

Services and Expenses Eligible for Reimbursement under the Flexible Spending Account Program:

For Health Care FSAs, services listed in this document are eligble for reimbursement if the services are: rendered by a health care professional appropriately licensed or certified in the state in which he or she practices; and performed within the scope of the health care professional's license.

For Dependent Care FSAs, services listed in this document are eligible for reimbursement, if the services are for an individual you claim as a dependent on your Federal Tax return who is under 13 or incapable of self-care (if you are part of a divorced household, you must be the custodial parent for more than 50% of the year); and necessary to allow you and your spouse, if married, to work, look for work or attend school full-time.

What FSA & HSA expenses can be reimbursed?

You can use your Health Care FSA or HRA to reimburse yourself for medical and dental expenses that qualify as federal income tax deductions (whether or not they exceed the IRS minimum applied to those deductions) under Section 213(d) of the tax code. HRA eligible expenses are determined by your employer.

Eligible expenses may vary from employer to employer. In case of a conflict between your plan documents and the information in this document or website, the plan documents will govern. Please refer to your employer's Summary Plan Description for more information about your covered benefits.

In the following list, the Account Type is marked as either "HCFSA" or "DC FSA". Please note,

HCFSA = Health Care FSA

DC FSA = Dependent Care FSA

Please note, all "potentially eligible expenses" are required to be accompanied with a letter of medical necessity signed by the participants' health care provider in order to be considered eligible for reimbursement. The letter must include the diagnosis or symptoms for which the participant, spouse or dependents are being treated, along with specific information on how the product/service is intended to alleviate or improve function. This letter is to remain on file for one year from the date written.

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| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|--|
| Α | | | | | |
| Abortion | HCFSA | Х | | | Expenses for operations that are il- legal do not qualify. |
| Acid Controller | HCFSA | | Х | | |
| Acne Laser Treatment | HCFSA | Х | | | Expenses paid for acne treatment can be reimbursed. |
| Acne Medications | HCFSA | Х | | | See OTC; beginning 1/1/2011, will require doctor's prescription to be reimbursed. |
| Acupuncture | HCFSA | Х | | | |
| Adaptive Equipment | HCFSA | Х | | | Adaptive equipment for a major disability, such as a spinal cord injury, can be reimbursed. Adap- tive equipment to assist you with activities of daily living (ADL) for persons with arthritis, lupus, fibro- myalgia, etc. can be reimbursed. *Requires a Letter of Medical Ne- cessity. |
| Adoption Fees | HCFSA | | | Х | Medical expenses incurred by your adopted child who is claimed as a dependent are eligible. Care must be for the adopted child and in- curred while the child qualifies as your dependent. Physicals for the adoptive parents, pre-adoption counseling and other health-relat- ed expenses may be covered. |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Lingibic | Not an Eligible Expense | Additional Information |
|---|-------|---------------------|----------|-------------------------------|--|
| Adult Diapers | HCFSA | Х | | | |
| Air Conditioners / Air Purifiers | HCFSA | | Х | | Covered with a Letter of Medical Necessity |
| After-Sun Gel / Lotions with Aloe | HCFSA | | Х | | See OTC; beginning 1/1/2011, will require a doctor's prescrip- tion to be reimbursed. |
| Alcoholism / Drug / Sub- stance Abuse Treatment | HCFSA | Х | | | Eligible expenses include: inpa- tient treatment, including meals and lodging provided by a licensed addiction center; outpatient care; transportation expenses associ- ated with attending outpatient meetings, including AA groups, if attending on a doctor's advice. |
| Allergy Products | HCFSA | | Х | | Eligible expenses include prod- ucts and home improvements to treat severe allergies. Examples: electro-static air purifier, humidi- fier, home air conditioners, pil- lows, mattress covers, etc. |
| Allergy & Sinus Medica- tions | HCFSA | Х | | | See OTC; beginning 1/1/2011, will require a doctor's prescrip- tion to be reimbursed. |
| Alternative Medicine | HCFSA | | Х | | Services must be prescribed and rendered by a licensed health care provider to treat a specific illness or disorder. Naturopathic proce- dures or treatments using natural agents such as air, water or sun- shine are generally not reimburs- able. Member's explanation of ne- cessity required. |

Ambulance

Х

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| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|-------|---------------------|------------------------------------|-------------------------------|--|
| Antibiotics | HCFSA | Х | | | See OTC; beginning 1/1/2011, will require a doctor's prescrip- tion to be reimbursed. |
| Anti-Itch & Insect Bite | HCFSA | Х | | | See OTC; beginning 1/1/2011, will require a doctor's prescrip- tion to be reimbursed. |
| Artificial Reproductive Technologies | HCFSA | | X | | Will qualify to the extent that procedures are intended to over- come an inability to have children due to medical reasons and are performed on you, your spouse or your dependent. Eligible medical expenses include (but are not lim- ited to): fertility exams, artificial insemination (intracervical, in- trauterine, intravaginal), in-vitro / in-vivo fertilization, Gamete Intrafallopian Transfer (GIFT), Sperm bank storage / fees for ar- tificial insemination (for planned fertilization during current plan year), sperm implants, sperm washing, reverse vasectomy, embryo replacement and storage, egg donor charges for recipient, embryo transfer. Requires a Let- ter of Medical Necessity. |
| Automobile Modifica- tions | HCFSA | | | | See Adaptive Equipment |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | LIIZIDIC | Not an Eligible Expense | Additional Information |
|---|--------|---------------------|----------|-------------------------------|---|
| В | | | | | |
| Baby Formula | HCFSA | | Х | | If your baby requires a special for- mula to treat an illness or disorder, the difference in cost between the special formula and routine baby formula can be reimbursed. |
| Back Brace | HCFSA | Х | | | Requires a Letter of Medical Ne- cessity. |
| Band-Aids / Bandages | HCFSA | Х | | | See OTC; beginning 1/1/2011 will require a doctor's prescription |
| Batteries | HCFSA | Х | | | Expenses paid for the purchase of batteries are reimbursable when they are used for the sole purpose of an item that is also covered. This includes, but is not limited to, blood pressure machines, wheel- chairs, heart defibrillators, etc. Re- quest for reimbursement should include a description of the item the batteries are purchased for. |
| Bedside Commodes | HCFSA | Х | | | |
| Bed Wetting Alarm | HCFSA | | Х | | Covered for children 5 years of age and older. |
| Before and After-School Care | DC FSA | Х | | | Child must be under age 13 or one who is incapable of self-care and can be claimed on your Federal Income Tax return. |
| Benefits Maximum | HCFSA | Х | | | Expenses denied by medical insurance as benefit maximum(s) have been exhausted are reimbursable. |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|-------|---------------------|------------------------------------|-------------------------------|--|
| В | | | | | |
| Birth Control | HCFSA | Х | | | Birth Control Pill, including, but not limited to: Demuelon, Ortho- Novum, Genora Ovcon, Levelen, Ovral, Loestrin Syntex, Lo-Ovral, Tri-Levelen Modicon, Tri-Nori- nyl, Nordette Triphasil, Norinyl, also includes condoms, norplant, ovulation kits and spermicides. |
| Birthing Classes | HCFSA | Х | | | Expenses are eligible for the woman who is having the child. Expenses for the spouse or part- ner attending the class with the pregnant woman ARE NOT ELI- GIBLE. |
| Birthing Tub | HCFSA | Х | | | The cost of rental or purchase is reimbursable. |
| Blood Pressure Monitors | HCFSA | Х | | | See OTC; Expenses paid for the purchase of a monitor are reim- bursable. |
| Blood Storage | HCFSA | | Х | | Blood storage is an eligible ex- pense if you are storing blood for use during scheduled elective sur- gery. Storage fees should not ex- ceed six months. |
| Body Scans | HCFSA | Х | | | |
| Boutique Practice Fees | HCFSA | | | Х | Monthly or annual fees that your provider may charge for improved access, 24 / 7 availability and more "personalized" care are not con- sidered medical care and cannot be reimbursed under a health care FSA. |



