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 – Require’s 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
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

## 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

## Hypnotherapy
Requires a Letter of Medical Necessity to be reimbursed

## 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

## Joint-Support Bandages & Hosiery

## 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*

## 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*

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

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

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*
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

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

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

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