

Use this list of eligible expenses to help determine elections for your BESTflex Plan

Examples of eligible Health Care FSA expenses:

DENTAL SERVICES

Crowns/Bridges
Dental X-Rays
Dentures
Exams/Teeth Cleanings
Extractions
Fillings
Gum Treatments
Oral Surgery
Orthodontia/Braces

INSURANCE-RELATED ITEMS

Copays
Coinsurance
Deductibles

LAB EXAMS / TESTS

Blood Tests
Cardiographs
Diagnostic Fees
Laboratory Fees
Spinal Fluid Tests
Urine/Stool Analyses
X-Rays

MEDICATION

Insulin
Prescribed Birth Control
Prescribed Vitamins
Prescription Drugs

OVER-THE-COUNTER MEDICINE

Over-the-counter medicines, drugs, or dietary supplements for a specific medical condition:

Allergy Medicines
Antihistamines
Analgesics
Antacids
Anti-Diarrhea Medications
Anti-Itch Medications
Anti-Nausea Medications
Aspirin
Athletes Foot Creams and Powders

Cold Sore Remedies
Contact Lens Solution and Cleaners
Cough Drops
Cough Syrups
Decongestants
Eye Drops
Fever Reducers
First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)
Digestive Tract Relief Medications
Flu and Cold Medications
Hemorrhoidal Medications
Laxatives
Lice and Scabies Treatments
Menstrual Cycle Products (for pain and cramp relief)
Motion Sickness Pills
Muscle / Joint Pain Relievers
Nasal Sinus Sprays
Nicotine Gum / Patches
Pain Relievers
Pedialyte
Pregnancy Tests
Pre-Natal Vitamins
Reading Glasses
Retin A (non-cosmetic)
Rubbing Alcohol
Sinus Medications
Sleeping Aids
Smoking Cessation Products
Sore Throat Sprays
Special Ointments / Cream for Sunburns
Throat Lozenges
Vapor Rubs
Weight Loss Drugs (to treat a specific disease)
Yeast Infection Treatments

OTHER MEDICAL TREATMENTS/ PROCEDURES

Acupuncture
Alcoholism (inpatient treatment)
Chiropractor Services
Drug Addiction (inpatient treatment)
Hearing Exams
Hospital Services
Infertility
In-vitro Fertilization
Norplant Insertion or Removal
Patterning Exercises
Physical Examination (not employment related)
Physical Therapy
Speech Therapy
Sterilization
Vaccinations and Immunizations
Vasectomy and Vasectomy Reversals
Well Baby Care

OTHER MEDICAL SUPPLIES AND SERVICES

Abdominal/Back Supports
Ambulance Services
Arches/Orthopedic Shoes
Contraceptives
Counseling (except for Marriage and Family)
Crutches
Guide Dog (for visually/hearing impaired person)
Hearing Aids & Batteries
Hospital Bed
Insulin Supplies

The
BESTflexSM
Plan

Section 125 Administration

Examples of eligible Health Care FSA expenses:

OTHER MEDICAL SUPPLIES AND SERVICES (continued)

Learning Disability (special school/teacher)
Lead Paint Removal (if not capital expense
and incurred for a child poisoned)
Medic Alert Bracelet or Necklace
Medical Miles, Tolls, and Parking
Oxygen Equipment
Prosthesis
Splints/Casts
Support Hose (if medically necessary)
Syringes
Transportation Expenses (essential to
medical care)
Wheelchair
Wigs (hair loss due to disease)

Our web site is convenient –
you can view your account
information and download
Reimbursement and Direct Deposit
Forms 24 hours a day, 7 days a
week from any computer that offers
Internet access.
www.ebcflex.com



VISION EXPENSES

Contact Lenses
Contact Lens Solution
Eye Examinations
Eyeglasses
Laser Eye Surgeries
Prescription Sunglasses
Radial Keratotomy/LASIK

*This list is not meant to be all inclusive.
Other expenses not listed may also qualify.
Please refer to Section 213 of the Internal
Revenue Code or call EBC's toll free
Customer Service line 800 346 2126.*

Examples of ineligible Health Care FSA expenses:

Baby-Sitting
Breast Pumps
Canceled Appointment Fees
Chapstick
Contact Lens Insurance
Cosmetics
Cosmetic Surgery/Procedures
Dancing/Exercise/Fitness Programs
Diaper Service
Electrolysis
Exercise Equipment
Eyeglass Insurance
Face Cream
Feminine Hygiene Products
Hair Loss Medications
Hair Transplant

Health Club Dues
Illegal Operation or Treatments
Insurance Premiums
Long Term Care Premiums
Marriage or Family Counseling
Massage Therapy*
Maternity Clothes
Meals that are not part of inpatient care
Moisturizers
Nutritional Supplements
Personal Trainer
Prescription Drug Discount Programs
Prescription Drugs for Hair Loss
Provider Discounts
Rogaine
Shampoos/Soaps
Special Foods
Suntan Lotion
Supplements* (for general health)

Teeth Whitening/Bleaching
Toiletries
Toothbrushes (including battery operated)
Toothpaste
Vision Discount Program Premiums
Vitamins (for general health)
Weight Loss Programs* (for general health)

**Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment. This list is not meant to be all inclusive.*