

**Eligible Medical Expenses**

|                          |  |   |
|--------------------------|--|---|
| Birth control pills      | Hearing care   | Orthotics   |
| Chiropractic therapy     | Hospitalization costs  | Physical exams for adults and children  |
| Contact lenses           | Hypnosis for treatment of an illness                             | Physical therapy  |
| Co-pays                  | Immunizations  | Physician services  |
| Crutches                 | Individual therapy   | Prescription drugs  |
| Deductibles              | Laboratory fees  | Psychoanalysis and mental health therapy  |
| Dental care              | Lasik eye surgery  | Vision care   |
| Diabetic Supplies        | Massage therapy  | Weight loss programs when specifically recommended by a physician to treat obesity or another medical condition |
| Eye exams & Glasses      | Non-prescription drugs used to treat a current medical condition | Wheelchairs   |
| Group therapy            | Orthodontia  |   |
| Hearing aids & batteries |  |   |

**Not Acceptable**

|                             |   |
|-----------------------------|---|
| Aromatherapy                | Family therapy  |
| Childrearing classes        | Health club dues                                      |
| Cosmetic Surgery            | Insurance Premiums                                    |
| Cosmetic Dentistry          | Marriage counseling                                   |
| Couples Therapy             | Teeth bleaching performed in a dental office          |
| Custodial nursing home care | Weight loss programs that are NOT medically necessary |

**Eligible Over-the-Counter Items (not limited to)**

**Antiseptics**

Adhesive or elastic bandages  
Antiseptic wash/ointment for cuts  
Benzocaine swabs  
First aid wipes  
Iodine tincture  
Rubbing alcohol

**Asthma Medications**

Bronchodilator/Expectorant tablets  
Bronchial asthma inhalers

**Birth Control**

Female & male condoms

**Cold, Flu and Allergy Medications**

Allergy medications  
Cold relief syrup  
Cold relief tablets  
Cough drops  
Nasal decongestant inhaler  
Nasal decongestant spray or drops  
Sinus & allergy nasal spray

**Diabetes**

Diabetic supplies

**Ear/Eye Care**

Airplane ear protections  
Contact lens solutions  
Ear wax removal drugs  
Glasses/repair  
Visine

**Health Aids**

Antifungal treatments  
Denture adhesives  
Diuretics and water pills  
Lice control  
Sleeping aids

**Pain Relief**

Arthritis pain reliever  
Bunion and blister treatments  
Orajel  
Pain relievers – aspirin and non-aspirin  
Throat pain medications

**Personal Test Kits**

Blood pressure kit  
Cholesterol tests  
Colorectal cancer screening tests  
Home drug tests  
Ovulation indicators  
Pregnancy tests

**Skin Care**

Calamine lotion  
Cold sore/fever blister medications  
Diaper rash ointment  
Eczema cream  
Medicated bath products  
Sunblock, SPF 30 or higher  
Wart removal medications

**Stomach Care**

Acid reducers  
Anti-diarrhea medications  
Laxatives  
Prilosec  
Upset stomach medications

**Not Acceptable**

|                       |                        |                 |
|-----------------------|------------------------|-----------------|
| Baby bottles and cups | Deodorants             | Moisturizers    |
| Baby Wipes            | Feminine care          | Oral care       |
| Chapstick & lip balms | Hair re-growth systems | Petroleum jelly |
| Cosmetics             | Low calorie foods      | Skin care       |

**Dual Use – Requires Doctor's Letter**

|                  |
|------------------|
| Foot spa         |
| Herbs & Minerals |
| Massagers        |
| Vitamins         |

\*Please note that under the IIAS system there are a few select items that will not be deemed acceptable when using your Flex Benefits card. Please pay for these items using other means and submit a manual claim to our office for further review. Plan restrictions may apply, check with your plan administrator.