

Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
<b>Abortion</b>	Yes	<b>Artificial teeth</b>	Yes
<b>Acne treatment</b>	Prescription and/or diagnosis required*	<b>Aspirin</b>	Prescription and/or diagnosis required*
<b>Acupuncture</b>	Yes	<b>Asthma treatments</b>	Prescription and/or diagnosis required*
<b>Adoption pre-adoption medical expenses</b>	Yes	<b>Automobile modifications</b>	Prescription and/or diagnosis required*
<b>Air purifier</b>	Prescription and/or diagnosis required*	<b>Bactine</b>	Prescription and/or diagnosis required*
<b>Alcoholism treatment</b>	Yes	<b>Bandages for torn or injured skin (medicated or not)</b>	Yes
<b>Allergy medicine (Example: Alavert)</b>	Prescription and/or diagnosis required*	<b>Behavioral modification programs</b>	Prescription and/or diagnosis required*
<b>Allergy treatment products; household improvements to treat allergies</b>	Prescription and/or diagnosis required*	<b>Birth-control pills</b>	Yes
<b>Alternative healers dietary substitutes and drugs and medicines</b>	Prescription and/or diagnosis required*	<b>Blood pressure monitoring devices</b>	Yes
<b>Ambulance</b>	Yes	<b>Blood sugar test kits and test strips</b>	Yes
<b>Antacids (Example: Zantac)</b>	Prescription and/or diagnosis required*	<b>Body scans</b>	Yes
<b>Antibiotic ointments (Example: Neosporin)</b>	Prescription and/or diagnosis required*	<b>Braille books and magazines</b>	Yes
<b>Antihistamines (Example: Benadryl)</b>	Prescription and/or diagnosis required*	<b>Breast pumps</b>	Yes
<b>Anti-itch creams (Example: Cortaid)</b>	Prescription and/or diagnosis required*	<b>Breast reconstruction surgery following mastectomy</b>	Yes
<b>Appearance improvements</b>	No	<b>Calamine lotion</b>	Prescription and/or diagnosis required*
<b>Arthritis gloves</b>	Yes	<b>Capital expenses</b>	Prescription and/or diagnosis required*
<b>Artificial limbs</b>	Yes	<b>Car modifications</b>	Prescription and/or diagnosis required*

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<b>Carpal tunnel wrist supports</b>	Yes	<b>Cosmetics</b>	No
<b>Cayenne pepper</b>	Prescription and/or diagnosis required*	<b>Cough suppressants (Examples: Robitussin, cough drops)</b>	Prescription and/or diagnosis required*
<b>Chelation therapy</b>	Yes	<b>Counseling</b>	Prescription and/or diagnosis required*
<b>Chinese herbal practitioners &amp; herbal treatments</b>	Prescription and/or diagnosis required*	<b>Crutches</b>	Yes
<b>Chiropractors</b>	Yes	<b>Decongestants (Example: Dimetapp)</b>	Prescription and/or diagnosis required*
<b>Chondroitin</b>	Prescription and/or diagnosis required*	<b>Deductibles</b>	Yes
<b>Claritin</b>	Prescription and/or diagnosis required*	<b>Dental sealants</b>	Yes
<b>Co-insurance amounts</b>	Yes	<b>Dental treatment</b>	Yes
<b>Cold medicine (Example: Sudafed)</b>	Prescription and/or diagnosis required*	<b>Dentures and denture adhesives</b>	Yes
<b>Cold/hot packs</b>	Yes	<b>Deodorant</b>	No
<b>Cologne</b>	No	<b>Diabetic supplies</b>	Yes
<b>Condoms</b>	Yes	<b>Diagnostic items/services</b>	Yes
<b>Contact lenses materials and equipment</b>	Yes	<b>Diaper rash ointments (Example: Desitin)</b>	Prescription and/or diagnosis required*
<b>Contraceptives</b>	Prescription and/or diagnosis required*	<b>Diapers or diaper service</b>	No
<b>Controlled substances in violation of federal law</b>	No	<b>Diarrhea medicine (Example: Pepto-Bismol)</b>	Prescription and/or diagnosis required*
<b>Co-payments</b>	Yes	<b>Dietary supplements</b>	Prescription and/or diagnosis required*
<b>Cosmetic procedures</b>	No	<b>Diet foods</b>	No

