

## Flexible Benefit, Health Reimbursement and Health Savings Account Plans: Examples of Expense Types

<b>Examples of Items that will require a prescription or Letter of Medical Necessity AFTER December 31, 2010 include the following.</b>			
Acne Medications	Anti-Itch and Insect Bite	Digestive Aids/ Fiber Supplements	Lactose Intolerance Pills
Acid Controllers	Anti-Parasitic Treatments	Feminine Anti-Fungal/Anti-Itch	Pain Relievers
Allergy and Sinus Medications	Baby Rash Ointments	First Aid Creams	Pre-Natal Vitamins
Antibiotic Products and Creams	Calcium Supplements	Foot Insoles	Sleep Aids and Sedatives
Anti-Gas and Diarrheas	Cold Sore Medications	Hemorrhoid Medications	Suppositories
Anti-Fungal Medications	Cough, Cold and Flu	Laxatives	Wart Removal Medicines

<b>Examples of Items that will remain eligible and need no physician authorization include the following.</b>			
Adult Incontinence	Contact Lens Solution	Heating Wraps and Pads	Ophthalmic Products
Baby Electrolytes	Denture Products	Hot, Cold & Steam Packs	Orthopedic Aids
Bandages & First Aid Dressings	Diabetes Testing Supplies	Insulin	Pregnancy & Fertility Kits
Birth Control Products	Durable Medical Equipment	Lice Treatment Products	Splints, Supports & Braces
Blood Pressure Kits	Hearing Aid Batteries	Motion Sickness Devices	Thermometers
Canes & Walkers	Health Monitors	Nebulizers	Wheelchair & Accessories

<b>Examples of Ineligible Over the Counter Items</b>			
Baby Diapers	Hair Removal Products	Soaps	Toiletries
Cosmetics	Insect Repellants	Sport Energy Liquids	Toothpaste
Deodorants	Lotions/Moisteners	Stay Awake Aids	Tooth Brush
Face Creams	Mouthwashes	Suntan Lotions	Wrinkle Reducers
Feminine Hygiene Products	Shampoos	Teeth Whitening Products	Perfumes/After Shave