

Know Your Health Care FSA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doula*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Letter of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- Contact Lens or Eyeglass Insurance
- Cosmetic Surgery/Procedures
- Electrolysis
- Insurance Premiums and Interest (FSA Ineligible Only)
- Long Term Care Premiums (FSA Ineligible Only)
- Marriage or Career Counseling
- Personal Trainers
- Sunscreen (spf less than 30)
- Swimming Lessons

Note: This list is not meant to be all-inclusive.

Please Note: The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated vapor products

OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- **Baby Electrolytes and Dehydration**
Pedialyte, Enfalyte
- **Contraceptives**
Unmedicated condoms
- **Denture Adhesives, Repair, and Cleansers**
PoliGrip, Benzodent, Plate Weld, Efferdent
- **Diabetes Testing and Aids**
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- **Diagnostic Products**
Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**
Unmedicated ear drops, syringes, ear wax removal
- **Elastics/Athletic Treatments**
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**
Contact lens care
- **Family Planning**
Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**
Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin**
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care (limited segments)**
Ostomy, walking aids, decubitus/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Nasal Care**
Saline Nasal Spray
- **Prenatal Vitamins**
Stuart Prenatal, Nature's Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**

For additional information, please contact your Plan Administrator.



Manage your healthcare accounts from the palm of your hand.

Want to check your healthcare account balances and submit receipts from anywhere? There's an app for that! Pro-Flex Administrators Mobile App lets you easily and securely access your health benefit accounts, submit claims and upload receipts at any time. You have quick access to common tasks¹ with an easy-to-use design that helps make sense of your health and financial information.

Stay up to speed

With Pro-Flex Administrators Mobile App, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill or make a purchase? Pro-Flex Administrators Mobile App, puts the answers at your fingertips.

- ☒ Quickly check available balances and account details for medical and dependent care FSA, HSA, HRA, VEBA, transportation and premium reimbursement plans
- ☒ View charts summarizing account information
- ☒ Set account alerts and get notifications via text message
- ☒ View claims requiring receipts
- ☒ Link to an external web page to obtain helpful information such as a list of eligible expenses
- ☒ Retrieve a lost username or password
- ☒ Use your device of choice – including iPhone®, iPad®, iPod touch® and Android™ smartphones and tablet devices

Tap and take action

Make a payment, capture a receipt or take any number of actions – whether you're on the couch or waiting in line. With Pro-Flex Administrators Mobile App, you can get it done fast and enjoy the rest of your day:

- ☒ Submit claims for medical and dependent care FSA, HRA, VEBA, transportation and premium reimbursement plans
- ☒ Snap a photo of a receipt and submit with a new or existing claim, or store in your camera roll for later use in claim filing
- ☒ Request a distribution from an HSA account
- ☒ Contribute funds to an HSA account
- ☒ Access your account funds to pay yourself or someone such as doctor
- ☒ Add and store information on new payees
- ☒ Enter and view expense information and receipts
- ☒ Report a debit card as lost or stolen

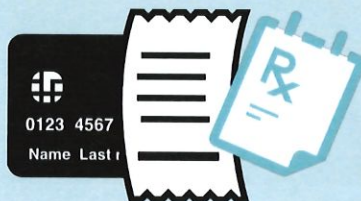
¹ Some functionality listed may require additional products or services.

Imagine what you could do with Pro-Flex Administrators Mobile App!



Get Reimbursed Quickly

Let's face it – no one *really* likes to visit the doctor, dentists, pharmacy or other healthcare provider. But sometimes you do and you may forget to use your health benefits card. So, when you pay for a qualified medical expense using your own money, you want to maximize your dollars and be reimbursed from your pre-tax account. File a claim with a receipt or request a distribution from your HSA soon after it happens. Right from your phone. Right from wherever you are. Get the payment process started.



Track Receipts

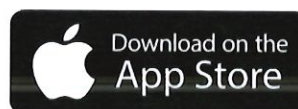
Why is it that the one receipt you need is always the one you can't find? With Pro-Flex Administrators Mobile App, you can record a health expense and capture the receipt the moment the transaction happens. That's peace of mind with a touch of a button.



Check Balances

Wondering whether you can pay for an elective procedure or a mounting bill? Do a quick account check to see your current balance. No need to wait for an answer – it's right at your fingertips.

Get started with Pro-Flex Administrators Mobile App in minutes.



Download the Pro-Flex Administrators Mobile app for your chosen device from the Apple App Store or Google Play and log in using the password



PRO-FLEX ADMINISTRATORS LLC

Website Access Information

- Visit www.proflextpa.com and click on the **Employee Login** button
- Your username will be your first initial, then your last name, followed by the last four digits of your Social Security Number.
 - Example: John Smith (SSN: 123-45-6789) would use the Username “jsmith6789”
- Your initial password will be “proflex”
- You will have the opportunity to change your Username and Password upon logging in.
 - Please note: If you do provide an email address upon logging in, you will receive certain notifications via email rather than US Postal Mail. Please be certain you enter an email address that you access on a regular basis.
- Once you have successfully logged in, you will be able to view balance information, submit claims, check the status of current claims, update your demographic and dependent information and more.