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|--|--------------|---------------------|------------------------------------|-------------------------------|--|
| В | | | | | |
| Braille Books and Magazines | | | | | The incremental cost of Braille books and magazines that exceeds the price for regular books and magazines is an eligible expense. |
| Breast Augmentation | HCFSA | | | Х | Expenses related to breast aug- mentation (such as implants or injections) are not reimbursable because the procedure is cosmetic in nature. However, medical costs related to the removal of breast implants that are defective or are causing a medical problem are reimbursable. Items also not cov- ered include breast pumps, shields and gel pads. |
| Breast Pumps | HCFSA | Х | | | Routine use of a breast pump is an eligible expense. |
| Breast Reduction | HCFSA | | Х | | Medical expenses related to breast reduction surgery are reimburs- able only with a letter of medical necessity explaining that the pro- cedure is medically required and not for cosmetic purposes (that is, to prevent or treat an illness or disease). |
| Breathing Strips | HCFSA | | Х | | See OTC; beginning 1/1/2011, will require a doctor's prescription to be reimbursed. |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Eligible 1 | Not an Eligible Expense | Additional Information |
|---|--------|---------------------|------------|-------------------------------|---|
| С | | | | | |
| Day Camps (summer or holiday) | DC FSA | Χ | | | This includes daycare as well as in- home babysitters for children un- der age 13, or any individual who is incapable of self-care. If you are part of a divorced household, you must be the custodial parent for more than 50% of the year. Pay- ment in advance is NOT covered. You can only be reimbursed for expenses that have been incurred. |
| Day Camps (soccer, base- ball, football, ballet, etc.) | DC FSA | | Х | | Generally, no. However, if the pri- mary purpose of these camps is for care and well-being in order for you (and your spouse if married) to be gainfully employed, they may qualify. If the Taben Group cannot independently verify the primary purpose of the camp, the Taben Group will request a state- ment that the purpose is for care and not for educational/instruc- tional purposes. |
| Overnight Camps (sum- mer or holiday) | DC FSA | | | Х | Overnight camp is not eligible. |



| Condition / Type of Account Type Service / Expense | | Potential Eligible Eligible Expense Expense | | Not an Eligible Expense | Additional Information |
|---|-------|---|---|-------------------------------|---|
| С | | | | | |
| Capital Expense | HCFSA | | X | | A capital expense (permanent or portable) can be reimbursed if its purpose is to provide medical care for you, your spouse or dependent. Expenses for improvements or spe- cial equipment can be reimbursed if the main purpose for the item is medical care. The amount that is reimbursed depends on the ex- tent to which the expense perma- nently improves the property and whether others benefit. Examples include: entrance and exit ramps, widening doorways, hallways and stairways, kitchen modifications, installing railings. Expenses must be reasonable and directly related to the medical condition. Refer to IRS Publication 502 for addition- al information. |
| Chair | HCFSA | | Х | | The cost of a reclining chair pur- chased on the advice of a physi- cian to alleviate heart, back or other conditions is reimbursable. |
| Childbirth Classes | HCFSA | Х | | | Expenses are eligible for the woman who is having the child. Expenses for the spouse or part- ner attending the classes with the pregnant woman are not eligible. |
| Chiropractic | HCFSA | Х | | | |
| Christian Science Practitioners | HCFSA | Х | | | Payments for medical care can be reimbursed. |

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| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information | | |
|--|--------------|---------------------|------------------------------------|-------------------------------|--|--|--|
| с | | | | | | | |
| Clinic | HCFSA | Х | | | Medical expenses for treatment performed at a health clinic are reimbursable. | | |
| Cialis | HCFSA | Х | | | | | |
| Circumcision | HCFSA | Х | | | A bris peformed in the home by a Rabbi is not an eligible expense. | | |
| Clothing | HCFSA | | | Х | The cost of clothing, even if pre- scribed, that substitute for normal clothing is not deductible. How- ever, prescribed special clothing purchased to alleviate or treat an illness or disease is reimbursable only to the extent that the cost is greater than the cost of the item(s) commonly available. | | |
| COBRA Premiums | HCFSA | | | Х | Under IRS rules, insurance premi- ums cannot be reimbursed under a health care FSA. However, CO- BRA premiums are reimbursable under an HRA or HSA. | | |
| Co-Insurance | HCFSA | Х | | | Cannot be reimbursed by second- ary insurance or any other source. | | |
| Companion Animals | HCFSA | | Х | | See Service Animals | | |
| Composite Fillings | HCFSA | Х | | | White (composite) fillings are covered. | | |
| Compound Medications | HCFSA | Х | | | Medications produced by medi- cal professionals to treat a medical condition are reimbursable. | | |



