

## PARTIAL GUIDE TO ALLOWABLE MEDICAL EXPENSES

All expenses must be medically necessary and not reimbursable from any other source.

<b>Deductibles, Co-Payments and Co-Insurance</b> including <i>over R&amp;C</i> charges	<b>Hearing Expenses</b> including testing and hearing aids plus batteries and repairs	<b>Fees &amp; Services:</b> - Physicians & Surgeons - Anesthesiologists & Radiologists - OB/GYN or other Specialists - Ambulance (Air & Ground) - Nursing (Including Room & Board) - Fertility Treatment - Sterilization & Reversals - Legal Abortion - Medically Necessary Cosmetic Services (e.g. following accident or mastectomy) - Chiropractic Services	
<b>Dental Expenses:</b> - Routine & Preventive Services - X-Rays - Orthodontia & Appliances - Restorative & Major Services - Dentures - Periodontal Services	<b>Counseling &amp; Psychiatric Treatment:</b> - Psychiatrist & Psychotherapists - Psychologists - Legal Fees related to Commitment of Mentally Ill Person	<b>Alternative/Holistic Services</b> if medically necessary & performed by licensed practitioners.	
<b>Vision Care Expenses:</b> - Exam - Rx Glasses - Contacts & Contact Supplies - Corrective Surgery (Lasik)	<b>Therapy:</b> - Treatment for Alcoholism - Treatment for Chemical Dependency - Physical Therapy - Speech Therapy - Rx Smoking Cessation - Rx Weight Loss Program	<b>Other:</b> - Medical Records - Travel necessary to seek medical treatment (limitations apply) - Organ/Tissue Donation Expenses - Special Diet* - Support Garments* & Wigs - Orthotics - Prosthesis, Artificial Limbs - Orthopedic Shoes*	
<b>Medicine</b> - Prescription Drugs and medically-necessary non-prescription (OTC) medicines**	<b>Physical Examinations:</b> - School & Work Physicals - Annual Physical Exams - Pap Smears - Mammograms - Prostate Screening	<b>Diabetic Supplies:</b> - Test strips - Insulin - Lancets - Syringe	
<b>Medical Equipment:</b> - Wheelchairs or Lifts - Crutches - Oxygen Equipment & Supplies - Air Purifier/Filters* - Special Beds or Mattress* - Rx Blood Pressure Monitor - Glucose Monitor	<b>Assistance for Disabled Persons:</b> - Braille or other special books/items - Cost of specially equipping a home/car* - Guide Animals (Purchase & Care) - Special Alert Systems	<i>*Reimbursement may be limited to differential between cost of normal item and special need item.          Additional documentation (physician statement of need) may be required.</i>	
<b>Exclusions (Non-Reimbursable Expenses):</b> <ul style="list-style-type: none"> <li>• Over-the-Counter Supplies for Convenience Purposes (e.g., breast pump, non-prescription eye-wear, sunglasses or clips.)</li> <li>• Cosmetic Expenditures (e.g., teeth whitening, face-lifts, dermabrasion, chemical peels or spider vein treatment.)</li> <li>• General Wellness expenses (e.g., health club dues, special foods, vitamins and supplements, exercise program and equipment, or weight loss programs)</li> <li>• Marriage or Family Counseling</li> <li>• Insurance Premiums (e.g., replacement insurance for contact lens, premiums for other health plan policies)</li> <li>• Other: Shipping &amp; Handling Charges, Missed Appointment Fees, Late Payment Fees or Interest Charges.</li> </ul>			

## GUIDE TO ALLOWABLE DEPENDENT CARE EXPENSES

Allowable Expenses include: BabySitter, Daycare, Nursery School, Pre-School, Montessori School, After-School, Summer Day Camp, and Au Pair Expenses.

- Custodial care for a dependent child under the age of 13 or custodial/elder care for an older dependent who is mentally/physically unable to care for themselves.
- Care must be for period when both parents (or single parent) are working, seeking work or attending school.
- Does not have to be a licensed day-care center – can be a relative or neighbor but participant must provide Social Security Number of care giver and file Form 2441 with annual tax return. Care-giver cannot be participant's dependent child under the age of 19.
- Benefit is mutually exclusive to dependent child care credit on annual tax return.
- Maximum benefit is established by IRS (Currently \$5,000 per year per family or \$2,500 if married filing separately)

Excluded Expenses include: Kindergarten, Educational Expenses, Tuitions, or Membership Dues/Fees.

---

*\*\*Effective January 1, 2011 – Expenses for Over-The-Counter (OTC) Medications require prescription.*