



The following health care expenses qualify for reimbursement under your **take care** plan.\*

Only health care expenses not reimbursed by insurance can be claimed. Prescription (Rx) required beginning 1/1/2011.

- |   |  |   |
|---|--|---|
| Acupuncture (excluding remedies and treatments prescribed by acupuncturist) | Eyeglasses prescribed by your doctor   | Psychiatric care  |
| Alcoholism treatment  | Eye examination fees   | Psychologist and psychiatrist fees                                |
| Ambulance   | Eye surgery (cataracts, LASIK, etc.)   | Radiology   |
| Artificial limbs/teeth  | Hearing devices and batteries  | Routine physicals and other non-diagnostic services or treatments |
| Chiropractors   | Home health care   | Smoking cessation over-the-counter drugs (Rx)                     |
| Christian Science practitioner's fees                                       | Hospital bills   | Smoking cessation programs  |
| Contact lenses and solutions  | Insulin  | Surgical fees   |
| Co-payments (doctor, dental, vision, pharmacy)                              | Laboratory fees  | Weight loss over-the-counter drugs (Rx)                           |
| Costs for physical or mental illness confinement                            | Laser eye surgery  | Weight loss programs with a doctor's letter of medical necessity  |
| Crutches  | Office visits  | Wheelchair  |
| Deductibles   | Obstetrics and fertility   | Vitamins, with doctor's letter of medical necessity               |
| Dental fees (cosmetic procedures not eligible)                              | Oral surgery   | X-rays and MRI  |
| Dentures  | Orthodontic fees   |   |
| Diagnostic fees   | Orthopedic devices   |   |
| Dietary supplements and vitamins with doctor's letter of medical necessity  | Osteopath fees   |   |
| Drug and medical supplies (syringes, needles, etc.)                         | Over-the-counter drugs that are medically necessary like allergy medications, aspirin or antacids (Rx) |   |
| Endodontist fees  | Oxygen   |   |
|   | Periodontist fees  |   |
|   | Physician fees (cosmetic procedures not eligible)  |   |
|   | Podiatrist fees  |   |
|   | Prescribed medicines   |   |



Items requiring a physician's letter listing a medical condition making the item necessary.\*

- |                           |   |  |
|---------------------------|---|--|
| Bedpans and ring cushions | Multivitamins   | Therapeutic support gloves                                     |
| Boost®/Pediasure®         | Oxygen  | Vitamins   |
| Foot Spa                  | Reconstructive surgery in connection with birth defect, disease or accident | Weight loss programs and fees pertaining to a specific disease |
| Herbs                     | Special supplements   | Wigs for hair loss caused by disease                           |
| Massagers                 | Special school for disabled child   |  |
| Massages                  | Special teeth cleaning system   |  |
| Minerals                  |   |  |

Health care expenses that do not qualify for reimbursement under an FSA plan.\*

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

[mhmResources.com](http://mhmResources.com)  
 click on "Express Login"

\*Plan restrictions may apply. Check with your plan administrator.



## Accepted Over-the-Counter (OTC) items.\*

### Antiseptics

Prescription (Rx) required beginning 1/1/2011.

- 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 and Allergy Medications

Prescription (Rx) required beginning 1/1/2011.

- Allergy medications (Rx)
- Bronchodilator/Expectorant tablets (Rx)
- Bronchial asthma inhalers (Rx)
- Cold relief (liquid, tablets or drops) (Rx)
- Cough relief (liquid, tablets or drops) (Rx)
- Flu relief (liquid, tablets or drops) (Rx)
- Medicated chest rub (Rx)
- Nasal decongestant spray, drops or inhaler (Rx)
- Sinus and allergy nasal spray (Rx)
- Homeopathic sinus medications (Rx)
- 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 a physician (LOMN).

Prescription (Rx) required beginning 1/1/2011.

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

### Health Aids

Prescription (Rx) required beginning 1/1/2011.

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

### Pain Relief

Prescription (Rx) required beginning 1/1/2011.

- Arthritis pain reliever (Rx)
- Bunion and blister treatments (Rx)
- Itch relief (Rx)
- Orajel® (Rx)
- Pain relievers, aspirin and 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 beginning 1/1/2011.

- Acne medications (Rx)
- Anti-itch lotion (Rx)
- Bunion and blister treatments (Rx)
- Cold sore and fever blister medications (Rx)
- Corn and callus removal medications (Rx)
- Diaper rash ointment (Rx)
- Eczema cream (Rx)
- Medicated bath products (Rx)

### Stomach Care

Prescription (Rx) required beginning 1/1/2011.

- Acid reducing gum, liquid and tablets (Rx)
- Anti-diarrhea medications (Rx)
- Gas prevention (liquid, tablets or drops) (Rx)
- Ipecac syrup (Rx)
- Laxatives (Rx)
- Pinworm treatment (Rx)
- Prilosec® (Rx)
- Upset stomach medications (Rx)

## Over-the-Counter (OTC) items\*

Letter of Medical Necessity required from a physician (LOMN). Prescription (Rx) required beginning 1/1/2011.

- Adhesive or elastic bandages
- Blood pressure meter
- Cold or hot compresses
- Eye drops (Rx)
- Foot spa (LOMN)
- Gauze and tape (LOMN)

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

- Saline nose drops (Rx)
- Special supplements (Rx)
- Special teeth cleaning system (Rx)
- Thermometers
- Vitamins (Rx)

## OTC not acceptable\*

- Aromatherapy
- Baby bottles and cups
- Baby oil
- Baby wipes
- Breast enhancement system
- Cosmetics
- Cotton swabs

- Dental floss
- Deodorants
- Feminine care
- Hair regrowth
- Low "carb" foods
- Low calorie foods
- Mouthwash

- Oral care
- Petroleum jelly
- Shampoo and conditioner
- Skin care
- Spa salts
- Sun tanning products
- Toothbrushes

\*Plan restrictions may apply. Check with your plan administrator.

mhmResources.com  
click on "Express Login"