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|---|-------|---------------------|------------------------------------|-------------------------------|---|
| C | | | | | |
| Concierge Medical Care | HCFSA | | Х | | The cost of joining such a pro- gram is not reimbursable such as monthly or annual fees. However, actual care (i.e. physical exams, office visit) provided by physi- cians belonging to such programs would be covered when billed af- ter such care is provided - so long as it is not unreasonably expensive and so long as it has not and will not be reimbursed from other health plan coverage. |
| Contact Lenses | HCFSA | Х | | | See Vision Care |
| Controlled Substances | HCFSA | | | Х | If a substance violates federal law, even if allowed by state law and used to treat a disease or condi- tion, the cost is not reimbursable. Example: marijuana |
| Co-Payments | HCFSA | Х | | | Cannot be reimbursed by second- ary insurance or any other source. |
| Cord Blood Storage | HCFSA | | Х | | Can be reimbursed if there is a specific medical condition that the cord blood is intended to treat. Indefinite storage "just in case" is not an eligible expense. |
| Corneal Ring Segments | HCFSA | Х | | | |
| Cosmetic Procedures or Prescription Drugs | HCFSA | | Х | | Cosmetic procedures to enhance appearance are not eligible. A cosmetic procedure, service or prescription drug necessary to im- prove a deformity arising from a congenital abnormality, personal injury from accident or trauma or to restore proper function of the body can be reimbursed. May be covered with a letter of medical necessity. |



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|---|-------|---------------------|------------------------------------|-------------------------------|--|
| С | | | | | |
| Cosmetic Procedures or Prescription Drugs | HCFSA | | X | | Cosmetic procedures to enhance appearance are not eligible. A cosmetic procedure, service or prescription drug necessary to im- prove a deformity arising from a congenital abnormality, personal injury from accident or trauma or to restore proper function of the body can be reimbursed. May be covered with a letter of medical necessity. |
| Counseling | HCFSA | Х | | | If counseling is provided to treat a medical or mental diagnosis and is rendered by a licensed provider. Eligible expenses include psycho- therapy, bereavement and grief counseling, sex counseling, etc. Life coaching, career counseling and marriage counseling do not qualify. |
| CPAP (Sleep Apnea) | HCFSA | Х | | | |
| CPR Classes | HCFSA | | | Х | Expenses paid for CPR classes as part of birthing classes are reim- bursable. May be reimbursed with a letter of medical necessity. |
| Crowns | HCFSA | Х | | | See Dental Treatment |
| Crutches | HCFSA | Х | | | |
| Cushions | HCFSA | | | Х | The costs of cushions, including inflatable, are not covered (unless prescribed by a physician to treat a medical condition) |
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| Condition / Type of Account Type Service / Expense | | Eligible El | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|-------------------|-------------|------------------------------------|-------------------------------|---|
| D | | | | | |
| Dancing Lessons, Swim- ming Lessons, etc. | HCFSA / DC FSA | | | Х | |
| Daycare | DC FSA | Х | | | This includes daycare as well as in- home babysitters for children un- der age 13, or any individual who is incapable of self-care. If you are part of a divorced household, you must be the custodial parent for more than 50% of the year. Pay- ment in advance is NOT covered. You can only be reimbursed for expenses that have been incurred. |
| Day-After Pill | HCFSA | Х | | | Expenses paid for the purchase of pills to eliminate pregnancy risk are reimbursable. |
| Deductibles | HCFSA | Х | | | Cannot be reimbursed by second- ary insurance or another source. |
| Dental Maintenance Or- ganization (DMO) | HCFSA | | | Х | See Insurance Premiums |
| Dental Treatment | HCFSA | Х | | | Covered services include, but are not limited to: bridges, cleanings, crowns, dental implants, dentures, endodontic care (root canal), ex- tractions, fillings, orthodontia, periodontal services, routine pro- phylaxis, sealants, X-rays. Expens- es for cosmetic dentistry, such as teeth whitening, veneers or bond- ing, are not eligible for reimburse- ment. Veneers are covered only when medically necessary. See Cosmetic Procedures. |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|-------|---------------------|------------------------------------|-------------------------------|--|
| Dental Enamel Micro- abrasion | HCFSA | | | Х | This is also known as dental bleaching. Service is only covered when recommended by a health care professional to treat a medi- cal condition. |
| Dependent Care Services | HCFSA | | | Х | Dependent day care services are not reimbursable under a Health FSA, HRA or HSA, but may be reimbursed under a dependent care FSA. |
| Diabetic Supplies | HCFSA | Х | | | |
| Diaper Rash Creams | HCFSA | Х | | | See OTC; beginning 1/1/2011 will require a doctor's prescrip- tion. |
| Diapers, Diaper Service | HCFSA | | | Х | Only covered to relieve or ame- liorate the effect of a particular illness or disease on you, your disabled child or dependent, who would not need this product "but for" the medical condition. |
| Doctor Fees | HCFSA | Х | | | In addition to all expenses for care not reimbursed by any other source, eligible expenses include fees for: out-of-network provid- ers, charges by your physician for letters of medical necessity to schools, etc., physician tele-advice, including email communication. |
| Doulas | HCFSA | | Х | | If the doula is a licensed health care professional who renders medical care, his or her fees can be reimbursed. |



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|---|-------|---------------------|------------------------------------|-------------------------------|---|
| Driving Lessons | HCFSA | | | Х | Service is only covered when rec- ommended by a health care pro- fessional in order for the handi- capped person to learn to use special vehicle equipment. |
| Drugs | HCFSA | | Х | | See Controlled Substances, Pre- scription Drugs, OTC |
| Drug Addiction, Treat- ment of | HCFSA | Х | | | Eligible expenses include: inpa- tient treatment, including meals and lodging provided by a licensed addiction center, outpatient care, transportation expenses associ- ated with attending outpatient meetings, including AA groups, if attending on a doctor's advice. |
| Dry Cast - Protectors | HCFSA | Х | | | Expenses paid for the purchase of dry casts and bandage protectors are reimbursable. |
| E | | | | | |
| Ear Plugs | HCFSA | | Х | | Must be prescribed to treat a spe- cific medical condition, such as the presence of middle/inner ear tubes. |
| Ear Wax Removal | HCFSA | | Х | | See OTC; beginning 1/1/2011, will require a doctor's prescription to be reimbursed. |



| Condition / Type of Service / Expense | f Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|----------------|---------------------|------------------------------------|-------------------------------|---|
| Education | DC FSA | | Χ | | Payments made to a special school for a mentally impaired or physi- cally disabled person qualify as reimbursable if the main reason for using the school is its resources for relieving the disability. This includes teaching Braille to a visu- ally impaired person, teaching lip reading to a hearing impaired per- son, and giving remedial language training to correct a condition caused by a birth defect. Reim- bursable when submitted with a letter of medical necessity. |
| Elder Care | DC FSA | Х | | | Adult must live with you at least 8 hours a day and be claimed as a dependent on you Federal Tax re- turn. |
| Electric Toothbrush | HCFSA | | Х | | Expenses paid for the purchase of an electric toothbrush are reim- bursable when submitted with a letter of medical necessity. |
| Electrolysis | HCFSA | | | Х | |
| Embryo Storage | HCFSA | Х | | | |
| Ergonomic Items | HCFSA | | Х | | Requires a letter of medical neces- sity. Reimbursement will be for the difference between the spe- cialty item and the non-specialty item. |
| Eye Drops | HCFSA | | Х | | See OTC; beginning 1/1/2011, will require a doctor's prescription to be reimbursed. |



