standard	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Prescription eyeglasses	Yes	Yes	Standard	Standard	
Propecia	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Not unless hair loss is due to a medical condition
Prosthesis	Yes	No	Standard	Standard	
Psychiatrist	Yes	No	Standard	Standard	
Psychoanalysis	Yes	No	Standard	Standard	
Psychologist	Yes	No	Standard	Standard	
Radial keratotomy	Yes	Yes	Standard	Standard	
Reading glasses	Yes	Yes	Standard	Standard	
Retin-A	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Reversal of tubal ligation or vasectomy	Yes	No	Standard	Standard	
Rogaine	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Not unless hair loss is due to a medical condition
Rubbing alcohol and alcohol pads	Yes	No	Standard	Standard + prescription	
Safety glasses	No	No	N/A	N/A	
Sales tax on qualified medical expenses (e.g. OTC medications)	Yes	No	Standard	Standard	Sales tax will automatically be reimbursed if receipt contains only FSA-eligible expenses. If not the participant is responsible for calculating the sales tax in order for it to be reimbursed.
School and education, special	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Only if recommended by a physician
Schools and education, residential	No	No	N/A	N/A	
Screening tests – dental or vision	Yes	Yes	Standard	Standard	
Screening tests - medical	Yes	No	Standard	Standard	
Shaving cream and lotion	No	No	N/A	N/A	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Shipping and handling fees on eligible expenses	Yes	Yes	Standard	Standard	
Sick-child facility	No	No	N/A	N/A	
Sinus medicines	Yes	No	Standard	Standard + prescription	See <a href="#">Decongestants</a> for examples; refer to page 5 for OTC prescription requirements.
Skin moisturizers and lotion	No	No	N/A	N/A	
Sleep aids (e.g., Sominex, Sleepinal, Tylenol PM, Unisom Sleep Tabs)	Yes	No	Standard	Standard + prescription	
Sleep deprivation treatment	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Sleep prevention aids (e.g., No Doz)	Potentially	No	Standard + Medical Determination Form	Standard + prescription	
Smoking cessation programs	Yes	No	Standard	Standard	
Snoring cessation aids and medications (e.g., Breathe Right Spray, Snoreeze)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Special foods	Potentially	No	Standard + letter of medical necessity	Standard + letter of medical necessity	Not unless recommended to treat a medical condition. The amount that may be available for reimbursement is limited to the amount by which the cost of the special food exceeds the cost of commonly available versions of the same product.  Meal replacements are a substitute for food that an individual would normally consume is not eligible for reimbursement
Sperm storage fees	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Temporary storage only

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Spermicidal foam	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Stem cell, harvesting and/or storage	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	
Sterilization procedures	Yes	No	Standard	Standard	
Student health fee	No	No	N/A	N/A	
Sunburn creams and ointments (e.g., Aloe Vera Gel, Solarcaine)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Sunglass clips	No	No	N/A	N/A	
Sunglasses (non-prescription)	No	No	N/A	N/A	
Sunglasses (prescription)	Yes	Yes	Standard	Standard	
Sunscreen and sunblock	Potentially	No	Standard + Medical Determination Form	Standard + prescription	See page 5 for OTC prescription requirements.
Supplies to treat medical condition	Yes	No	Standard	Standard	
Surrogate expenses	No	No	N/A	N/A	
Take-home drug test	No	No	N/A	N/A	
Take-home pregnancy test	Yes	No	Yes	Yes	
Take-home urinary tract infection test	Yes	No	Standard	Standard	
Tanning salons and equipment	No	No	N/A	N/A	
Teeth whitening	No	No	N/A	N/A	
Telephone for hearing-impaired persons	Yes	No	Standard	Standard	
Therapy	Yes	No	Standard	Standard	
Thermometers	Yes	No	Standard	Standard	
Throat lozenges and cough drops (e.g., Cepacol, Chloraseptic, Halls, Sucrets)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Toiletries	No	No	N/A	N/A	
Toothache and teething pain relievers (e.g., Orajel)	Yes	No	Standard	Standard + prescription	See page 5 for OTC prescription requirements.
Toothbrushes and toothpaste	No	No	N/A	N/A	

