

# Use this list of eligible expenses to help determine elections for your BESTflex Plan

## Examples of eligible Health Care FSA expenses:

### DENTAL SERVICES

Crowns/Bridges  
Dental X-Rays  
Dentures  
Exams/Teeth Cleanings  
Extractions  
Fillings  
Gum Treatments  
Oral Surgery  
Orthodontia/Braces

### INSURANCE-RELATED ITEMS

Copays  
Coinsurance  
Deductibles

### LAB EXAMS / TESTS

Blood Tests  
Cardiographs  
Diagnostic Fees  
Laboratory Fees  
Spinal Fluid Tests  
Urine/Stool Analyses  
X-Rays

### MEDICATION

Insulin  
Prescribed Birth Control  
Prescribed Vitamins  
Prescription Drugs

### OVER-THE-COUNTER MEDICINE

*Over-the-counter medicines, drugs, or dietary supplements for a specific medical condition:*

Allergy Medicines  
Antihistamines  
Analgesics  
Antacids  
Anti-Diarrhea Medications  
Anti-Itch Medications  
Anti-Nausea Medications

Aspirin  
Athletes Foot Creams and Powders  
Cold Sore Remedies  
Contact Lens Solution and Cleaners  
Cough Drops  
Cough Syrups  
Decongestants  
Eye Drops  
Fever Reducers  
First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)  
Digestive Tract Relief Medications  
Flu and Cold Medications  
Hemorrhoidal Medications  
Laxatives  
Lice and Scabies Treatments  
Menstrual Cycle Products (for pain and cramp relief)  
Motion Sickness Pills  
Muscle / Joint Pain Relievers  
Nasal Sinus Sprays  
Nicotine Gum / Patches  
Pain Relievers  
Pedialyte  
Pregnancy Tests  
Pre-Natal Vitamins  
Reading Glasses  
Retin A (non-cosmetic)  
Rubbing Alcohol  
Sinus Medications  
Sleeping Aids  
Smoking Cessation Products  
Sore Throat Sprays  
Special Ointments / Cream for Sunburns  
Throat Lozenges  
Vapor Rubs  
Weight Loss Drugs (to treat a specific disease)  
Yeast Infection Treatments

### OTHER MEDICAL TREATMENTS/ PROCEDURES

Acupuncture  
Alcoholism (inpatient treatment)  
Chiropractor Services  
Drug Addiction (inpatient treatment)

Hearing Exams  
Hospital Services  
Infertility  
In-vitro Fertilization  
Norplant Insertion or Removal  
Patterning Exercises  
Physical Examination (not employment related)  
Physical Therapy  
Speech Therapy  
Sterilization  
Vaccinations and Immunizations  
Vasectomy and Vasectomy Reversals  
Well Baby Care

### OTHER MEDICAL SUPPLIES AND SERVICES

Abdominal/Back Supports  
Ambulance Services  
Arches (requires a doctor's prescription)  
Orthopedic Shoes  
Contraceptives  
Counseling (except for Marriage and Family)  
Crutches  
Guide Dog (for visually/hearing impaired person)  
Hearing Aids & Batteries  
Hospital Bed  
Insulin Supplies  
Learning Disability (special school/teacher)  
Lead Paint Removal (if not capital expense and incurred for a child poisoned)  
Medic Alert Bracelet or Necklace  
Medical Miles, Tolls, and Parking  
Oxygen Equipment

# The BESTflex<sup>SM</sup> Plan

Section 125 Administration

Prosthesis  
 Splints/Casts  
 Support Hose (if medically necessary)  
 Syringes  
 Transportation Expenses (essential to medical care)  
 Wheelchair  
 Wigs (hair loss due to disease)

**VISION EXPENSES**

Contact Lenses  
 Contact Lens Solution  
 Eye Examinations  
 Eyeglasses  
 Laser Eye Surgeries  
 Prescription Sunglasses  
 Radial Keratotomy/LASIK

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free Customer Service line at 800 346 2126.

**Examples of ineligible Health Care FSA expenses:**

Baby-Sitting  
 Breast Pumps  
 Canceled Appointment Fees  
 Chapstick  
 Contact Lens Insurance

Cosmetics  
 Cosmetic Surgery/Procedures  
 Dance/Exercise/Fitness Programs  
 Diaper Service  
 Electrolysis  
 Exercise Equipment  
 Eyeglass Insurance  
 Face Cream  
 Feminine Hygiene Products  
 Hair Loss Medications  
 Hair Transplant  
 Health Club Dues  
 Illegal Operation or Treatments  
 Insurance Premiums  
 Long Term Care Premiums  
 Marriage or Family Counseling  
 Massage Therapy\*  
 Maternity Clothes  
 Meals that are not part of inpatient care  
 Moisturizers  
 Nutritional Supplements  
 Personal Trainer  
 Prescription Drug Discount Programs  
 Prescription Drugs for Hair Loss  
 Provider Discounts  
 Rogaine  
 Shampoos/Soaps  
 Special Foods  
 Suntan Lotion  
 Supplements\* (for general health)  
 Teeth Whitening/Bleaching  
 Toiletries  
 Toothbrushes (including battery operated)  
 Toothpaste  
 Vision Discount Program Premiums  
 Vitamins (for general health)  
 Weight Loss Programs\* (for general health)

\*Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment. This list is not meant to be all inclusive.

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**www.ebcflex.com**



You can also use our **Telephone Account Assistant** to listen to your account information using a touch-tone phone. Dial 800 346 2126 or 608 831 8445, choose the Customer Service option then follow the simple voice-prompts.