



**WHAT EXPENSES CAN BE REIMBURSED UNDER A MEDICAL REIMBURSEMENT ACCOUNT?**

**SAMPLE LIST**

<b>EXPENSE</b>	<b>YES/NO</b>	<b>EXPLANATON</b>
<b>Acupuncture</b>	Yes	If amount is to <i>treat</i> a specific medical condition
<b>Alcoholism</b>	Yes	
<b>Ambulance</b>	Yes	
<b>Artificial limb</b>	Yes	
<b>Artificial/False teeth</b>	Yes	
<b>Aspirin</b>	Yes	
<b>Baby-sitting/childcare</b>	<b>No</b>	
<b>Birth control pills</b>	Yes	Also contraceptives.
<b>Braille books</b>	Yes	
<b>Breast pump</b>	Yes	<u>ONLY</u> if there is an underlying <i>medical reason</i> . Not deductible if for convenience, scheduling, ECT. <i>A Letter of Medical Necessity</i> will be required from a physician-not just a prescription.
<b>Chelation Therapy</b>	Yes	If used to treat a medical condition such as lead poisoning.
<b>Chiropractor</b>	Yes	
<b>Coinsurance/Deductible</b>	Yes	If the amount is entirely the responsibility of the employee. Expenses that are in excess of an insurance plan's usual and customary charges are also eligible. <u>All</u> of the EOB's from insurance will be required for documentation.
<b>Contact lenses</b>	Yes	Amounts paid for prescription lenses, as well as the cleaning supplies needed for the lenses.
<b>Cosmetic Surgery</b>	<b>No</b>	If the surgery is to correct a congenital deformity, personal injury from an accident, or a disfiguring disease, then the surgery may be eligible. <i>A Letter of Medical Necessity</i> from a physician would be required.
<b>Counseling</b>	Yes	<u>For medical reasons only</u> . <i>Marital counseling is not eligible</i> .
<b>Crutches</b>	Yes	Amount paid to rent or buy.
<b>Dental Procedures</b>	Yes	Routine dental, fillings, crowns, periodontal and endontic expenses. Expenses for cosmetic purposes, veneers and Bleaching/whitening of teeth are not reimbursable.
<b>Diagnostic services</b>	Yes	As long as the services are medically necessary.
<b>Eye exams, glasses</b>	Yes	Prescription lenses only. Prescription sunglasses are also eligible. <b><u>Clip-on sunglasses are not eligible.</u></b>
<b>Fitness programs</b>	Yes	Only to alleviate a physical or mental defect or illness. <i>A Letter of Medical Necessity</i> from a physician is required.
<b>Flu shots</b>	Yes	Unless covered by your insurance plans wellness benefit.
<b>Guide dog or animal aide</b>	Yes	Amount paid for purchase, training and care of animals used by a visually or hearing-impaired person.
<b>Health club dues</b>	Yes	Only to alleviate a physical or mental defect or illness. <i>A Letter of Medical Necessity</i> from a physician is required.
<b>Hearing aids</b>	Yes	Hearing aids, as well as batteries for operation, are eligible.
<b>Hospital services</b>	Yes	
<b>Immunizations</b>	Yes	
<b>Insulin</b>	Yes	
<b>Insurance premiums</b>	<b>No</b>	
<b>Laboratory fees</b>	Yes	Amounts paid for lab fees which are a part of medical care.

<b>Laser eye surgery</b>	Yes	
<b>Lodging</b>	Yes	For amounts while away from home due to medical care. Limited to \$50.00 per night. SEE MILEAGE LOG SHEET
<b>Massage therapy</b>	<b>No</b>	Treatment for stress, general well being and relaxation is ineligible. If therapy is for treatment of a specific medical condition such as an injury or a muscle disease, then a <i>Letter of Medical Necessity</i> will be required by a physician.
<b>Medical monitoring devices</b>	Yes	
<b>Medicines &amp; Drugs</b>	Yes	If legally procured and generally accepted as medicines and drugs. They must meet the definition of medical care under Code Section 213(d).
<b>Naturopathic/Holistic</b>	Yes	<u>Only the excess cost of special foods over common version of same product is reimbursable.</u>
<b>Nutritional supplements</b>	Yes	Required <i>Letter of Medical Necessity</i> by a physician to treat an existing disease, not to improve general health.
<b>Occlusal guards/TMJ</b>	Yes	
<b>Orthodontia</b>	Yes	Amounts paid <i>per month</i> as incurred.
<b>Osteopath</b>	Yes	
<b>Over-the-counter items</b>	Yes	Over-the-counter (OTC) means items that meet the definition of medical care under Code Section 213(d). (See OTC Listing) An itemized cash register receipt is required.
<b>Oxygen</b>	Yes	Amount paid for oxygen and equipment for breathing problems caused by a medical condition.
<b>Physical exams</b>	Yes	<u>Excludes</u> employment physicals.
<b>Physical therapy</b>	Yes	As long as it is ordered by a physician to treat a specific medical condition.
<b>Psychiatric care</b>	Yes	
<b>Radial Keratotomy</b>	Yes	Lasik eye surgery is also allowable.
<b>Rogaine</b>	<b>No</b>	Not if purchased over-the-counter or prescribed for cosmetic purposes. Could be allowable for specific medical condition. A <i>Letter of Medical Necessity</i> from a physician would be required.
<b>Smoking cessation program</b>	Yes	
<b>Sterilization</b>	Yes	
<b>Teeth whitening/bleaching</b>	<b>No</b>	<b><u>COSMETIC PROCEDURES ARE NOT ELIGIBLE</u></b>
<b>Transportation</b>	Yes	Amounts paid for transportation for the purpose to transport the individual for medical care is deductible at <b><u>24 cents a mile effective 1/1/09.</u></b> Parking fees and tolls are also eligible. <b><u>A mileage log with a copy of odometer readings recorded immediately before and after each trip will be required for documentation. SEE YOUR EMPLOYER FOR THE MILEAGE LOG.</u></b>
<b>Vaccines</b>	Yes	
<b>Viagra</b>	Yes	If prescribed by a physician to treat a medical condition.
<b>Vitamins</b>	Yes	Required <i>Letter of Medical Necessity</i> by a physician to treat an existing disease, not to improve general health.
<b>Weight loss programs/drugs</b>	Yes	Required <i>Letter of Medical Necessity</i> by a physician to treat an existing disease, not to improve general health.
<b>Wheelchair</b>	Yes	Amount paid for purchase as well as cost of operation and upkeep.
<b>X-ray fees</b>	Yes	

**\*LETTER OF MEDICAL NECESSITY:** A letter from a physician that includes the diagnosis, prognosis, duration of need, and why the doctor feels that it is medically necessary for the specific treatment. A prescription from a physician is not sufficient.

\*This list is a sample of frequently asked questions. It is not a complete list. Benefits will be determined according to *your plan* and under the circumstances at the time the expense was incurred. For questions on items not listed, please contact your Benefits Office.