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Transplants	Yes	No	Standard	Standard	
Transportation and travel expenses for person receiving dental care	Yes	Yes	Standard	Standard	<p><b>2010 Mileage Rate:</b> Mileage is reimbursable at \$.16.5 per mile for 1/1/10 – 12/31/10.</p> <p><b>2009 Mileage Rate:</b> Mileage is reimbursable at \$.24 per mile for 1/1/09 – 12/31/09.</p> <p><b>Note:</b> Participants are required to itemize mileage expenses on the claim form. However, mileage expenses would not apply to reimbursement requests for taxi, bus, plane or train fare. A participant may be reimbursed for the full amount of the fare. If the participant cannot get a fare receipt, they must itemize the amount on the claim form and indicate no receipt is obtainable.</p>

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Transportation and travel expenses for person receiving medical care	Yes	No	Standard	Standard	<p><b>2010 Mileage Rate:</b> Mileage is reimbursable at \$.16.5 per mile for 1/1/10 – 12/31/10.</p> <p><b>2009 Mileage Rate:</b> Mileage is reimbursable at \$.24 per mile for 1/1/09 – 12/31/09.</p> <p><b>Note:</b> Participants are required to itemize mileage expenses on the claim form. However, mileage expenses would not apply to reimbursement requests for taxi, bus, plane or train fare. A participant may be reimbursed for the full amount of the fare. If the participant cannot get a fare receipt, they must itemize the amount on the claim form and indicate no receipt is obtainable.</p>

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Transportation and travel expenses for person receiving vision care.	Yes	Yes	Standard	Standard	<p><b>2010 Mileage Rate:</b> Mileage is reimbursable at \$.16.5 per mile for 1/1/10 – 12/31/10.</p> <p><b>2009 Mileage Rate:</b> Mileage is reimbursable at \$.24 per mile for 1/1/09 – 12/31</p> <p><b>Note:</b> Participants are required to itemize mileage expenses on the claim form. However, mileage expenses would not apply to reimbursement requests for taxi, bus, plane or train fare. A participant may be reimbursed for the full amount of the fare. If the participant cannot get a fare receipt, they must itemize the amount on the claim form and indicate no receipt is obtainable.</p>
Transportation of someone other than the person receiving dental or vision care	Potentially	Potentially	Standard	Standard	<p>Only certain cases are reimbursable:</p> <ol style="list-style-type: none"> <li>1. A parent who must travel with a sick child receiving medical care</li> <li>2. A nurse or other person who administers medication or injections to a patient</li> <li>3. An individual's visits to a mentally-ill dependent, if recommended as part of treatment</li> </ol>



Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Transportation of someone other than the person receiving medical care	Potentially	No	Standard	Standard	Only certain cases are reimbursable: 1. A parent who must travel with a sick child receiving medical care 2. A nurse or other person who administers medication or injections to a patient 3. An individual's visits to a mentally-ill dependent, if recommended as part of treatment
Transportation to and from medical conference	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	See <a href="#">Medical conference admission and Meals for a medical conference.</a>
Tubal ligation	Yes	No	Standard	Standard	
Umbilical cord, freezing and storing of	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Collection and storage of indefinitely "in case needed" is not eligible for reimbursement
Vaccines	Yes	No	Standard	Standard	
Varicose veins, treatment of	No	No	N/A	N/A	
Vasectomy	Yes	No	N/A	N/A	
Viagra	Yes	No	Standard	Standard	
Virtual physical (body scan)	Yes	No	Standard	Standard	
Vision discount programs	No	No	N/A	N/A	
Vitamins	Potentially	No	Standard + Medical Determination Form	Standard + prescription	See page 5 for OTC prescription requirements.
Walker, wheelchair, or cane	Yes	No	Standard	Standard	
Wart remover treatments (e.g., Tinamed)	Potentially	No	Standard + Medical Determination Form	Standard + prescription	See page 5 for OTC prescription requirements.
Weight-loss programs and/or drugs prescribed to induce weight loss	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Only if recommended by a physician

Expense Description	Expense Eligibility		Required Documents		Processing Notes
	Standard FSA	Limited-purpose FSA	2010	2011	
Wigs	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form	Not unless hair loss is due to a medical condition
X-rays - dental	Yes	Yes	Standard	Standard	
X-rays - medical	Yes	No	Standard	Standard	