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| Eyeglasses | HCFSA | Х | | | Includes prescription sunglasses and over-the-counter reading glasses. Please note that product protection plans, or warranties, and clip-on sunglasses are not eli- gible for reimbursement. |
| F | | | | | |
| Face Wash, Medicated | HCFSA | | Х | | Covered with a letter of medical necessity for medical conditions such as acne, rosacea, etc. Also covered if the primary use of the product is for the treatment of acne, such as AcneZine and Mu- rad Acne Complex. |
| Face Wash, Non Medi- cated | HCFSA | | | Х | |
| Fertility Enhancement | HCFSA | Х | | | Includes ovulation predictor kits and pregnancy tests. |
| Finance Charges | HCFSA | | | Х | |
| First Aid Kit | HCFSA | | Χ | | A letter of medical necessity is not required, but see OTC; the first aid kit must be reasonably priced. NOTE: The method of achieving the intended medical result can- not be unreasonably expensive or lavish. The excessive-cost con- cerns are most prevalent in the cases involving personal purposes. Thus, if there is a less expensive way that the recommended treat- ment can be obtained, the excess expense may not be reimbursable. There is no requirement, however, that an employee choose the less- expensive alternative for treating a disease. |



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|---|----------------|---------------------|------------------------------------|-------------------------------|---|
| Fitness Programs | HCFSA | | Х | | Fees paid for a fitness program may be an eligible expense if pre- scribed by a physician and sub- stantiated by his or her statement that treatment is necessary to alle- viate a medical problem. |
| Flouride, prescribed | HCFSA | | Х | | Expenses paid for flouride tooth- paste or rinses prescribed to treat a specific medical condition are covered. A letter of medical neces- sity is required. |
| Flu Shots | HCFSA | Х | | | |
| Food | HCFSA | | Х | | Food may be eligible if prescribed by a medical practitioner to treat a specific illness or ailment and if the food does not substitute for normal nutritional requirements. However, the amount that may qualify for reimbursement is lim- ited to the amount by which the cost of the food exceeds the cost of commonly available versions of the same product. |
| Form Completion | HCFSA | Х | | | Charges incurred by the member for provider completion of re- quired forms is reimbursable (i.e. disability forms). |
| Funeral Expenses | HCFSA | | | Х | |



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|---|-------|---------------------|------------------------------------|-------------------------------|---|
| G | | | - | | |
| Gauze and Gauze Ban- dages | HCFSA | Х | | | |
| Genesis | HCFSA | Х | | | Expenses paid for genesis to treat conditions such as rosacea are re- imbursable. |
| Gift Cards | HCFSA | | | Х | Gift cards are not an eligible ex- pense, even if these cards are pro- vided by a medical provider such as an eye glass store or pharmacy. |
| Gloves, Latex | HCFSA | Х | | | |
| Guardianship Fees | HCFSA | Х | | | Fees associated with establishing guardianship for an incapacitated individual are reimbursable. |
| Guide Dogs | HCFSA | | Х | | See Service Animals |
| Н | | | | | |
| Hair Transplant | HCFSA | | | Х | |
| Health Clubs / Gym Membership | HCFSA | | | Х | |
| Health Screenings | HCFSA | Х | | | See Preventive Care Screenings |
| Hearing Aids | HCFSA | Х | | | Includes batteries |
| Heart Defibrillators | HCFSA | Х | | | |
| Herbs | HCFSA | | Х | | The cost of herbs taken for general well-being is not reimbursable. However, the costs of herbs taken to alleviate a specific medical con- dition are reimbursable. Letter of medical necessity required |

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|---|--------|---------------------|---------|-------------------------------|--|
| Home Medical Equip- ment | HCFSA | Х | | | |
| Homeopathic Care | HCFSA | Х | | | Homeopathic care rendered by a licensed health care professional who provides the care for the treatment of a specific illness or disorder for you, your spouse or dependent can be reimbursed. |
| Homeopathic Medicines | HCFSA | | Х | | Homeopathic medicines used for treatment of a specific illness or disorder are reimbursable. A letter of medical necessity is required. |
| Household Help | HCFSA | | | Х | The cost of household help, even if recommended by a doctor, is not reimbursable. However, certain expenses paid to an attendant pro- viding nursing-type services are reimbursable. |
| Household Help | DC FSA | | Х | | Duties must include caring for an eligible dependent. |
| Humidifiers | HCFSA | | Х | | See Allergy Relief, Capital Expenses |
| Hydrotherapy | HCFSA | | Х | | |
| Hypnotherapy | HCFSA | | Х | | Expenses paid for hypnotherapy are reimbursable when prescribed by a physician as therapy to treat a medical condition. Letter of med- ical necessity is required. |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|-------|---------------------|------------------------------------|-------------------------------|---|
| I | | | | | |
| Immunizations | HCFSA | Х | | | Includes those recommended for overseas travel. |
| Implanon | HCFSA | Х | | | Birth control injections are reim- bursable. |
| Impotence or Sexual Inadequacy | HCFSA | | Х | | Medical expenses related to the treatment of impotence are reim- bursable. Letter of medical neces- sity is required. |
| Infertility Treatments | HCFSA | Χ | | | Medical expenses related to the treatment of infertility are reim- bursable. Eligible expenses may in- clude egg storage, egg donor costs, infertility monitors, in-vitro fertil- ization and sperm washing. Surro- gate costs associated with a quali- fied dependent of the taxpayer are reimbursable and may include such things as blood compatibil- ity testing and psych exams. Stor- age costs for the freezing of blood cords, embryos, etc. are generally reimbursable for a limited period until they can be used to treat the existing condition. |
| Insoles | HCFSA | | Х | | Expenses paid for insoles to treat a medical condition are reimburs- able. Member's explanation of ne- cessity required. |



