

**FLEX PLAN MEDICAL CARE REIMBURSEMENT EXPENSES**

Health care debit card us for OTC drugs without a prescription and menstrual products is dependent on the updated eligible product list managed by the Special Interest Group for IIAS Standards (SIGIS), then merchants updating their systems. In the interim, members will need to submit manual claims with the proper documentation.

**ACCEPTED OVER-THE-COUNTER (OTC) ITEMS That No Longer Need a RX effective 1/1/2020**

**ANTISEPTICS**

Prescription (RX) no longer required

Antiseptic wash or ointment for cuts or scrapes  
Antiseptic mouthwash  
Benzocaine  
Boric acid powder  
First aid wipes  
Hydrogen peroxide  
Iodine tincture  
Rubbing alcohol  
Sublimed sulfur powder

**COLD, FLU, ASTHMA & ALLERGY MEDICATIONS**

Prescription (RX) no longer required

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

**DIABETES**

Diabetic lancets  
Diabetic needles  
Diabetic supplies  
Diabetic syringes

Diabetic test strips

Glucose meters  
Glucose tablets

**EAR/EYE CARE**

Letter of Medical Necessity required from physician (LOMN)

Prescription (RX) no longer required

Airplane ear protection (LOMN)  
Ear drops for swimmers  
Ear water-drying aid  
Earwax removal drops  
Homeopathic earache tablets  
Contact lens cleaning solutions

**HEALTH AIDS**

Prescription (RX) no longer required

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

**PAIN RELIEF**

Prescription (RX) no longer required

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

**PERSONAL TEST KITS**

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

**SKIN CARE**

Prescription (RX) no longer required

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

**STOMACH CARE**

Prescription (RX) no longer required

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

**OVER-THE-COUNTER ITEMS\*** Letter of Medical Necessity required from a physician (LOMN)..

Adhesive or elastic bandages  
Blood pressure meter  
Cold or hot compresses  
Foot spa (LOMN)  
Gauze & tape

Gloves and masks  
Herbs (LOMN)  
Leg or arm braces  
Massagers (LOMN)  
Minerals (LOMN)

Special supplements (LOMN)  
Special teeth cleaning system (LOMN)  
Thermometers  
Vitamins (LOMN)  
Multivitamins (LOMN)

**OVER-THE-COUNTER NOT ACCEPTABLE\***

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

Dental floss  
Deodorants  
Feminine care  
Hair regrowth  
Low "carb" or low calorie foods  
Mouthwash or oral care

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

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| <ul style="list-style-type: none"> <li>Acupuncture (excluding remedies &amp; treatments prescribed by acupuncturist)</li> <li>Alcoholism &amp; drug treatment</li> <li>Ambulance</li> <li>Artificial limbs/teeth</li> <li>Bedpans &amp; ring cushions</li> <li>Breast pumps &amp; nursing supplies</li> <li>Chiropractors</li> <li>Christian Science practitioner's fees</li> <li>Contact lenses and solutions</li> <li>Co-payments (doctor, dental, vision, pharmacy)</li> <li>Costs for physical or mental illness confinement</li> <li>Crutches</li> <li>Deductibles</li> <li>Dental fees (cosmetic procedures not eligible)</li> <li>Dentures</li> <li>Diagnostic fees</li> <li>Dietary supplements &amp; vitamins (LOMN)</li> </ul> | <ul style="list-style-type: none"> <li>Drugs, medical supplies, syringes, needles, etc.</li> <li>Endodontist fees</li> <li>Eyeglasses prescribed by your physician</li> <li>Eye examination fees</li> <li>Eye surgery (cataracts, LASIK, laser, etc.)</li> <li>Hearing devices &amp; batteries</li> <li>Home health care</li> <li>Hospital bills</li> <li>Insulin</li> <li>Laboratory fees</li> <li><b>Mentrua Care Products 1/1/2020</b></li> <li>Obstetrics &amp; fertility</li> <li>Oral surgery</li> <li>Orthodontist fees (subject to service received)</li> <li>Orthopedic devices</li> <li>Osteopath fees</li> <li>Over-the-counter drugs (RX)</li> <li>Oxygen</li> </ul> | <ul style="list-style-type: none"> <li>Periodontist fees</li> <li>Physician fees (cosmetic services not eligible)</li> <li>Podiatrist fees</li> <li>Prescribed medicines</li> <li>Psychiatric care</li> <li>Psychologist &amp; psychiatrist fees</li> <li>Radiology</li> <li>Reconstructive surgery in connection with birth defects, disease, or accident</li> <li>Routine physicals &amp; other non-diagnostic services or treatments</li> <li>Smoking cessation patches &amp; gums (RX)</li> <li>Smoking cessation programs</li> <li>Surgical fees</li> <li>Weight loss over-the-counter drugs (RX)</li> <li>Weight loss programs (LOMN)</li> <li>Wheelchair, walkers, shower chairs</li> <li>X-rays and MRI</li> </ul> |
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**ITEMS REQUIRING A LETTER OF MEDICAL NECESSITY (LOMN) MAKING THE ITEM NECESSARY\***

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| <ul style="list-style-type: none"> <li>Arches &amp; orthopedic shoes</li> <li>Boost®/Pediasure®</li> <li>Humidifiers &amp; vaporizers</li> </ul> | <ul style="list-style-type: none"> <li>Pill boxes</li> <li>Special school for disabled child</li> <li>Therapeutic support gloves</li> </ul> | <ul style="list-style-type: none"> <li>Weight loss programs &amp; fees pertaining to a specific disease</li> <li>Wigs for hair loss caused by disease</li> </ul> |
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**HEALTH CARE EXPENSES THAT DO NOT QUALIFY FOR REIMBURSEMENT UNDER A FLEX PLAN\***

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| <ul style="list-style-type: none"> <li>Cosmetic surgery, procedures and/or medications</li> <li>Dental bleaching</li> <li>Hair restoration procedures or drugs</li> <li>Health club/gym members for general health</li> <li>Marriage counseling</li> </ul> | <ul style="list-style-type: none"> <li>Mail order prescriptions from another country</li> <li>Over-the-counter item, drugs, or medications that are not prescribed by your physician</li> <li>Weight loss programs for general health or appearance</li> </ul> | <ul style="list-style-type: none"> <li>Premiums you pay for insurance coverage. (Payroll-deducted premiums sponsored by your employer are eligible under the Premium Only Plan.)</li> </ul> |
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\*Plan restrictions may apply. Check with your plan administrator.