## Over-the-counter Drugs and Other Health Care Items

Expense Description	Expense Eligibility		Required Documents (Click here for more information)	
	Standard FSA	Limited-purpose FSA	2010	2011
Acetaminophen (e.g., Tylenol)	Yes	No	Standard	Standard + prescription
Acne treatments (e.g., Clearasil, Proactiv)	Yes	No	Standard	Standard + prescription
Allergy medicine (e.g., Actifed, Benadryl, Claritin, Zyrtec)	Yes	No	Standard	Standard + prescription
Antacids and acid relievers (e.g., AXID AR, Gas-X, Maalox, Mylanta, Pepcid AC, Prilosec OTC, Tagamet HB, TUMS, Zantac 75)	Yes	No	Standard	Standard + prescription
Antidiarrheal and laxatives (e.g., Ex-Lax, Imodium A.D., Kaopectate, Pepto-Bismol)	Yes	No	Standard	Standard + prescription
Antifungal (e.g. Fenstat 3, Gyne-Lotrimin, Lamisil AT, Lotrimin AF, Micatin, Monistat 3, Vagistat-1)	Yes	No	Standard	Standard + prescription
Antihistamine (e.g., Actifed, Allerest, Chlor-Trimeton, Contac, Dimetane, Drixoral, NyQuil, Tavist-1, Triaminic)	Yes	No	Standard	Standard + prescription
Anti-itch lotions and creams (e.g., for bug bites and poison ivy: Benadryl Cream, Calamine Lotion, Caldecort, Cortaid,	Yes	No	Standard	Standard + prescription
Aspirin (e.g., Bayer, Excedrin)	Yes	No	Standard	Standard + prescription
Bandages	Yes	No	Standard	Standard
Blood pressure monitoring devices	Yes	No	Standard	Standard
Burn garment	Yes	No	Standard	Standard
Carpal tunnel wrist supports	Yes	No	Standard	Standard
Cold medicines and decongestants (e.g., Advil Cold and Sinus, Afrin, Aleve Cold and Sinus, Children's Advil Cold, Neo-Synephrine-12 Hour, Sudafed, Tavist-D, Tylenol Cold and Flu, Theraflu)	Yes	No	Standard	Standard + prescription
Cold sore remedies (e.g., Abreva, Campho-Phenique, Releev, Zicam)	Yes	No	Standard	Standard + prescription
Condoms and other contraceptive devices	Yes	No	Standard	Standard
Contact lens solution (e.g., Aosept, Allergan, Bausch & Lomb, Boston, Opti-Free, Renu)	Yes	Yes	Standard	Standard
Cough suppressants (e.g., Chloraseptic, Delsym, Mucinex, Robitussin, Triaminic, Vicks 44)	Yes	No	Standard	Standard + prescription
Diabetic supplies, test kits, and strips	Yes	No	Standard	Standard
Diaper rash ointments and creams (e.g., Balmex, Desitin)	Yes	No	Standard	Standard + prescription

Expense Description	Expense Eligibility		Required Documents (Click here for more information)	
	Standard FSA	Limited-purpose FSA	2010	2011
Diarrhea medicine (e.g., Ex-Lax, Imodium A.D., Kaopectate, Pepto-Bismol)	Yes	No	Standard	Standard + prescription
Ear plugs	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form
Eye drops for allergy and cold relief (e.g., OcuHist, Visine)	Yes	No	Standard	Standard + prescription
Feminine antifungal and anti-itch creams (e.g., Fenstat 3, Gyne-Lotrimin, Vagistat-1)	Yes	No	Standard	Standard + prescription
Fiber supplements (e.g., Benefiber, Metamucil)	Potentially	No	Standard + Medical Determination Form	Standard + prescription
First aid cream, ointment, and spray (e.g., Bactine, Neosporin)	Yes	No	Standard	Standard + prescription
First aid kits and supplies (e.g., ACE bandages, BAND-AIDS, bandage tape, gauze, medical gloves)	Yes	No	Standard	Standard
Gauze pads	Yes	No	Standard	Standard
Glucosamine	Potentially	No	Standard + Medical Determination Form	Standard + prescription
Glucose monitoring equipment	Yes	No	Standard	Standard
Glucose tablets and gel	Yes	No	Standard	Standard + prescription
Hearing aids and hearing aid batteries	Yes	No	Standard	Standard
Hemorrhoid treatments (e.g., Preparation H, Tronolane)	Yes	No	Standard	Standard + prescription
Herbs and Herbal Supplements (e.g., St. John's Wort)	Potentially	No	Standard + Medical Determination Form	Standard + prescription
Hot and cold packs	Yes	No	Standard	Standard
Ibuprofen (e.g., Advil, Motrin)	Yes	No	Standard	Standard + prescription
Incontinence supplies (e.g., Depends, Serenity)	Yes	No	Standard	Standard
Insect bite creams and ointments (e.g., Benadryl cream, Calamine lotion, Cortaid, cortisone cream)	Yes	No	Standard	Standard + prescription