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<b>Disabled dependent care expenses</b>	Prescription and/or diagnosis required*	<b>Fever-reducing medications (Example: Tylenol)</b>	Prescription and/or diagnosis required*
<b>DNA collection and storage</b>	Prescription and/or diagnosis required*	<b>Fiber supplements</b>	Prescription and/or diagnosis required*
<b>Drug addiction treatment</b>	Yes	<b>First aid cream</b>	Prescription and/or diagnosis required*
<b>Drug overdose, treatment of</b>	Yes	<b>First aid kits</b>	Yes
<b>Drugs and medicines</b>	Prescription and/or diagnosis required*	<b>Fitness programs</b>	Prescription and/or diagnosis required*
<b>Dyslexia</b>	Prescription and/or diagnosis required*	<b>Flu shots</b>	Yes
<b>Ear piercing</b>	No	<b>Fluoridation device or services</b>	Yes
<b>Ear plugs</b>	Prescription and/or diagnosis required*	<b>Founder's fee</b>	No
<b>Egg donor fees</b>	Yes	<b>Funeral expenses</b>	No
<b>Electrolysis or hair removal</b>	No	<b>Gauze pads</b>	Yes
<b>Exercise equipment or programs</b>	Prescription and/or diagnosis required*	<b>Genetic testing</b>	Prescription and/or diagnosis required*
<b>Expectorants (Example: Comtrex)</b>	Prescription and/or diagnosis required*	<b>GIFT (Gamete intrafallopian transfer)</b>	Yes
<b>Eye drops (Example: Visine)</b>	Prescription and/or diagnosis required*	<b>Glucosamine</b>	Prescription and/or diagnosis required*
<b>Eye examination and eyeglasses</b>	Yes	<b>Glucose monitoring equipment</b>	Yes
<b>Face creams</b>	No	<b>Hair colorants</b>	No
<b>Face lifts</b>	No	<b>Hair removal and transplants</b>	No
<b>Feminine hygiene products</b>	No	<b>Hand lotion</b>	No
<b>Fertility treatments</b>	Yes	<b>Headache medications (Example: Advil)</b>	Prescription and/or diagnosis required*

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Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
<b>Health club fees</b>	Prescription and/or diagnosis required*	<b>Insurance premiums</b>	No
<b>Health institute fees</b>	No	<b>IVF (in vitro fertilization)</b>	Yes
<b>Hearing aids</b>	Yes	<b>Laboratory fees</b>	Yes
<b>Hemorrhoid treatments (Example: Preparation H)</b>	Prescription and/or diagnosis required*	<b>Lactation consultant</b>	Prescription and/or diagnosis required*
<b>Herbs</b>	Prescription and/or diagnosis required*	<b>Lamaze classes</b>	Yes
<b>HMO premiums</b>	No	<b>Language training</b>	Prescription and/or diagnosis required*
<b>Holistic or natural healers recommended drugs and medicines</b>	Prescription and/or diagnosis required*	<b>Laser eye surgery; Lasik</b>	Yes
<b>Home care</b>	Prescription and/or diagnosis required*	<b>Late fees (e.g. for late payment of bills for medical services)</b>	No
<b>Home improvements (such as exit ramps widening doorways etc.)</b>	Prescription and/or diagnosis required*	<b>Laxatives (Example: Ex-Lax)</b>	Prescription and/or diagnosis required*
<b>Hormone replacement therapy (HRT)</b>	Prescription and/or diagnosis required*	<b>Lead-based paint removal</b>	Prescription and/or diagnosis required*
<b>Hospital services</b>	Yes	<b>Learning disability instructional fees</b>	Yes
<b>Humidifier</b>	Prescription and/or diagnosis required*	<b>Legal fees general</b>	Prescription and/or diagnosis required*
<b>Hypnosis</b>	Prescription and/or diagnosis required*	<b>Legal fees in connection with fertility treatments</b>	Prescription and/or diagnosis required*
<b>Illegal operations and treatments</b>	No	<b>Lipsticks</b>	No
<b>Immunizations</b>	Yes	<b>Liquid adhesive for small cuts</b>	Prescription and/or diagnosis required*
<b>Incontinence supplies</b>	Prescription and/or diagnosis required*	<b>Lodging at a hospital or similar institution</b>	Yes
<b>Infertility treatments</b>	Yes	<b>Lodging while attending a medical conference</b>	No
<b>Insect bite creams and ointments (Example: Caladryl)</b>	Prescription and/or diagnosis required*	<b>Makeup</b>	No
<b>Insulin</b>	Yes	<b>Marijuana or other controlled substances in violation of federal law</b>	No

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Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
Massage therapy	Prescription and/or diagnosis required*	Missed appointment fees	No
Mastectomy-related special bras	Yes	Moisturizers	No
Maternity clothes	No	Motion-sickness pills (Examples: Bonine Dramamine)	Prescription and/or diagnosis required*
Mattresses	No	Mouthwash	No
Meals not at a hospital or similar institution	No	Nasal strips or sprays	Prescription and/or diagnosis required*
Meals of a companion	No	Nasal saline	Yes
Meals while attending a medical conference	No	Naturopathic healers dietary substitutes and drugs and medicines	Prescription and/or diagnosis required*
Medical alert bracelet or necklace	Yes	Nicotine gum or patches (Examples: Nicoderm, Nicorette)	Prescription and/or diagnosis required*
Medical information plan charges	Yes	Non-prescription drugs and medicines	Prescription and/or diagnosis required*
Medical monitoring and testing devices	Yes	Norplant insertion or removal	Yes
Medical newsletter	No	Nursing services provided by a nurse or other attendant	Prescription and/or diagnosis required*
Medical records charges	Yes	Nursing services for a baby	No
Medical services	Yes	Nutritionist's professional expenses	Prescription and/or diagnosis required*
Medicines and drugs	Prescription and/or diagnosis required*	Nutritional supplements	Prescription and/or diagnosis required*
Menstrual pain relievers (Example: Midol)	Prescription and/or diagnosis required*	Obstetrical expenses	Yes
Mentally handicapped special home for	Prescription and/or diagnosis required*	Occlusal guards to prevent teeth grinding	Yes
Mineral supplements	Prescription and/or diagnosis required*	One-a-day vitamins	No

