

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

Examples of Items that will require a prescription or Letter of Medical Necessity AFTER December 31, 2010 include the following.			
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

Examples of Items that will remain eligible and need no physician authorization include the following.			
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

Examples of Ineligible Over the Counter Items			
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