Expense Description	Expense Eligibility		Required Documents (Click here for more information)	
	Standard FSA	Limited-purpose FSA	2010	2011
Insulin (over-the-counter)	Yes	No	Standard	Standard
Lactose intolerance products (e.g. Lactaid)	Yes	No	Standard	Standard + prescription
Laxatives (e.g., Correctol, Dulcolax, Ex-Lax, MiraLAX, Senokot)	Yes	No	Standard	Standard + prescription
Liniments (e.g., BENGAY, Flexall, Tiger Balm)	Yes	No	Standard	Standard + prescription
Mastectomy-related special bras	Yes	No	Standard	Standard
Medic Alert bracelet or necklace	Yes	No	Standard	Standard
Medical monitoring and testing devices	Yes	No	Standard	Standard
Medicated shampoo (to treat a specific medical condition like psoriasis; e.g., Dermarest shampoo)	Potentially	No	Standard + Medical Determination Form	Standard + Medical Determination Form
Menstrual pain relievers (e.g., Midol, Pamprin, Premsyn PMS)	Yes	No	Standard	Standard + prescription
Migraine pain relievers (e.g., Advil Migraine Liqui-gels, Excedrin Migraine)	Yes	No	Standard	Standard + prescription
Motion sickness pills (e.g., Dramamine, Marzine)	Yes	No	Standard	Standard + prescription
Nasal sprays	Yes	No	Standard	Standard + prescription
Nasal strips (nose strips)	Potentially	No	Standard + Medical Determination Form	Standard + prescription
Nicotine gum or patches (Commit, NicoDerm CQ, Nicorette, Nicotrol, Nicodin)	Yes	No	Standard	Standard + prescription
Occlusal guards	Yes	Yes	Standard	Standard
Over-the-counter supplies	Yes	No	Standard	Standard
Pain relievers (e.g., Advil, acetaminophen, aspirin, ibuprofen, Motrin, Tylenol)	Yes	No	Standard	Standard + prescription
Pedialyte and other oral electrolytes	Yes	No	Standard	Standard + prescription
Pediculicide (head lice treatment; e.g., Nix, RID)	Yes	No	Standard	Standard + prescription
Poison ivy protection (e.g., Ivy Block)	Yes	No	Standard	Standard + prescription
Pregnancy test kits	Yes	No	Standard	Standard
Prenatal vitamins	Yes	No	Standard	Standard + prescription
Reading glasses	Yes	Yes	Standard	Standard

Expense Description	Expense Eligibility		Required Documents (Click here for more information)	
	Standard FSA	Limited-purpose FSA	2010	2011
Rubbing alcohol and alcohol pads	Yes	No	Standard	Standard + prescription
Sinus medicines (see decongestants)	Yes	No	Standard	Standard + prescription
Sleep aids (e.g., Sominex, Sleepinal, Tylenol P.M., Unisom Sleep Tabs)	Yes	No	Standard	Standard + prescription
Snoring cessation aids and medications (e.g., Breathe Right Spray, Snoreeze)	Potentially	No	Standard + Medical Determination Form	Standard + letter of medical necessity
Spermicidal foam	Yes	No	Standard	Standard + prescription
Sunburn creams and ointments (e.g., Aloe Vera Gel, Solarcaine)	Yes	No	Standard	Standard + prescription
Sunscreen and sunblock	Potentially	No	Standard + Medical Determination Form	Standard + prescription
Supplies to treat medical condition	Yes	No	Standard	Standard
Thermometers	Yes	No	Standard	Standard
Throat lozenges and cough drops (e.g., Cepacol, Chloraseptic, Halls, Sucrets)	Yes	No	Standard	Standard + prescription
Toothache and teething pain relievers (e.g., Orajel)	Yes	No	Standard	Standard + prescription
Vitamins (to treat a specific medical condition, e.g., calcium to treat osteoporosis; iron to treat anemia)	Potentially	No	Standard + Medical Determination	Standard + prescription
Walker, wheelchair, cane	Yes	No	Standard	Standard
Wart remover treatments (e.g., Tinamed)	Potentially	No	Standard + Medical Determination Form	Standard + prescription

## Orthodontia Expenses

Orthodontic services are usually provided over an extended period of time. The expenses for the entire period of treatment are sometimes required to be paid upfront – a single total payment at the beginning of the treatment period. Some orthodontists may also accept a substantial initial payment, followed by installment payments during the course of treatment.