| Condition / Type of Service / Expense | f Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|----------------|---------------------|------------------------------------|-------------------------------|---|
| Insulin | HCFSA | Х | | | |
| Insurance Premiums | HCFSA | | | Х | Under IRS rules, insurance premi- ums cannot be reimbursed under a health care FSA. |
| Interest | HCFSA | | | Х | |
| Invisible Braces | HCFSA | Х | | | |
| K | | | | | |
| Kits | HCFSA | Х | | | Expenses paid for kits such as first aid, home test, snake bite and bee sting are reimbursable. |
| L | | | | | |
| Lab Fees | HCFSA | Х | | | Laboratory fees that are part of medical care are reimbursable. |
| Lactation Expenses | HCFSA | Х | | | Breast pumps and supplies that assist lactation are medical care because, like obstetric care, they are for the purpose of affecting a structure or function of the body of the lactating woman. |
| Lactation Consultant | HCFSA | | Х | | This is not covered unless there is a medical condition present for the nursing mother that prevents breast feeding of the infant. |
| Lamaze Classes | HCFSA | Х | | | Expenses are eligible for the wom- an who is having the child. Ex- penses for the spouse or partner attending the class with the preg- nant woman are not eligible. |
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| Condition / Type of Account Type Service / Expense | | Potentially Eligible Eligible Expense Expense | Not an Eligible Expense | Additional Information | |
|---|--------|---|-------------------------------|------------------------|---|
| Laser Eye Surgery, LASIK | HCFSA | Х | | | See Vision Care |
| Late Payment Fees | DC FSA | | | Х | |
| Late Pick-Up Fees | DC FSA | Х | | | |
| Lead-Based Paint Re- moval | HCFSA | Χ | | | Expenses for removing lead-based paint from surfaces in your home to prevent a child who has, has had or is in danger of lead poison- ing from eating the paint can be reimbursed. These surfaces must be in poor repair and within a child's reach. The cost of repaint- ing the affected area(s) is not an eligible expense. If you cover the area with wallboard or paneling instead of removing the lead paint, these items will be treated as capi- tal expense. |
| Learning Disabilities | DC FSA | Χ | | | The portion of tuition/tutoring fees covering services rendered specifically for your child's severe learning disabilities caused by mental or physical impairments (such as nervous system disorders, or closed head injuries) and paid to a special school or to a specially- trained teacher may be reimburs- able if prescribed by a physician. Examples of eligible expenses in- clude: remedial reading for your child or dependent with dyslexia and testing to diagnose a disabil- ity. |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|-------|---------------------|------------------------------------|-------------------------------|---|
| Legal Fees | HCFSA | | Х | | Legal fees paid to authorize treat- ment for mental illness are eligible expenses. |
| Levitra | HCFSA | Х | | | |
| Lifetime Care | HCFSA | | | Х | Fees or advance payments made to a retirement home or continu- ing care facility are not eligible expenses. |
| Lodging - Patient | HCFSA | | Х | | Up to \$50 per night is eligible if the following conditions are met: the lodging is primarily for, and es- sential to, medical care; the medi- cal care is provided by a doctor in a licensed hospital or medical care facility related to/equivalent to a licensed hospital; the lodging is not lavish or extravagant; there is no significant element of personal pleasure or leisure in the travel. |
| Lodging - Companion | HCFSA | | Х | | Your companion's lodging can be reimbursed if he or she is accom- panying the patient (you or your dependent) for medical reasons and it meets the criteria listed above. Meals are not eligible for reimbursement. |
| Lodging - Special Home | HCFSA | | Х | | The cost of a special home or step- down facility for your mentally handicapped dependent, recom- mended by a psychiatrist to help your dependent adjust after inpa- tient mental health care to com- munity living can be reimbursed. |
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| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|--|
| Long-Term Care Insur- ance Premiums | HCFSA | | | Х | Under IRS rules, insurance premi- ums cannot be reimbursed under a Health Care FSA. |
| Long-Term Care Services | HCFSA | | | Х | Refer to Section 106(c) of the IRS Code for more information. |
| Μ | | | | | |
| Marriage Counseling | HCFSA | | | Х | Expenses for marriage counseling services do not qualify as medical expenses. However, sexual inad- equacy or incompatibility treat- ment is reimbursable if the treat- ment is provided by a psychiatrist. |
| Massage Therapy | HCFSA | | Х | | Therapeutic massage treating a specific medical condition can be reimbursed. The words "therapy" or "therapeutic" must be included in the description of the service and letter of medical necessity must be provided. Gratuities are not reimbursable. |
| Maternity | HCFSA | | | | See Pregnancy Aids |
| Maternity Clothes | HCFSA | | | Х | |
| Meals | HCFSA | | | Х | |
| Medical Aids | HCFSA | Х | | | Medical aids such as false teeth, hearing aids, orthopedic shoes, crutches and elastic hosiery are re- imbursable. |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|-------|---------------------|------------------------------------|-------------------------------|--|
| Medical Alert Bracelet | HCFSA | Х | | | |
| Medical Information | HCFSA | | | Х | Amounts paid to a plan that maintains electronic medical in- formation for you, your spouse or dependents are eligible for reim- bursement. |
| Medical Records | HCFSA | | | Х | Costs associated with copying or transferring medical records to a new provider are eligible for reim- bursement. |
| Medical Savings Accounts | HCFSA | | | Х | |
| Medical Services | HCFSA | Х | | | Expenses paid for medical services prescribed by physicians or other health care providers acting with- in their scope of licensure can be reimbursed. |
| Medical Supplies | HCFSA | Х | | | |
| Mileage Expenses | HCFSA | Х | | | For services provided from January 1, 2010 forward, the reimbursement rate is \$0.19/mile. To submit a claim for mileage expenses, please list the number of miles, the date of service and the dollar amount of the mileage expense you are claiming. |
| Missed Appointment | HCFSA | | | Х | |

Fees



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Mobile Body Scan | HCFSA | Х | | | These are considered preventive and diagnostic services and are covered. |
| Mouthwash | HCFSA | | Х | | The mouthwash can only be ob- tained with a prescription. A letter of medical necessity is required. |
| Motion Sickness | HCFSA | | Х | | See OTC; beginning 1/1/2011, will require a doctor's prescription to be reimbursed. |
| N | | | | | |
| Naturopathic Care | HCFSA | | Х | | Naturopathic care rendered by a licensed health care professional who provides this care for the treatment of a specific illness or disorder can be reimbursed. |
| Non-Covered Services | HCFSA | Х | | | Medical care or services that are not covered under your major medical plan may be reimbursed. This does not insurance contract- ed rates or provider write-offs. |
| Newborn Nursing Care | HCFSA | | | Х | Nursing services for a normal, healthy newborn are not an eli- gible expense. |



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|--------------|---------------------|------------------------------------|-------------------------------|--|
| Nursing Care and Servic- es (private duty nursing) | HCFSA | | Χ | | Nursing services are an eligible expense, whether provided in your home or another facility. The nurse need not be an R.N. or L.P.N., so long as the services rendered are of a kind generally performed by a nurse. These in- clude services directly related to caring for and monitoring your, your spouse's or your dependent's condition, including: preparing and giving medication, changing dressings and providing wound care; monitoring vital signs. If the individual providing nursing services also provides household and personal services, only those charges related to actual nursing care are eligible expenses. |
| Nursing Home | HCFSA | | Χ | | Expenses for medical care in a nursing home for you, your spouse and dependent(s), including meals and lodging may be reimbursed if the main purpose of the stay is to receive medical care. If the prima- ry reason for confinement is per- sonal (i.e., you or your spouse or dependent needs assistance with activities of daily living, safety is- sues, etc.), only the portion of the cost that is directly related to med- ical care or nursing services may be reimbursed. |