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Operations	Yes	Prescription drugs and medicines obtained from other countries	No
Optometrist	Yes	Prescription drug discount programs	No
Orthodontia	Yes	Preventive care screenings	Yes
Orthopedic shoes and inserts	Prescription and/or diagnosis required*	Propecia	Prescription and/or diagnosis required*
Osteopath fees	Yes	Prosthesis	Yes
Ovulation monitor	Yes	Psychiatric care	Yes
Oxygen	Yes	Psychoanalysis	Prescription and/or diagnosis required*
Pain relievers (Examples: Advil Aspirin Tylenol)	Prescription and/or diagnosis required*	Psychologist	Prescription and/or diagnosis required*
Patterning exercises	Yes	Radial keratotomy	Yes
Perfume	No	Reading glasses	Yes
Permanent waves	No	Recliner chairs	No
Personal trainer fees	Prescription and/or diagnosis required*	Retin-A	Prescription and/or diagnosis required*
Physical exams	Yes	Rogaine	Prescription and/or diagnosis required*
Physical therapy	Yes	Rubbing alcohol	Prescription and/or diagnosis required*
Pregnancy test kits	Yes	Safety glasses	No
Prenatal vitamins	Prescription and/or diagnosis required*	Schools and education residential	Prescription and/or diagnosis required*
Pre-payments	No	Schools and education special	Prescription and/or diagnosis required*
Prescription drugs	Prescription and/or diagnosis required*	Screening tests	Yes

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Seeing-eye dog	Yes	Surgery	Yes
Shampoos	No	Surrogate expenses	No
Sinus medications (Example: Sudafed)	Prescription and/or diagnosis required*	Tanning salons and equipment	No
Skin moisturizers	No	Taxes on medical services and products	Yes
Sleep deprivation treatment	Yes	Teeth whitening	No
Smoking cessation medications	Prescription and/or diagnosis required*	Telephone for hearing-impaired persons	Yes
Smoking cessation programs	Yes	Television for hearing-impaired persons	Yes
Soaps	No	Thermometers	Yes
Spermicidal foam	Prescription and/or diagnosis required*	Throat lozenges (Examples: Cepacol, Chloraseptic)	Prescription and/or diagnosis required*
Sperm storage fees	Prescription and/or diagnosis required*	Toiletries	No
St. John's Wort	Prescription and/or diagnosis required*	Toothache and teething pain relievers (Example: Orajel)	Prescription and/or diagnosis required*
Stem cell harvesting and/or storage of	Prescription and/or diagnosis required*	Toothbrushes	No
Sterilization procedures	Yes	Toothpaste	No
Student health fee	No	Transplants	Yes
Sunglasses	Prescription and/or diagnosis required*	Transportation costs of disabled individual commuting to and from work	No
Sunburn creams and ointments (Example: Solarcaine)	Prescription and/or diagnosis required*	Transportation expense primarily for and essential to medical care	Yes

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<b>Treadmill</b>	Prescription and/or diagnosis required*	<b>Vision correction procedures</b>	Yes
<b>Tuition for special needs program</b>	Prescription and/or diagnosis required*	<b>Vision discount programs</b>	No
<b>Usual and customary charges excess</b>	Yes	<b>Vitamins</b>	Prescription and/or diagnosis required*
<b>Vaccines</b>	Yes	<b>Walkers</b>	Yes
<b>Varicose veins treatment of</b>	Prescription and/or diagnosis required*	<b>Wart remover treatments (Example: Compound W)</b>	Prescription and/or diagnosis required*
<b>Vasectomy</b>	Yes	<b>Weight-loss programs and/or drugs prescribed to induce weight loss</b>	Prescription and/or diagnosis required*
<b>Vasectomy reversal</b>	Yes	<b>Wheelchair</b>	Yes
<b>Veneers</b>	No	<b>Wigs</b>	Prescription and/or diagnosis required*
<b>Veterinary fees for Service Animals</b>	Prescription and/or diagnosis required*	<b>X-ray fees</b>	Yes
<b>Viagra</b>	Yes	<b>Yeast infection medications (Example: Monistat)</b>	Prescription and/or diagnosis required*

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\*See last page for detailed explanation.



Over-the-counter drugs and medicines are not reimbursable through your flex account unless prescribed by a medical practitioner.

“Dual purpose” expenses, such as vitamins and supplements, are those that may be used to treat a medical condition, but may also be used to promote general health. Dual purpose expenses require:

1. A diagnosis of the medical condition by a medical professional, *and*;
2. A recommendation by the medical professional for the purchase of the particular item or service to treat the condition.

For a more detailed health care expenses table please use your employee password to log in to the Allegiance website under Tools and Support.