Typically, health FSA expenses must be incurred during the plan year. However, for orthodontia it may be difficult to divide and match up specific services and dates that are related to the total fee since the treatment usually spans beyond the plan year. For these reasons, orthodontia expenses may be reimbursed using one of the following two methods.

### Reimbursement Method 1 – Incurred Expense

You may be reimbursed upfront for all qualified expenses paid in the current plan year. Documentation must include the treatment start date, anticipated treatment end date, proof of payment, and a completed Request for Reimbursement Form. Find this form through your personal online account at [www.anthem.com](http://www.anthem.com).

If payment for orthodontia is made in full, the full contract amount, not to exceed your annual election, will be reimbursed. To receive reimbursement for the full contract amount:

- Payment must be made within the applicable plan year; and
- Itemized statement of work or receipt must be provided with your Request for Reimbursement Form

Example of Incurred Expense for Orthodontia with a 24-month Contract	
<ul style="list-style-type: none"> <li>• Total cost: \$3,500 (including \$500 banding fee)</li> <li>• Plan year: January – December</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment start date: November 1, 2010</li> <li>• Treatment completion date: October 31, 2012</li> </ul>
November 2010: Payment for initial treatment (including banding expenses); full contract amount paid at initial visit	\$3,500
November 2010: Participant submits reimbursement request to include treatment start date, anticipated treatment end date, proof of payment, and a completed Request for Reimbursement Form	
<b>Total Orthodontia Treatment Expenses Reimbursable in November 2010</b> (assuming sufficient account balance is available)	<b>\$3,500</b>

### Method 2 – Monthly Approach

You may be reimbursed for the initial payment that is usually associated with banding fees. The treatment plan or itemized statement is required with the initial contract/banding reimbursement request. The documentation should include the amount of the initial down payment (usually associated with banding fees), the treatment start date, and anticipated treatment end date.

Thereafter, you may file a monthly reimbursement requests for the monthly payment amount. For ongoing monthly reimbursement requests, submit an itemized statement or payment coupon from the provider and a signed Request for Reimbursement Form. Go to [www.anthem.com](http://www.anthem.com) and log in to your personal account to find this form.

<b>Example of Monthly Expenses for Orthodontia with a 24-month Contract</b>	
<ul style="list-style-type: none"> <li>• Total cost: \$3,500 (including \$500 banding fee)</li> <li>• Plan year: January – December</li> </ul>	<ul style="list-style-type: none"> <li>• Treatment start date: November 1, 2010</li> <li>• Treatment completion date: October 31, 2012</li> </ul>
November 2010: Payment for initial treatment (including banding expenses)	\$500
November 2010: November regular monthly expense	\$125
December 2010: Regular monthly expense, submission of \$125 reimbursement request each month (1 month x \$125); one separate Request for Reimbursement Form	\$125
2011: Regular monthly expenses; submission of \$125 reimbursement request each month (12 months x \$125); 12 separate reimbursement requests	\$1,500
2012: Regular monthly expenses; submission of \$125 reimbursement request each month (10 months x \$125); 10 separate reimbursement requests	\$1,250
<b>Total Orthodontia Treatment Expenses</b>	<b>\$3,500</b>

### Submission Process

There are three ways to submit reimbursement requests:

- Online submission through your personal account at [www.anthem.com](http://www.anthem.com). You will need access to a scanner to use this method.
- Fax reimbursement forms and supporting documentation to the attention of Reimbursement Account Services using the number listed on your form.
- Mail reimbursement forms and copies of supporting documents to the mailing address listed on your form.



