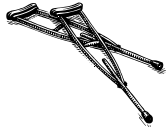


# Health Care Flexible Spending Account (FSA)

## Examples of Qualified Medical Expenses



A Health FSA provides coverage under which certain medical expenses may be reimbursed. You can use a Health FSA to pay for qualified medical expenses that can't be reimbursed through your Employer's plan or any other Health Plan, Health FSA Plan, Health Savings Account (HSA) Plan or Health Reimbursement Arrangement (HRA) Plan.

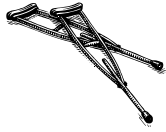
The Internal Revenue Service (IRS) defines medical care as amounts paid for medical services that diagnose, cure, mitigate, treat or prevent disease or affect any structure or function of the body. The medical service must be incurred primarily for the prevention or alleviation of a physical or mental defect or illness.

The products and services listed below are examples of medical expenses eligible for payment under your Health FSA plan. This list is not all-inclusive; additional expenses may qualify, and the items listed below are subject to change in accordance with IRS regulations.

<p><b>Dental Services</b></p> <ul style="list-style-type: none"> <li>- Crowns / Bridges</li> <li>- Dental X-rays</li> <li>- Dentures</li> <li>- Exams/Teeth Cleaning</li> <li>- Extractions</li> <li>- Fillings</li> <li>- Gum Treatment</li> <li>- Oral Surgery</li> <li>- Orthodontia/Braces</li> </ul> <p><b>Insurance Related Items</b></p> <ul style="list-style-type: none"> <li>- Co-payments (office visit/emergency room)</li> <li>- Deductibles</li> <li>- Pre-existing condition expenses (medical)</li> <li>- Private Hospital room differential</li> </ul> <p><b>Lab Exams / Tests</b></p> <ul style="list-style-type: none"> <li>- Blood Tests</li> <li>- Cardiographs</li> <li>- Diagnostic</li> <li>- Laboratory Fees</li> <li>- Metabolism Tests</li> <li>- Spinal Fluid Tests</li> <li>- Urine/Stool Analysis</li> <li>- X-rays</li> </ul> <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>- Insulin</li> <li>- Prescribed birth control</li> <li>- Prescribed Vitamins (to treat specific disease and not available over-the-counter)</li> <li>- Prescription Drugs (including OTC)</li> </ul> <p><b>Obstetric Services</b></p> <ul style="list-style-type: none"> <li>- Midwife Expenses</li> <li>- OB/GYN Exams</li> <li>- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)</li> <li>- Post &amp; Pre-natal Treatment (excludes over-the-counter vitamins)</li> <li>- Pre-natal Vitamins (prescribed only)</li> </ul>	<p><b>Practitioners</b></p> <ul style="list-style-type: none"> <li>- Allergist</li> <li>- Chiropractor</li> <li>- Dermatologist</li> <li>- Osteopath</li> <li>- Physician</li> <li>- Psychiatrist</li> <li>- Psychologist</li> </ul> <p><b>Vision Services</b></p> <ul style="list-style-type: none"> <li>- Artificial Eyes</li> <li>- Contact Lenses</li> <li>- Contact Lens Solution</li> <li>- Eye Examinations</li> <li>- Eyeglasses</li> <li>- Laser Eye Surgeries</li> <li>- Ophthalmologist</li> <li>- Optometrist</li> <li>- Prescribed Sunglasses</li> <li>- Radial Keratotomy</li> </ul> <p><b>Other Medical Treatments or Procedures</b></p> <ul style="list-style-type: none"> <li>- Acupuncture</li> <li>- Alcoholism (inpatient treatment)</li> <li>- Cosmetic Surgery (if medically necessary)</li> <li>- Drug Addiction Programs</li> <li>- Hearing Exams</li> <li>- Hospital Services</li> <li>- Infertility Treatment</li> <li>- In-vitro Fertilization</li> <li>- Norplant Insertion or Removal</li> <li>- Physical Examination (if not employment related)</li> <li>- Physical Therapy</li> <li>- Pregnancy Test (including over-the-counter kits)</li> <li>- Smoking Cessation Programs</li> <li>- Speech Therapy</li> <li>- Sterilization</li> <li>- Transplants (including organ donor)</li> <li>- Treatment for Handicapped</li> <li>- Vaccinations/Immunizations</li> <li>- Vasectomy</li> <li>- Well Baby Care</li> </ul>	<p><b>Other Medical Equipment, Supplies and Services</b></p> <ul style="list-style-type: none"> <li>- Abdominal/Back Supports</li> <li>- Ambulance Services</li> <li>- Arches/Orthopedic Shoes</li> <li>- Crutches</li> <li>- Diabetic Supplies</li> <li>- Guide Dog (for visually/hearing impaired person)</li> <li>- Hearing Aids</li> <li>- Hearing Aid Batteries</li> <li>- Hospital Bed</li> <li>- Medic Alert Bracelet or Necklace</li> <li>- Oxygen Equipment</li> <li>- Prosthesis</li> <li>- Splints/Casts</li> <li>- Support Hose (if medically necessary)</li> <li>- Syringes</li> <li>- Wheelchair</li> </ul> <p><b>Over-The-Counter Items</b></p> <ul style="list-style-type: none"> <li>- Arthritis Gloves</li> <li>- Bandages for torn or injured skin</li> <li>- Contraceptives</li> <li>- Elastic Bandages</li> <li>- Blood Pressure Monitoring Devices</li> <li>- Diabetic testing supplies</li> <li>- Denture Adhesives</li> <li>- Hot/Cold Packs</li> <li>- Ear Wax removal products</li> <li>- Incontinence Supplies</li> <li>- Orthopedic Shoe Inserts</li> <li>- Pregnancy Test Kits</li> <li>- Reading Glasses</li> <li>- Rubbing Alcohol</li> <li>- Support Braces</li> <li>- Thermometers</li> </ul>
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### Examples of Qualified Medical Expenses



Participants can review a comprehensive list of items that qualify for account reimbursement under IRS Section 213 guidelines by going to [www.medben.com](http://www.medben.com). To access the Health Care Expenses Table, simply select the “*Plan Members (Insured)*” link at the bottom of the website’s home page, and then click on “*Additional Resources*” in the upper menu and then click on “*FSA-Eligible Expenses.*”

To access the MedBen Health Care Expenses Table, click on the link. When the opening screen appears, simply type in the **MedBen password mbc26 (case sensitive)** and press the “Enter”.

*If you have any questions regarding qualified medical expenses under your FSA plan, please contact MedBen Customer Service at (800) 297-1829 or [medben@medben.com](mailto:medben@medben.com).*