

FSA eligible items and expenses



Important Notice: The following is a list of common Medical, Dental, OTC's, and Vision related items and services. Febco determines "Eligible" based on IRS guidelines. Febco's interpretation is subject to change without notice. This list is intended only as a general guideline. All submitted expenses will be reviewed on a case-by-case basis based on the documentation provided.

Prescription required to be reimbursed – Effective January 1, 2011, all over-the-counter drugs must be prescribed by a physician to be reimbursed. This change is effective January 1, 2011, regardless of your plan year.

Requires a Letter of Medical Necessity to be reimbursed – Requires a Medical note to verify Medical Necessity. A Medical note may be written by a doctor of medicine, dentistry, podiatry, optometry, an authorized chiropractor, or other qualified medical practitioner.

The note must state:

1. Date.
2. Patient's Name.
3. Doctor's Name, practice name, and address.
4. Medical Condition being treated (No general good health)
5. Recommended treatment
6. Time frame for treatment

A

Abortion

Acetaminophen - *Prescription required to be reimbursed*

Acne Treatment (Example: Proactive, Stridex) – *Prescription required to be reimbursed*

Acne Laser Treatment

Acupuncture

Air Conditioner – **Requires a Letter of Medical Necessity to be reimbursed**

Air Purifier - **Requires a Letter of Medical Necessity to be reimbursed**

Alcoholism Treatment

Allergy Medications & Patches - *Prescription required to be reimbursed*

Allergy Nasal Sprays - *Prescription required to be reimbursed*

Alternative Dietary Substitutes - **Requires a Letter of Medical Necessity to be reimbursed**

Alternative Drugs & Medicines - **Requires a Letter of Medical Necessity to be reimbursed**

Alternative Healers - **Requires a Letter of Medical Necessity to be reimbursed**

Ambulance

Antacids & Heartburn Relief - *Prescription required to be reimbursed*

Antibiotic Creams & Ointments, Hemorrhoid Preparations - *Prescription required to be reimbursed*

Anti-Diarrheal (Example: Alka-Seltzer, Milk of Magnesia) - *Prescription required to be reimbursed*

Anti-Itch & Hydrocortisone Creams - *Prescription required to be reimbursed*

Arch & Insole Supports - *Prescription required to be reimbursed*

Arthritis Pain-Relief - *Prescription required to be reimbursed*

Artificial Limbs

Artificial Teeth

Aspirin - *Prescription required to be reimbursed*

Asthma Treatments

Automobile Modifications - **Requires a Letter of Medical Necessity to be reimbursed**

B

Back Supports
Bandages
Behavioral Modification Programs - **Requires a Letter of Medical Necessity to be reimbursed**
Birth Control Pills
Birthing Classes - **Requires a Letter of Medical Necessity to be reimbursed**
Birthing Tub
Blood Pressure Monitoring Devices
Blood Sugar Test Kits & Test Strips
Blood Test
Body Scans
Braille Books & Magazines
Breast Pumps
Breast Reconstruction Surgery Following Mastectomy
Breathing Strips - *Prescription required to be reimbursed*

C

Calamine Lotion - *Prescription required to be reimbursed*
Carpal Tunnel Wrist Supports
Cervical Pillow - **Requires a Letter of Medical Necessity to be reimbursed**
Chelation Therapy
Childbirth Classes – **Limited to mother only**
Chiropractors
Chondroitin/Glucosamine - *Prescription required to be reimbursed*
Christian Science Practitioners
Circumcision
Cold Medicines - *Prescription required to be reimbursed*
Cold/Hot Packs
Composite Fillings
Condoms
Contact Lenses, Materials & Equipment
Contraceptives
Corn Pads - *Prescription required to be reimbursed*
Corrective Swim Goggles
Counseling (*Marriage and couples counseling are ineligible*) - **Requires a Letter of Medical Necessity to be reimbursed**
Co-Payments
CPAP Machine
Crowns & Bridges
Crutches

D

Day-after Pill
Deductibles
Dental Care
Dental Sealants
Dental Treatments
Dental X-Rays