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Nutritional Supplements | HCFSA | | Х | | Dietary, nutritional and herbal supplements, vitamins and natural medicines are not reimbursable if they are merely beneficial for gen- eral health. However, they may be reimbursable if recommended by a medical practitioner to treat a specific medical condition. |
| Nutritionist | HCFSA | | Х | | Nutritional services related to the treatment and guidance of a spe- cific diagnosis or medical condi- tion can be reimbursed. |
| 0 | | | | | |
| Occupational Therapy | HCFSA | Х | | | |
| Optometrist | HCFSA | Х | | | |
| Oral Syringe | HCFSA | Х | | | |
| Orthodontia | HCFSA | Х | | | This type of service does not fit the normal 'fee for service' ar- rangements with other care, and reimbursement can be made once charges have been billed. This can be a one-time fee less any amount paid, or to be paid by your insur- ance plan, or as you are billed each month. |
| Orthodontia Wax | HCFSA | Х | | | |
| Orthotic Inserts | HCFSA | Х | | | Both custom-made and over-the- counter inserts are eligible for re- imbursement. |
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| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Orthopedic Shoes | HCFSA | | Χ | | Covered only if the shoes are custom-fitted to the wearer's feet. Only the cost difference between the orthopedic shoes and regular comparable shoes will be reim- bursed. Expenses paid for sports orthotics are reimbursable when submitted with a letter of medical necessity. |
| OSHA Compliance Fees | HCFSA | Х | | | Fees charged by the provider to meet OSHA compliance require- ments are covered. |
| Over-the-Counter (OTC) Items and Sup- plies (will require a prescription beginning 1/1/2011) | HCFSA | | Χ | | If eligible, claims must include a proper receipt. A proper receipt must contain all of the following information: name of the item or service, date of purchase, the amount paid. Note: for over-the- counter items, if the receipt does not include all of this information, copy the label from the product or its packaging, circle the correct amount on the receipt and sub- mit this information with a signed claim form. |



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|--------------|---------------------|------------------------------------|-------------------------------|--|
| Over-the-Counter (OTC) Items and Sup- plies that are dual purpose | HCFSA | | X | | Dual purpose items (a product used to alleviate medical condi- tions but also used for general health) may be eligible for reim- bursement but require a letter of medical necessity and a receipt. A receipt must contain all of the following information: name of the item or service; the date of purchase; the amount paid. If the receipt does not include this in- formation, copy the label from the product or its packaging, circle the correct amount on the receipt and submit this information with the signed claim form. |
| | | | | | Items that will continue to be eli- gible without a prescription after January 1, 2011 include but are not limited to: band aids and ban- dages, braces, catheters, contact lens solutions and cleaners, con- traceptives and family planning items, denture adhesives, insulin and diabetic supplies, diagnostic tests and monitors, and first aid supplies. |
| Ovulation Monitor | HCFSA | Х | | | |
| Oxygen | HCFSA | | Х | | Amounts paid for oxygen or oxy- gen equipment to relieve breath- ing problems caused by a medical condition are reimbursable. |



| Condition / Type of Account Type Service / Expense | | e Eligible Eligible I | Not an Eligible Expense | Additional Information | |
|---|-------|-----------------------|-------------------------------|------------------------|--|
| Ρ | | | | | |
| Pain Relief | HCFSA | | Х | | See OTC; beginning 1/1/2011 will require a doctor's prescription to be reimbursed. |
| Parking Fees & Tolls | HCFSA | Х | | | See Transportation |
| Pastoral Counseling | HCFSA | | Х | | Service is only covered when rec- ommended by a health care profes- sional to treat a medical condition (such as depression) will require a letter of medical necessity. |
| Patterning Exercises | HCFSA | | Х | | While these exercises are often done by family members, the ex- pense to hire someone to perform patterning exercises is eligible. |
| Penile Implants | HCFSA | | Х | | Amounts paid for implants may be eligible if the diagnosis of im- potence is due to organic causes, such as diabetes, post-prostatecto- my complications, or spinal cord injury. |
| Personal Use Items | HCFSA | | | X | Items that are ordinarily used for personal, living and family pur- poses are not reimbursable unless they are used primarily to prevent or alleviate a physical or mental defect or illness. For example, the cost of a wig purchased at the ad- vice of a physician for the mental health of a patient who has lost all of his/her hair from disease is reimbursable. For an item pur- chased in special form to alleviate a physical defect, the difference in cost from the normal form is reim- bursable. (ex: Braille books) |



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Personal Trainer | HCFSA | | Х | | Service is only covered when rec- ommended by a health care pro- fessional to treat a medical condi- tion. |
| Phsyical | HCFSA | Х | | | |
| Physical - Employment Related | HCFSA | | | Х | Employment-related expenses such as employment physicals are not reimbursable. |
| Physical Therapy | HCFSA | Х | | | |
| Pill Crusher | HCFSA | Х | | | |
| Pill Cutter | HCFSA | Х | | | |
| Pillows for Treatment of Fevers | HCFSA | Х | | | Expenses paid for the purchase of pillows manufactured specifically to treat fevers are reimbursable. |
| Placement Services | DC FSA | Х | | | The up-front fee may qualify if it is an expense that must be paid in order to obtain care. However, the fee can only be reimbursed pro- portionately over the duration of the agreement to employ the de- pendent care provider, such as an au pair. The weekly stipend, as well as other work-related expenses, may also qualify as an expense for the care of a qualifying individual. |
| Plane Tickets | HCFSA | Х | | | Expenses paid for the purchase of a plane ticket for a related hospi- talization are reimbursable. See Transportation. |