## Dependent Care Expenses

Dependent care expenses must be for a qualifying individual who is:

- Your dependent child under the age of 13 and lives with you for more than half the year
- Your spouse or other qualifying dependent who is physically or mentally incapable of self-care and lives with you for more than half the year

**A special note for divorced individuals:** If you are divorced and you are the custodial parent, your child is a qualifying individual even if you do not claim the child as your tax dependent. A divorced, non-custodial parent cannot be reimbursed under a dependent care FSA, even if the divorced, non-custodial parent claims the child as a tax dependent.

To be eligible for reimbursement under your dependent care FSA, an expense must be incurred to enable you (and your spouse, if married) to work or look for work. For this purpose, “work” may include actively looking for work, but it does not include unpaid volunteer work or volunteer work for a nominal salary. Your spouse is considered to have worked if he or she is a full-time student for at least five calendar months during the tax year, or if your spouse is mentally or physically incapable of self-care.

IRS regulations state that expenses reimbursed under your dependent care FSA may not be reimbursed under any other plan or program, and only your out-of-pocket expenses are eligible. These expenses must be incurred within the current plan year. Plus, expenses reimbursed under a dependent care FSA may not be used to claim any federal income tax deduction or credit.

Although you may not claim any other tax benefit for the tax-free amounts received by you under the dependent care FSA, the balance of your eligible employment-related expenses may be eligible for the dependent care credit. Please consult your tax advisor to determine whether the tax credit may be more favorable to you than participating in the dependent care FSA.

### Dependent Care Reimbursement Documentation

- A signed and dated Request for Reimbursement Form must accompany each reimbursement request. Find this form through your personal online account at [www.anthem.com](http://www.anthem.com).
- If both the participant and the provider certifications on the reimbursement form are completed and signed, additional documentation is not required.
- For reimbursement forms without the provider’s signature, an itemized statement from the dependent care provider is required.
- Itemized statements should include: the date(s) of service, the name and date of birth of the dependent, itemization of charges, and the provider’s name, address and Tax ID/SS number.

### Submission Process

There are three ways to submit reimbursement requests:

- Online submission through your personal account at [www.anthem.com](http://www.anthem.com). You will need access to a scanner to use this method.
- Fax reimbursement forms and supporting documentation to the attention of Reimbursement Account Services using the number listed on your form.
- Mail reimbursement forms and copies of supporting documents to the mailing address listed on your form.

**Dependent Care Expense List**

Expense Description	Expense Eligibility	Required Documents	Processing Notes
Agency fees	Potentially	Standard	Agency fees may be employment-related expenses if the participant is required to pay these expenses to obtain care. However, these fees may not be reimbursed until the care is provided. Forfeited fees are not eligible for reimbursement.
Au pair	Yes	Standard	Amounts paid for the actual care of the dependent are eligible. <a href="#">See Agency fees.</a>
Babysitter (in or out of the home)	Yes	Standard	
Before and after-school care	Yes	Standard	
Care for a child age 13 or older	No	N/A	
Care for a child under age 13	Yes	Standard	There is a special rule for children of divorced parents. The child is a qualifying individual of the “custodial parent.” A divorced, noncustodial parent cannot be reimbursed under a dependent care FSA.
Care for a spouse or other tax dependent who is physically or mentally incapable of self-care (e.g. elderly dependent)	Potentially	Standard	Individual must reside in the participant’s home at least eight hours a day. <a href="#">See Nursing home care.</a>
Care for person not residing w/ participant	No	N/A	
Childcare placement fees (i.e. finder’s fee)	No	N/A	
Elder daycare for a spouse or other tax dependent who is physically or mentally incapable of self-care (e.g. elderly dependent)	Potentially	Standard	Individual must reside in the participant’s home at least eight hours a day. <a href="#">See Nursing home care.</a>
Field trip/activity fees	No	N/A	Ineligible unless incident to and inseparable from the cost of care.
Lessons in lieu of care	No	N/A	
Materials fees	No	N/A	Ineligible unless incident to and inseparable from the cost of care.
Meals	No	N/A	Ineligible unless incident to and inseparable from the cost of care.
Nanny	Yes	Standard	Only actual care of the dependents is eligible.