Dentures
Diabetic Supplies
Diagnostic Items & Services
Diaper Rash Creams - *Prescription required to be reimbursed*
Diarrhea Medicine - *Prescription required to be reimbursed*
Dietary Supplements - **Requires a Letter of Medical Necessity to be reimbursed**
Donor Egg Extraction
Doula – **Only reimbursable for delivery of an infant**
Drug Addiction Treatment
Drug Overdose Treatment
Dry Cast Protectors
Dyslexia - **Requires a Letter of Medical Necessity to be reimbursed**

E

Ear Drops & Wax Removal - *Prescription required to be reimbursed*
Ear Molds
Ear Plugs - **Requires a Letter of Medical Necessity to be reimbursed**
Egg Donor Fees
Electric Toothbrush - **Requires a Letter of Medical Necessity to be reimbursed**
Embryo Storage
Exercise Equipment & programs - **Requires a Letter of Medical Necessity to be reimbursed**
Eye Drops - *Prescription required to be reimbursed*
Eye Examinations
Eye Glasses
Eye Glass Cleaning Cloths
Eye Glass Repair or Repair Kit

F

Fertility Treatments
Fiber Supplements - **Requires a Letter of Medical Necessity to be reimbursed**
First Aid Kits
Flu Shots
Fluoridation Device

G

Gauze Bandages
Glucerin Shakes - *Prescription required to be reimbursed*
Glucose monitoring equipment
Guardianship Fees – **Documentation is required**
Guide Dog: Other Aid Animals

H

Hand Sanitizer
Health Club Fees - **Requires a Letter of Medical Necessity to be reimbursed**
Hearing Aids & Its Batteries
Hearing Exams
Hemorrhoid Treatments - *Prescription required to be reimbursed*
Herbs - **Requires a Letter of Medical Necessity to be reimbursed**
Home Care - **Requires a Letter of Medical Necessity to be reimbursed**

Home Diagnostic Tests or Kits *(Example: Blood pressure, Cholesterol, HIV)*

Home Improvements *(Example: Wheelchair Ramp, Widening Doorways)* - **Requires a Letter of Medical Necessity to be reimbursed**

Homeopathic Medicines - *Prescription required to be reimbursed*

Hormone Replacement Therapy - **Requires a Letter of Medical Necessity to be reimbursed**

Hospital Services

Human Guide *(Example: To take a blind child to school)*

Humidifier - **Requires a Letter of Medical Necessity to be reimbursed**

Hypnobirthing Classes

Hypnotherapy - **Requires a Letter of Medical Necessity to be reimbursed**

I

Ibuprofen - *Prescription required to be reimbursed*

Immunizations

Impotence or Sexual Inadequacy Treatment - **Requires a Letter of Medical Necessity to be reimbursed**

Implanon *(Birth Control Injections)*

Incontinence Supplies *(example: Depends and Serenity Pads)*

Infertility Treatments - **Requires a Letter of Medical Necessity to be reimbursed**

Insoles - **Requires a Letter of Medical Necessity to be reimbursed**

Insulin

Invisible Braces

J

Joint-Support Bandages & Hosiery

K

L

Laboratory Fees

Lactation Consultant - **Requires a Letter of Medical Necessity to be reimbursed**

Lamaze Classes *(For mothers only. Expenses for the significant other do not qualify)* - **Requires a Letter of Medical Necessity to be reimbursed**

Laser Eye Surgery

Latex Gloves

Laxatives - *Prescription required to be reimbursed*

Lead-Based Paint Removal - **Requires a Letter of Medical Necessity to be reimbursed**

Learning Disability Instructional Fees

Lifestyle Drugs *(Example: Viagra)* - **Requires a Letter of Medical Necessity to be reimbursed**

Lip Treatments - *Prescription required to be reimbursed*

M

Massage Therapy - **Requires a Letter of Medical Necessity to be reimbursed**

Mastectomy-Related Special Bras

Maternity Support Band

Mattresses - **Requires a Letter of Medical Necessity to be reimbursed**

Medical Alert Bracelet or Necklace

Medical Information Plans

Medical Mileage

Medical Monitoring & Testing Devices

Medical Records Charges
Medicated Soaps, Powders, and Shampoos - *Prescription required to be reimbursed*
Menstrual Pain Relievers - *Prescription required to be reimbursed*
Mileage for Medical Appointment
Mineral Supplements - **Requires a Letter of Medical Necessity to be reimbursed**
Mobile Body Scan
Morning After Contraceptive Pills
Motion Sickness Treatment - *Prescription required to be reimbursed*

