

ELIGIBLE EXPENSES

(LIST NOT ALL INCLUSIVE)

ELIGIBLE EXPENSES:

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| • Acupuncture | • Eyeglasses (prescribed) | • Orthopedic Devices |
| • Alcoholism Treatment | • Eye Examination Fees | • Osteopath Fees |
| • Ambulance | • Eye Surgery (cataracts, LASIK, etc.) | • Oxygen |
| • Artificial Limbs/Teeth | • First Aid Supplies | • Periodontist Fees |
| • Birth Control Products | • Gastric Bypass Surgery | • Physical Therapy |
| • Chiropractors | • Health Monitors | • Pill Boxes |
| • Christian Science Practitioner's Fees | • Hearing Devices and Batteries | • Podiatrist Fees |
| • Cholesterol Tests and Monitors | • Heat Wraps | • Prescription Drugs |
| • Contact Lenses and Solution | • Home Blood Tests | • Psychiatric Care |
| • Co-Payments | • Home Drug Tests | • Psychologist & Psychiatrist Fees |
| • Cost for Mental Illness Confinement | • Home Health Care | • Quit Smoking Programs and Patches |
| • Deductibles | • Insulin | • Radiology |
| • Dental Fees (medically necessary) | • Laboratory Fees | • Routine Physicals |
| • Dentures | • Medicine Dropper/Spoon | • Rx drug supplies (syringes, needles, etc.) |
| • Denture Adhesives | • Motion Sickness Devices | • Smoking Cessation Programs |
| • Diabetic Supplies | • Oral Surgery | • Speech Therapy |
| • Diagnostic Fees | • Orthodontia | • Thermometers |
| • Durable Medical Equipment | • Office Visits | • Travel to Doctor/Healthcare Facility |
| • Endodontic Fees | • Obstetrics & Fertility | • X-Rays & MRI |

ITEMS REQUIRING A PHYSICIAN'S LETTER OF MEDICAL NECESSITY AND/OR PRESCRIPTION:

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| • Acne Medication | • Exercise Equipment | • Pain Relievers |
| • Allergy and Sinus Medication | • First Aid Creams | • Personal Trainer |
| • Antacids | • Allergy and Sinus Medication | • Reconstructive Surgery in Connection with Birth Defects, Disease or Accident |
| • Anti-Itch Medications | • Hormone Therapy | • Sleeping Aids |
| • Antiseptics | • Hypnotism | • Special Schools for Disabled Children |
| • Bedpans & Ring Cushions | • Laxatives | • Wart Removers |
| • Bronchial Asthma Inhalers | • Lice Treatment | • Weight Loss Programs and Fees Pertaining to a Specific Disease |
| • Bunion and Blister Treatments | • Massages | • Wigs for Hair Loss caused by Disease |
| • Cold Sore Medication | • Massagers | • Vaporizers/Humidifiers |
| • Cough, Flu and Cold Remedies | • Nausea Medication | • Vitamins, Minerals and Supplements |
| • Decongestants | • Nasal Spray | |
| • Ear Wax Removal Drops | • Nasal Strips & Snore Relief | |

HEALTHCARE EXPENSES THAT DO NOT QUALIFY FOR REIMBURSEMENT:

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| • Aromatherapy | • Dental Bleaching | • Insurance Premiums |
| • Baby Bottles and Cups | • Family & Marriage Counseling | • Prescription Drugs from another Country |
| • Baby Oils | • Feminine Hygiene Products | • Sunglasses (non-prescription) |
| • Baby Wipes | • Floss | • Toothbrushes and Toothpaste |
| • Breast Enhancement System | • Hair Restoration | |
| • Cosmetic Surgery & Procedures | • Health Club or Gym Memberships | |