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| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | Eligible | Additional Information |
|---|-------|---------------------|------------------------------------|----------|--|
| Postage | HCFSA | | | Х | Postage stamps and fees are not covered unless the postage is used to submit a claim for reimburse- ment |
| Pre-Adoption Counseling | HCFSA | Х | | | This counseling is covered as are all services related to adoption. Adoption fees themselves are not covered. |
| Pre-Existing Conditions | HCFSA | Х | | | Medical expenses not covered because of the plan's pre-existing conditions limitations are reim- bursable. |
| Premiums | HCFSA | | | Х | Under IRS rules, insurance premi- ums cannot be reimbursed. |
| Pregnancy Aids | HCFSA | Х | | | Items that relieve or reduce the discomfort of pregnancy may be reimbursed under a Health Care FSA. Examples include:maternity girdles, elastic hosiery, maternity support belts. |
| Pregnancy Tests | HCFSA | Х | | | See OTC |
| Prescription Drug Dis- count Program | HCFSA | | | Х | Fees paid to get access to drugs at a reduced cost are not eligible for reimbursement. Actual costs paid for prescription drugs are eligible expenses. |
| Prescription Drugs | HCFSA | Х | | | Eligible expenses include deduct- ibles, copays or coinsurance as well as the costs for prescription drugs that may not be covered under in- surance, such as drugs that treat erectile dysfunction. However, prescription drugs taken solely for cosmetic purposes do not qualify. |
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| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Prescription Drugs - Im- ported | HCFSA | | | Х | IRS regulations state that any drug imported into the United States by a consumer is not eligible for reimbursement under an FSA. |
| Preventive Care Screen- ings | HCFSA | Х | | | If the tests are designed to assess symptoms of a medical diagnosis, they are eligible for reimburse- ment. Examples include clinic and home testing kits for blood pres- sure, glaucoma, cataracts, hearing, cholesterol, etc. |
| Private Hospital Room | HCFSA | Х | | | The extra cost of a private hospital room is reimbursable. |
| Propecia | HCFSA | | Х | | Reimbursable when prescribed by a physician for a specific medi- cal condition, but not for cos- metic purposes (to stimulate hair growth). A letter of medical ne- cessity is required. |
| Prosthetics | HCFSA | Х | | | |
| Psychiatric Services and Care | HCFSA | Х | | | |
| Psychoanalysis | HCFSA | Х | | | |
| Psychologist | HCFSA | Х | | | |



| Condition / Type of Account Type Service / Expense | | Eligible Expense | Potentially Eligible Expense | ible Eligible | Additional Information | |
|---|-------|---------------------|------------------------------------|---------------|--|--|
| R | | | | | | |
| Radial Keratotomy | HCFSA | Х | | | RK, or other corrective eye sur- gery such as LASIK, is reimburs- able. | |
| Radon Mitigation | HCFSA | Х | | | If a physician requires radon mitigation in your home due to a medical condition caused or ag- gravated by an unacceptable level of radon, some expenses may be eligible. However, if the home's value is increased due to the miti- gation, some or all of the expense may not be reimbursable. | |
| Reading Glasses | HCFSA | Х | | | See Eyeglasses | |
| Reasonable and Custom- ary Charges, Amounts Above | HCFSA | Х | | | Medical expenses in excess of the plan's reasonable and customary charges are reimbursable. | |
| Reflexology | HCFSA | | Х | | | |
| Respiratory Treatments | HCFSA | | Х | | See OTC; beginning 1/1/2011 will require a doctor's prescription to be reimbursed. | |
| Retin-A | HCFSA | | Х | | Expenses are reimbursable when prescribed by a physician for treat- ment of acne, but not aging. A letter of medical necessity is re- quired. | |
| Rogaine | HCFSA | | Х | | Reimbursable when prescribed by a physician for a specific medi- cal condition, but not for cos- metic purposes (to stimulate hair growth). A letter of medical ne- cessity is required. | |
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| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| S | | | - | | |
| Sales Tax | HCFSA | | | | See Taxes |
| Savings Club, Pharmacy | HCFSA | | | Х | Dues to join a club that offers dis- counts on health items is not cov- ered. |
| Service Animals | HCFSA | | Х | | Expenses to train or procure any guide dog, signal dog or other ani- mal individually trained to pro- vide assistance to you, your spouse or your dependent with a disabil- ity can be reimbursed. A letter of medical necessity is required. |
| Sexual Counseling | HCFSA | Х | | | Expenses for counseling regarding sexual inadequacy or incompati- bility are reimbursable if the coun- seling is provided by a psychiatrist. |
| Shampoo, Medicated | HCFSA | Х | | | See OTC; beginning 1/1/2011 will require a doctor's prescrip- tion to be reimbursed. Expenses paid for the purchase of medicat- ed shampoos used to treat a scalp condition are reimbursable. |
| Shipping and Handling | HCFSA | Х | | | Shipping and handling charges for medical needs, such as mail-order prescriptions. |
| Smoking Cessation Pro- grams | HCFSA | Х | | | Smokeless cigarettes are not reim- bursable. |
| Sonicare Toothbrushes | HCFSA | | | Х | Toothbrushes will not qualify even if a dentist recommends spe- cial ones to treat a medical condi- tion like gingivitis. Toothbrushes are items that are used primarily to maintain general health - a per- son would use one even without a medical condition. Thus, they are not primarily for medical care. |

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| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Special Education and Schools | HCFSA | | Х | | See Learning Disabilities. |
| Special Foods | HCFSA | | Х | | If prescribed by a physician to treat an illness or ailment, and not merely as a substitute for normal nutritional requirements. The amount that can be reimbursed is limited to the amount that the special food exceeds the cost of commonly available versions of the same product. |
| Specialized Equipment or Services | HCFSA | | | | See Adaptive Equipment |
| Speech Therapy | HCFSA | Х | | | |
| Sperm / Egg Storage | HCFSA | | Х | | Fees for temporary storage might qualify, but only to the extent nec- essary for immediate conception. Storage fees for undefined future conception are not considered to be for medical care. Note: stor- age fees can only be submitted for planned usage during the current plan year. |
| Sports Equipment, Pro- tective | HCFSA | Х | | | |
| Sports Orthotics | HCFSA | | | | See Orthotics |
| Sterilization Procedures | HCFSA | Х | | | |
| Sterilization Reversal | HCFSA | Х | | | |
| Stomach Remedies | HCFSA | | Х | | See OTC; beginning 1/1/2011 will require a doctor's prescription to be reimbursed. |
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|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Student Health Fee | HCFSA | | | Х | |
| Substance Abuse | HCFSA | Х | | | See Alcoholism |
| Sunburn Cream and Ointments | HCFSA | | Х | | See OTC; beginning 1/1/2011 will require a doctor's prescription to be reimbursed. |
| Sunscreen | HCFSA | Х | | | |
| т | | | | | |
| Tanning Salon or Equip- ment | HCFSA | | Х | | Not if to only improve general health or appearance. May be re- imbursed for treatment of certain skin disorders such as eczema and psoriasis. |
| Taxes | HCFSA | Х | | | Taxes on medical services and products are reimbursable. This includes local, state, service and other taxes. |
| Teeth Whitening | HCFSA | | | Х | Teeth whitening products or ser- vices to enhance the brightness of your teeth are cosmetic and can- not be reimbursed. |
| Telephone for Hearing Impaired | HCFSA | | Х | | Expenses associated with purchas- ing or repairing special telephone equipment for you, your spouse or your dependent with a hearing impairment are eligible for reim- bursement |