Expense Description	Expense Eligibility	Required Documents	Processing Notes
Nursing home care for a spouse or other tax dependent who is physically or mentally incapable of self-care (e.g. elderly dependent)	No	N/A	
Overnight camp	No	N/A	
Payments to a participant's spouse or to a parent of the participant's child who is not the participant's spouse	No	N/A	
Registration fees	Potentially	Standard	Agency fees may be employment-related expenses if the participant is required to pay these expenses to obtain care. However, these fees may not be reimbursed until the care is provided. Forfeited fees are not eligible for reimbursement.
Sick-child facility	Yes	Standard	
Summer day camp	Yes	Standard	Advance payment for the entire summer is not eligible.
Transportation expenses to/from care	Potentially	Standard	Only the cost of transportation to or from where care is provided furnished by a dependent care provider may be an employment-related expense (e.g. transportation to and from a day camp or to an after-school program not on school premises).
Tuition for pre-k/nursery school	Yes	Standard	
Tuition for kindergarten or above	No	N/A	

## Commuter Expenses

Our commuter benefits plan has several options that allow you to customize your commuter plan according to your needs. You can sign up for one month at a time, or you can schedule a recurring order. You'll receive regular monthly e-mails to keep you informed and up-to-date on your transit selections and account balances.

Depending on your employer's plan, commuter expenses may include both transit and parking expenses. Please refer to your employer's benefit plan information or enrollment materials for additional details.

Work-related transit expenses incurred by the employee consist of vouchers, passes, tokens, and fare cards for transportation via:

- Bus
- Commercial vanpool (a commuter highway vehicle)
- Subway
- Train
- Ferry
- Streetcar

Parking expenses incurred by the employee include:

- Parking at or near work
- Parking at or near transportation service site

Park and ride expenses

Ineligible expenses include (but are not limited to):

- Tolls
- Car maintenance
- Carpools
- Gasoline
- Tolls (E-ZPass<sup>®</sup>, FasTrak<sup>®</sup>, TollTag, ZipCash, etc.)

### Special Rules Related to Commuter Expenses

There are some restrictions that apply to work-related transportation and parking expenses, including:

- Unused amounts are forfeited and cannot be "cashed out."
- Qualified expenses include those incurred for purposes of transportation between an employee's residence and place of employment. Expenses for the employee's spouse or dependent are not eligible.
- Unused amounts cannot be used to reimburse a participant after they have been terminated. COBRA does not apply to commuter expenses.
- Expenses over the monthly statutory maximums may not be carried over to a subsequent coverage periods.
- As long as you are an active participant, you may carry forward unused contributions to subsequent coverage periods.
- Reimbursement or usage is limited to the amount contributed by the employee.

**Transit Ordering and Reimbursement Process**

Place your transit orders by logging in to your online account at [www.anthem.com](http://www.anthem.com). **Additional documentation is not required for transit expenses that are purchased through your online account.**

In limited cases, cash reimbursement for eligible commuter expenses may be included in your employer’s plan design. If this applies to your plan, you will need to submit the standard documentation noted below.

**Parking and Transit Reimbursement Documentation**

Reimbursement requests must include standard documentation. Submit these required documents:

- A signed and dated reimbursement form along with an itemized receipt that shows the date of service and amount charged.
- A receipt is required unless receipts are unobtainable through the normal course of business (e.g., metered parking). If a receipt is not available, the participant should check the appropriate box under Supporting Documentation on the reimbursement form.
- Reimbursement requests must be submitted within 180 days after payment was made.

**Submission Process**

There are three ways to submit reimbursement requests:

- Online claim submission at [www.anthem.com](http://www.anthem.com). You will need a scanner to use this method.
- Fax reimbursement forms and supporting documentation to the attention of Reimbursement Account Services using the number listed on your form.
- Mail reimbursement forms and copies of supporting documents to the address on your form.

**Commuter Expenses**

Parking Expenses 2010 Monthly Maximum: \$230	Expense Eligibility	Required Documentation
Parking passes	Yes	Standard
Park and ride expenses	Yes	Standard
Parking meters (at or near work)	Yes	Standard
Transit Expenses 2010 Monthly Maximum: \$230		
Bus	Yes	Online order*
Car maintenance	No	N/A
Commercial vanpool	Yes	Online order*
Ferry	Yes	Online order*
Gasoline	No	N/A
Mileage	No	N/A
Streetcar	Yes	Online order*
Subway	Yes	Online order*
Taxis	No	N/A
Train	Yes	Online order*
Tolls	No	N/A
Transit passes	Yes	Online order*

*\*In some cases, cash reimbursement may be allowed; if applicable, see transit reimbursement requirements noted above.*