

**Wealth Management****FSA Eligible Expenses:****Antiseptics:**

Benzocaine swabs  
First aid wipes  
Hydrogen peroxide  
Iodine tincture  
Rubbing alcohol

**Dental Services:**

Dental X-Rays  
Dentures and Bridges  
Denture adhesives  
Exams/Teeth Cleaning  
Extractions and Fillings  
Orthodontia/Braces

**Hearing:**

Hearing Devices and Batteries  
Hearing Exams  
Ear Wax removal kits

**Medical Equipment/Supplies:**

Band aids  
Blood Pressure monitoring devices  
Bronchial asthma inhalers

Carpal Tunnel Wrist Supports  
Casts/Splints  
Colorectal cancer screening tests  
Contraceptive Devices  
CPAP (machines and supplies)  
Crutches and Wheel Chairs  
Diabetic (lancets, supplies, test strips)  
Gauze Bandages and wraps  
Glucose meters  
Heating Pads  
Incontinence supplies  
Lice control  
Medical Thermometer  
Medicated Shampoos  
Medic Alert Bracelet  
Pregnancy Test Kits  
Prosthesis

**Preventative:**

Immunizations  
Vaccinations (ex: flu, pneumonia)

**Vision:**

Eye Exams  
Eyeglasses  
Contact Lenses and Contact Lens Supplies  
Laser Eye Surgeries  
Prescription Sunglasses  
Reading Glasses

**Therapy:**

Alcohol & Drug Addiction Counseling (not marital or career)  
Massage\*  
Occupational  
Physical  
Speech

**Misc:**

Co-Pays  
Mileage\*\*  
Prescriptions

**FSA Ineligible Expenses:**

Acid Controllers\*  
Acne medications\*  
Allergy & Sinus\*  
Antibiotic Products\*  
Anti-diarrhea medications\*  
Anti-Gas\*  
Anti-Itch & Insect Bite\*  
Antiparasitic Treatments\*  
Baby Rash\*  
Cold Sore Remedies\*  
Cosmetic Surgery  
Cough, Cold & Flu\*  
Creams/Ointments\*

Digestive Aids\*  
Electric Toothbrushes  
Electrolysis  
Eczema\*  
Eye Drops\*  
Feminine Anti-Fungal/Anti-Itch\*  
Hair Loss Medication  
Hair Transplant  
Hemorrhoid Preps\*  
Insect Repellants  
Laxatives\*  
Lip Balms(Ex: Chapstick)  
Lotions/Moisturizers

Maternity Clothes  
Motion Sickness\*  
Nutritional Supplements\*  
Pain Relief\*  
Respiratory Treatments\*  
Shampoo  
Sleep Aids & Sedatives\*  
Stomach Remedies\*  
Sunscreen  
Teeth Whitening/Bleaching  
Wart removal medications\*  
Vision Discount Programs  
Vitamins\*

\*Items are "potentially eligible items" if accompanied by a Doctor's prescription or a Note of Medical Necessity from your physician. The note must state that it is to treat a specific disease.

\*\*Will qualify if the expense is primarily for and essential to medical care. Proof of the visit (receipt, etc) plus mileage documentation (MapQuest, etc) must be accompanied with each claim reimbursement request.

Please note that this is only a partial list and is intended to provide Plan participants with some examples of items that may be eligible for reimbursement through their Flex plan. If you have any questions about an item please contact our Employee Benefit Dept at 800-399-3023 or cbtqp@cbcfamily.com.