

Medical Expense Reimbursement Account

Below is a list of permissible expenses reimbursable through a Medical Expense Reimbursement Account or Flexible Spending Account (FSA). Your medical expense reimbursement account may be used to reimburse yourself for expenses incurred for services rendered during the Plan's eligibility period, for treatment of yourself, your spouse, and your eligible dependents. Medical expense reimbursements are for eligible expenses that have not been and will not be reimbursed by any other insurance or reimbursement program. Eligible medical expenses must be for the prevention, diagnosis, treatment and care of a physical or mental defect, illness or disease.

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother's portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Feminine Hygiene Products
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist's or ophthalmologist's fees
- Orthopedic inserts
- Personal Protection Equipment (Masks, Hand Sanitizer & Sanitizing Wipes)
- Physicals
- Physical therapy (as medical treatment)
- Prescription drugs and medications
- Physician's fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric & psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

Examples of Eligible Over the Counter (OTC) Medicines and Drugs

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc)
- Sinus medicines
- Suppositories

Additional Medical Expenses Eligible for Reimbursement

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

For the Disabled

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books and magazines in excess of cost of regular editions
- Note-taker, cost of, for a hearing impaired child in school
- Seeing eye dog (buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Health Care Expenses Requiring Additional Documentation

Following are some expenses eligible only when incurred to treat a diagnosed medical condition. This type of expense requires a Letter of Medical Necessity from your physician to be submitted along with your request for reimbursement that contains the medical necessity of the expense, the diagnosed condition, the onset of the condition and the physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers • Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Examples of expenses that are not eligible for reimbursement under the Plan are:

- Expenses which are merely beneficial to the general health of the person, such as exercise, fitness, nutrition, recreation, vacation, or membership in a spa or health club.
- Amounts paid for meals while receiving medical care away from home.
- The costs of toiletries or cosmetics.
- Amounts compensated by insurance or any other benefit program or arrangement.
- Cosmetic surgery and procedures unless it is for reconstruction due to disease, birth defect or accident.
- Insurance premiums for health, dental, accident or long term care coverage.
- Services rendered outside the period of coverage and/or the plan coverage dates (Note: the date a service is rendered is the date the service is provided, not the date the service was paid for).

For a more information regarding items or services that are eligible for reimbursement, please go to www.EnvoyPlanServices.com or contact Envoy Plan Services at 1-800-248-8858, ext. 5251 or 5252.