N

Nutritional & Dietary Supplements - **Requires a Letter of Medical Necessity to be reimbursed**
Nasal Strips or Sprays - *Prescription required to be reimbursed*
Nasal Wash - *Prescription required to be reimbursed*
Nebulizer - **Requires a Letter of Medical Necessity to be reimbursed**
Nicotine Gum or Patches - *Prescription required to be reimbursed*
Nightguard
Nursing Home

O

Occlusal Guards to Prevent Teeth Grinding
Operations
Optometrist
Oral Syringe
Organ Donors/Transplants
Orthodontia
Orthodontia/Braces
Orthodontia Wax
Orthopedic Shoes & Inserts - **Requires a Letter of Medical Necessity to be reimbursed**
OSHA Compliance Fees
Osteopath Fees
Ovulation Monitor
Oxygen

P

Pastoral Counseling - **Requires a Letter of Medical Necessity to be reimbursed**
Physical Exams
Physical Therapy
Pill Crusher and Cutter
Pillows for treatment of fevers
Potty Pager
Pre-Adoption Counseling
Pregnancy Test Kits
Prenatal Vitamins - **Requires a Letter of Medical Necessity to be reimbursed**
Private Hospital Room
Propecia - **Requires a Letter of Medical Necessity to be reimbursed**
Prosthesis
Psychiatric Care
Psychoanalysis
Psychologist - **Requires a Letter of Medical Necessity to be reimbursed**

Q

R

Radial Keratotomy
Radon Remediation
Reading Glasses
Remineralization Products - **Requires a Letter of Medical Necessity to be reimbursed**
Respiratory Treatments - *Prescription required to be reimbursed*
Rogaine - **Requires a Letter of Medical Necessity to be reimbursed**
Retin-A (*For Treatment of Acne*) - *Prescription required to be reimbursed*
Rubber Gloves - **Requires a Letter of Medical Necessity to be reimbursed**
Rubbing Alcohol

S

Scar Treatments (*RX only, OTC treatments must have Letter of Medical Necessity to be Reimbursed*)
Screening Tests
Sexual Counseling (*Expenses for husband and/or wife to have counseling regarding sexual inadequacy are reimbursable*)
Shampoo Treatments Relating to Treatment of Lice
Shower Chair - **Requires a Letter of Medical Necessity to be reimbursed**
Sleep Aids - *Prescription required to be reimbursed*
Sleep Deprivation Treatment
Smoking Cessation Medications
Smoking Cessation Programs
Spermicidal Foam
Sports Mouthguard / Protective Guards
Splints/Casts
Stethoscope
Sterilization Procedures
Sun Glasses (*Prescription Lenses Only*)
Sunburn Creams & Ointments - *Prescription required to be reimbursed*
Sunscreen with SPF 30+
Syringes

T

Taxes on Medical Services & Products
Telephone for Hearing-Impaired Persons
Television for Hearing-Impaired Persons
Therapy
Thermometers
Tooth & Mouth Pain Relief
Transplants
Tubal Ligation

U

Ultrasounds (*Ultrasounds that are for the purpose of identifying the sex of a fetus are not covered*)

V

Vaccinations

Vaporizers - **Requires a Letter of Medical Necessity to be reimbursed**

Vasectomy

Vasectomy Reversal

Vent Cleaning - **Requires a Letter of Medical Necessity to be reimbursed**

Viagra

Vitamins - **Requires a Letter of Medical Necessity to be reimbursed**

W

Walkers

Wart Removal Medication

Weight Loss Programs and/or Drugs Prescribed to Induce Weight Loss - **Requires a Letter of Medical Necessity to be reimbursed**

Wheelchair

X

X-ray fees

Y

Z
