

1203 W. 2nd Street P.O. Box 1407 Grand Island, NE 68802 Ph. 308-381-1810 Fax 308-381-4824 e-mail: flexplan@gicpas.com

FLEX PLAN MEDICAL CARE REIMBURSEMENT EXPENSES

A copy of a current prescription must accompany each and every claim you submit for reimbursement of overthe-counter (OTC) items. Claims that do not have the prescription attached will be denied.

ACCEPTED OVER-THE-COUNTER (OTC) ITEMS*

ANTISEPTICS

Prescription (RX) required Antiseptic wash or ointment for cuts or scrapes (RX) Antiseptic mouthwash (RX) Benzocaine swabs (RX) Boric acid powder (RX) First aid wipes (RX) Hydrogen peroxide (RX) Iodine tincture (RX) Rubbing alcohol (RX) Sublimed sulfur powder (RX)

COLD, FLU, ASTHMA & ALLERGY MEDICATIONS

Prescription (RX) required Allergy medications (RX) Bronchodilator/Expectorant tablets (RX) Bronchial asthma inhalers (RX) Cold relief (liquid, tablets, drops) (RX) Cough relief (liquid, tablets, drops) (RX) Flu relief (liquid, tablets, drops) (RX) Medicated chest rub (RX) Nasal decongestant (spray, drops, inhaler) (RX) Nasal strips to improve congestion (RX) Sinus and allergy nasal spray (RX) Homeopathic sinus medications (RX) Vapor patch cough suppressant (RX)

DIABETES

Diabetic lancets Diabetic needles Diabetic supplies Diabetic syringes Diabetic test strips Glucose meters Glucose tablets (RX)

EAR/EYE CARE

Letter of Medical Necessity required from physician (LOMN) <u>Prescription (RX) required</u> Airplane ear protection (LOMN) Ear drops for swimmers (RX) Ear water-drying aid (RX) Earwax removal drops (RX) Homeopathic earache tablets (RX) Contact lens cleaning solutions

HEALTH AIDS

Prescription (RX) required Anti-fungal treatments (RX) Denture adhesives Diuretics & water pills (RX) Hemorrhoid relief (RX) Lice control (RX) Medicated bandages Motion sickness tablets (RX) Respiratory stimulant ammonia (RX) Sleeping aids (RX)

PAIN RELIEF

Prescription (RX) required Arthritis pain reliever (RX) Bunion and blister treatments (RX) Itch relief (RX) Orajel® (RX) Pain relievers, aspirin & non-aspirin (RX) Throat pain medications (RX)

PERSONAL TEST KITS

Cholesterol tests Colorectal cancer screening tests Home drug tests Ovulation indicators Pregnancy tests

SKIN CARE

Prescription (RX) required Acne medications (RX) Anti-itch lotion (RX) Bunion & blister treatments (RX) Cold sore & fever blister medications (RX) Corn & callus removal medications (RX) Diaper rash ointment (RX) Eczema cream (RX) Medicated bath products (RX) Wart removal medications (RX)

STOMACH CARE

Prescription (RX) required Acid reducing gum, liquid, tablets (RX) Anti-diarrhea medications (RX) Gas prevention tablets & drops (RX) Ipecac Syrup (RX) Laxatives (RX) Pinworm treatment (RX) Prilosec® (RX) Upset stomach medications (RX)

<u>OVER-THE-COUNTER ITEMS</u>* Letter of Medical Necessity required from a physician (LOMN). Prescription (RX) required.

Adhesive or elastic bandages Blood pressure meter Cold or hot compresses Eye drops (RX) Foot spa (LOMN) Gauze & tape Gloves and masks Herbs (LOMN) Leg or arm braces Massagers (LOMN) Minerals (LOMN) Multivitamins (LOMN)

OVER-THE-COUNTER NOT ACCEPTABLE*

Aromatherapy Baby bottles & cups Baby oil or wipes Breast enhancement system Cosmetics Cotton swabs

E* Dental floss Deodorants Feminine care Hair regrowth Low "carb" or low calorie foods

Mouthwash or oral care

Saline nose drops (RX) Special supplements (LOMN) Special teeth cleaning system (LOMN) Thermometers Vitamins (LOMN)

Petroleum jelly Shampoo & conditioner Skin care Spa salts Sun tanning products Toothbrushes

ONLY HEALTH CARE EXPENSES NOT REIMBURSED BY INSURANCE CAN BE CLAIMED

THE FOLLOWING HEALTH CARE EXPENSES QUALIFY FOR REIMBURSEMENT UNDER YOUR FLEX PLAN*

RX = Prescription required

LOMN = Letter of Medical Necessity required from a physician

Acupuncture (excluding remedies & treatments prescribed by acupuncturist) Alcoholism & drug treatment Ambulance Artificial limbs/teeth Bedpans & ring cushions Breast pumps & nursing supplies Chiropractors Christian Science practitioner's fees Contact lenses and solutions Co-payments (doctor, dental, vision, pharmacy) Costs for physical or mental illness confinement Crutches Deductibles Dental fees (cosmetic procedures not eligible) Dentures Diagnostic fees Dietary supplements & vitamins (LOMN)

Drugs, medical supplies, syringes, needles, etc. Endodontist fees Eyeglasses prescribed by your physician Eye examination fees Eye surgery (cataracts, LASIK, laser, etc.) Hearing devices & batteries Home health care Hospital bills Insulin Laboratory fees Office visits **Obstetrics & fertility** Oral surgery Orthodontist fees (subject to service received) Orthopedic devices Osteopath fees Over-the-counter drugs (RX) Oxygen

Periodontist fees Physician fees (cosmetic services not eligible) Podiatrist fees Prescribed medicines Psychiatric care Psychologist & psychiatrist fees Radiology Reconstructive surgery in connection with birth defects, disease, or accident Routine physicals & other non-diagnostic services or treatments Smoking cessation patches & gums (RX) Smoking cessation programs Surgical fees Weight loss over-the-counter drugs (RX) Weight loss programs (LOMN) Wheelchair, walkers, shower chairs X-rays and MRI

ITEMS REQUIRING A LETTER OF MEDICAL NECESSITY (LOMN) MAKING THE ITEM NECESSARY*

Arches & orthopedic shoes Boost®/Pediasure® Humidifiers & vaporizers Pill boxes Special school for disabled child Therapeutic support gloves Weight loss programs & fees pertaining to a specific disease Wigs for hair loss caused by disease

HEALTH CARE EXPENSES THAT DO NOT QUALIFY FOR REIMBURSEMENT UNDER A FLEX PLAN*

Cosmetic surgery, procedures and/or medications Dental bleaching Hair restoration procedures or drugs Health club/gym members for general health Marriage counseling Mail order prescriptions from another country Over-the-counter item, drugs, or medications that are not prescribed by your physician Weight loss programs for general health or appearance Premiums you pay for insurance coverage. (Payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan.)