Mobile App Access Information

The handy mobile application gives you on-the-go access to account balances and lets you submit claims and receipts with your smartphone camera.

- Search for the Pro-Flex app on the Android and/or iTunes market.
- Download the App and login using the same credentials you use to access the website.

Having trouble logging in?

Contact Pro-Flex by calling 716-633-2073 or toll free 1-855-847-9069
or via email at csr@proflextpa.com

Step 1: Participant Information

*=Required Fields

*Employer Name (Do not abbreviate)	*Department																															
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*Participant Name (First, MI, Last)	*Social Security Number																															
*Participant Mailing Address	Email Address (If provided, all notifications will be sent via email)																															
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Day Telephone	*Birth Date (mm/dd/yyyy)	*Hire Date (mm/dd/yyyy)																														
<input type="checkbox"/> Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																															
*Payroll Cycle	Date of first payroll withholding																															

Step 2: Spouse and Dependent Information

*Name (Last, First)	*Date of Birth	*Social Security Number
Spouse:		
Dependent:		
Dependent:		
Dependent:		

Step 3: Election

Account Type	Election Amount
Medical Expense Account	_____ Annually
Dependent Care Reimbursement	_____ Annually

Minimum Reimbursement amount for manual check is \$25

Step 4: Authorization or Refusal

I hereby elect the benefits indicated above. I have read and understand the enrollment materials (flex brochure, enrollment form, daycare form, direct deposit form and claim form) and I authorize my employer to adjust my pay as required by my election. I understand that this election is binding and cannot be revoked or modified until the next plan year, except under the limited circumstances that are described in detail in the SPD that I have received from my employer (i.e. marriage, divorce, birth). I understand that if I am enrolled in a Health Savings Account (HSA) that I can not enroll in the Medical FSA, and that I can only enroll in the Limited Purpose FSA if my employer offers this account.

SIGNATURE OF PARTICIPANT _____ DATE _____

BENEFITS EFFECTIVE DATE _____ / _____ / _____

Participant Information

*=Required Fields

*Employer Name (Do not abbreviate) _____

*Department _____

*Participant Name (First, MI, Last) _____

*Social Security Number _____ - _____ - _____

Day Telephone _____

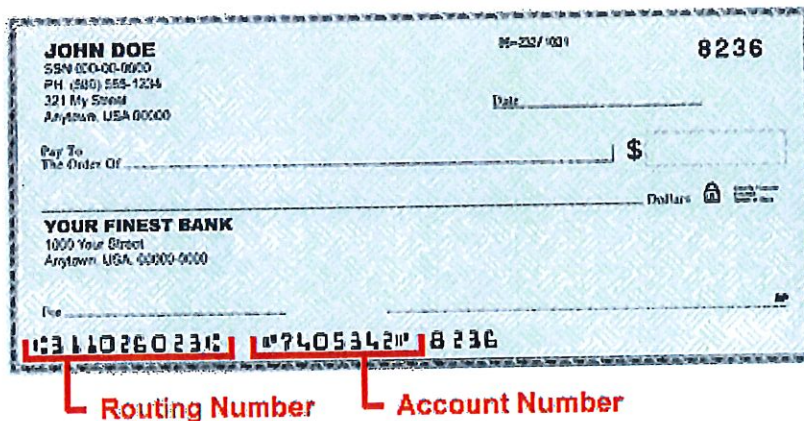
*Email Address (all direct deposit notifications will be sent via email) _____

*Bank Name _____

*Transit (ABA) No. _____

*Account No. _____

*Please circle account type: CHECKING / SAVINGS



(REQUIRED: Attach a voided check or deposit slip here)

If this is a new account, it must be established and active at your bank before you request direct deposit.

Authorization

I authorize Pro-Flex Administrators LLC and the bank listed above to deposit my claim reimbursements directly into my bank account listed above.

If funds to which I am not entitled are deposited to my account due to error or any other reason, I authorize Pro-Flex Administrators LLC to direct the bank to return said funds to Pro-Flex Administrators LLC.

I understand that my deposit may not be credited to my account for up to 2 business days after the transaction has been sent to the bank for processing.

I understand that this authorization will remain in effect unless I advise Pro-Flex Administrators LLC in writing that I have revoked it. Furthermore, I understand that it is my responsibility to notify Pro-Flex Administrators LLC of all future changes to my bank account number and routing number. If I fail to notify Pro-Flex Administrators LLC of changes of this nature, I will be responsible for reimbursing Pro-Flex Administrators LLC for all applicable bank charges.

SIGNATURE OF PARTICIPANT _____ DATE _____

Please fax this completed form to Pro-Flex Administrators, LLC: 716-929-2013 or toll free 1-855-214-8987
or mail to: Pro-Flex Administrators, LLC, 8321 Main Street, Williamsville, NY 14221

