

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.