

## A Partial List of Eligible Expenses for Health Care Flexible Spending Account (Contact Nyhart for updates)

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### **Equipment and Supplies**

Abdominal supports  
Arches  
Artificial teeth  
Back supports\*  
Braces\*  
Contact lenses and solutions  
Eyeglasses  
Hearing aids and batteries  
Oxygen  
Wheelchair  
X-Rays  
Prescription sunglasses

### **Medical Treatments**

Acupuncture  
Chiropractor  
Co-insurance  
Deductibles  
Fertility treatments  
Lasik eye surgery  
Office visits  
Optometry  
Psychiatric care (for medical condition)\*  
Psychologist fees (for medical condition)\*  
Sterilization  
Vasectomy

### **Medicines**

Birth control  
Insulin, syringes and chem-strips  
Prescription drugs

### **Miscellaneous**

Braille books - excess cost over regular books  
Heart scoring / Body scans  
Orthodontia  
Remedial reading for child with dyslexia  
Seeing-eye dog and its maintenance  
Smoking cessation

### **Some Expenses Generally Not Covered are:**

Boarding school fees for healthy children  
Bottled water  
Cosmetic procedures or surgery  
(unless needed because of injury or disease)  
Funeral, cremation or burial expenses  
Hair replacement or growth treatments  
Marriage counseling fees  
Premiums for health insurance policies  
Retin-A, unless for severe acne  
Special food or beverages, including diet food  
Weight reduction programs\*

### **Over-the-Counter Items**

Ace wraps, hot/cold packs  
Allergy, asthma medicines  
Antacids, stomach medicines  
Antibiotic ointments, cortisone creams  
Band-aids, sterile dressings, tape  
Condoms  
First aid kits  
Motion sickness medication  
Pain relievers, topical creams  
Reading glasses  
Sleeping aids  
Sunscreen (SPF 30 or higher)  
Suppositories, wipes and creams for hemorrhoids  
Thermometers  
Throat lozenges, cough syrup, cold & flu medicines  
Visine, allergy drops

### **Not Covered**

Deodorants  
Herbs  
Make up  
Moisturizers  
Shampoo  
Soaps  
Toothbrushes, toothpaste, dental floss  
(even if prescribed by a dentist)  
Vitamins, nutritional supplements

### **Items Requiring a Letter of Medical Necessity**

Dietary supplements\*  
Fiber supplements\*  
Joint supplements\*  
Prenatal vitamins\*  
Sinus sprays\*  
Weight loss drugs\*

**\*Some products and services require a letter from a physician stating the condition which requires such expenses. Without a letter of medical necessity, these expenses do not qualify. Products and services for general health are not eligible.**

**\*\*All services must render within the plan year.**