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|---|--------------|---------------------|------------------------------------|-------------------------------|--|
| Television | HCFSA | | Х | | Expenses for equipment that dis- plays the audio of television pro- gramming as subtitles for hearing impaired persons are eligible for reimbursement. The eligible ex- penses are limited to the cost that exceeds the cost of a non-adapted set. See Capital Expenses. |
| Temporary Continua- tion of Coverage (TCC) Premiums | HCFSA | | | Х | Under IRS rules, insurance premi- ums cannot be reimbursed under a Health Care FSA. |
| Toothpaste | HCFSA | | Х | | The toothpaste can only be ob- tained with a prescription. If the toothpaste is actually purchased from the dental provider, then a letter of medical necessity is also required. |
| Transplants | HCFSA | Х | | | Payments for surgical, hospital, laboratory and transportation ex- penses for a prospective or actual donor of a kidney or other organ are reimbursable. |
| Transportation | HCFSA | | Χ | | Car mileage, bus, taxi and subway or train fare for travel to and from receiving medical care, includ- ing health care providers, hospi- tals and pharmacies can be reim- bursed. Mileage incurred traveling to and from your medical provid- er is reimbursable through your HCFSA. To ensure your trans- portation claim is approved, be sure to submit your receipt(s) or an itemization of your travel with the claim that coincides with the service(s) rendered. Note: Plane fare must not be merely for con- venience. In some cases the trans- portation expenses of a parent, nurse or other person traveling with a patient may be reimbursed. |



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|--|
| Transportation | DC FSA | | Х | | Transportation to and from the dependent care location provided by the day care or service. |
| Tricare Premiums | HCFSA | | | Х | Under IRS rules, insurance premi- ums cannot be reimbursed under a health care FSA. |
| Trips | HCFSA | | | Х | Excursions taken for a change in environment, general health im- provement, etc. even those taken on advice of a health care provider are not eligible expenses. |
| Tuition | HCFSA | Х | | | Charges for medical care included in the tuition of a college or pri- vate school are reimbursable if the charges are separately stated in the tuition bill. |
| Tuition Expenses or Fees | DC FSA | | Х | | |
| U | | | | | |
| Usual, Customary and Reasonable (UCR), Charges Above | HCFSA | Х | | | Medical expenses in excess of your plan's usual, customary and rea- sonable (UCR) charges may be reimbursed under a HCFSA if the |

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underlying expense is eligible.



| Condition / Type of A Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Ultrasound, Pre-Natal | HCFSA | | Χ | | An ultrasound ordered by your physician to monitor fetal growth, and/or to diagnose, treat or moni- tor a pregnancy-related condition is a covered expense under your HCFSA, even if your health plan does not provide reimbursement. An ultrasound not ordered or performed by a physician or other licensed professional, and/or not intended to diagnose, treat or monitor a pregnancy-related con- dition is not an eligible expense. |

V

| Vasectomy | HCFSA | Х | |
|--------------------|-------|---|---|
| Vasectomy Reversal | HCFSA | Х | See Sterilization Reversal |
| Viagra | HCFSA | Х | |
| Vision Care | HCFSA | Х | Optometric services and medical expenses for eyeglasses and con- |

Optometric services and medical expenses for eyeglasses and contact lenses needed for medical reasons are reimbursable. However, premiums for contact lens replacement insurance are not reimbursable. See Radial Keratotomy. Other covered vision services include: contact lens cases, corrective swim goggles, eye charts, eyeglass cleaning supplies, reading glasses, sunglasses, vision shaping. Other non-covered expenses include warranties, and tints that do not treat a medical condition.



| Condition / Type of A Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Ultrasound, Pre-Natal | HCFSA | | Χ | | An ultrasound ordered by your physician to monitor fetal growth, and/or to diagnose, treat or moni- tor a pregnancy-related condition is a covered expense under your HCFSA, even if your health plan does not provide reimbursement. An ultrasound not ordered or performed by a physician or other licensed professional, and/or not intended to diagnose, treat or monitor a pregnancy-related con- dition is not an eligible expense. |

V

| Vasectomy | HCFSA | Х | |
|--------------------|-------|---|---|
| Vasectomy Reversal | HCFSA | Х | See Sterilization Reversal |
| Viagra | HCFSA | Х | |
| Vision Care | HCFSA | Х | Optometric services and medical expenses for eyeglasses and con- |

Optometric services and medical expenses for eyeglasses and contact lenses needed for medical reasons are reimbursable. However, premiums for contact lens replacement insurance are not reimbursable. See Radial Keratotomy. Other covered vision services include: contact lens cases, corrective swim goggles, eye charts, eyeglass cleaning supplies, reading glasses, sunglasses, vision shaping. Other non-covered expenses include warranties, and tints that do not treat a medical condition.



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Vision Discount Pro- grams | HCFSA | | | Х | Fees paid to gain access to a vision discount network, or to a reduced fee structure are not eligible ex- penses. |
| Vitamins | HCFSA | | Х | | See OTC; daily multivitamins taken for general well-being are not reimbursable. Vitamins taken to treat a specific medical condi- tion are reimbursable. A letter of medical necessity is required. Pre- natal vitamins, over-the-counter or obtained by prescription are reimbursable. |
| W | | | | | |
| Walkers | HCFSA | Х | | | |
| Water Flouridation | HCFSA | | Х | | A letter of medical necessity is re- quired. |
| Waterpik | HCFSA | | Х | | A letter of medical necessity is re- quired. |
| Weight Loss Aids | HCFSA | | Х | | Expenses paid for aids to weight loss are reimbursable when the weight loss program is to treat a medical illness. Aids include pe- dometers, mixers, scales, action planners, recipe books and audio tapes. A letter of medical necessity is required. |
| Weight Loss Programs | HCFSA | | Х | | A letter of medical necessity is re- quired. |



| Condition / Type of Service / Expense | Account Type | Eligible Expense | Potentially Eligible Expense | Not an Eligible Expense | Additional Information |
|--|--------------|---------------------|------------------------------------|-------------------------------|---|
| Well-Baby / Well-Child Care | HCFSA | Х | | | |
| Whirlpool Baths | HCFSA | | Х | | A letter of medical necessity is re- quired. |
| Wheelchairs | HCFSA | | | Х | |
| Wig | HCFSA | | Х | | The full cost of a wig purchased because the patient has lost all of his/her hair from disease or treat- ment is reimbursable. |

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