

Your Spending Account

Retiree Health Exchange Premium & Health Care Eligible Expenses

✓ Eligible ✗ Ineligible □ Potentially Eligible

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Expense	Covered?	More Detail
Acne products - Products used for general hygiene, such as facial wash, cleansers, toners, and medicated makeup	✓	
Acne products - Products specifically marketed for and used to treat acne	✓	
Acupuncture - Treatment for a medical condition	✓	
Advance payments - Nonrefundable advance payments to a private institution for lifetime care, treatment, and training of a physically or mentally impaired dependent after the death or disability of a legal guardian	□	You must provide a statement of medical necessity from a licensed health care professional documenting the disability or mental impairment. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Alcohol or drug addiction - Payments to a treatment center for alcohol or drug addiction, including meals and lodging	✓	
Allergy prevention products - Products purchased or used to alleviate allergies, such as a pillow, mattress, or vacuum	□	You must provide a statement of medical necessity from a licensed health care professional that states: the diagnosed allergy, that the product will help alleviate the allergy symptoms, and the type of specialty product being prescribed. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Allergy testing and shots	✓	
Ambulance service	✓	
Arch support - Supportive foot products prescribed by a doctor to treat a medical condition	□	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Artificial limbs	✓	
Automobile insurance premiums	✗	

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Automobile modifications - Modifications include special hand controls and other equipment installed in an automobile for a person with a disability	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting the disability. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Birth control pills - Prescribed birth control pills	<input checked="" type="checkbox"/>	
Birth control products - Over-the-counter items, such as home pregnancy tests, condoms, and ovulation monitors	<input checked="" type="checkbox"/>	
Birth control products - Prescribed devices, such as diaphragms, IUDs, and Norplant	<input checked="" type="checkbox"/>	You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
Birth control products - Over-the-counter items such as gels and foams	<input checked="" type="checkbox"/>	
Blood donation - Costs associated with blood donation, including self-administered blood donations, storage fees, and processing fees	<input checked="" type="checkbox"/>	
Blood pressure monitors - Costs include electronic monitors and replacement blood pressure cuffs	<input checked="" type="checkbox"/>	
Body scans	<input checked="" type="checkbox"/>	
Bottled water	<input checked="" type="checkbox"/>	
Braille books and magazines - Costs are limited to those that exceed regular printed editions	<input type="checkbox"/>	You must provide a receipt or advertisement with the price of the regular printed version of the book or magazine and a receipt of the Braille material.
Breast augmentation - Elective procedures that don't promote proper functioning of the body or prevent or treat an illness or disease. Examples include implants and injections	<input checked="" type="checkbox"/>	
Breast feeding classes	<input checked="" type="checkbox"/>	
Breast pumps - Pump and supplies that directly assist lactation	<input checked="" type="checkbox"/>	

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Chelation therapy - Therapy used to treat a medical condition, such as lead poisoning	<input checked="" type="checkbox"/>	
Childbirth classes - Classes necessary to reduce pain during labor and delivery (Lamaze, for example)	<input checked="" type="checkbox"/>	Expenses related to parenting techniques, infant CPR, and breast feeding aren't eligible.
Chiropractor - Treatment for a medical condition	<input checked="" type="checkbox"/>	
Christian Science practitioner - Expenses paid to a practitioner for medical care	<input checked="" type="checkbox"/>	
COBRA premiums - Premiums for continuation of group medical, dental, or vision coverage	<input checked="" type="checkbox"/>	
Contact lenses - Including cases and enzyme cleaners	<input checked="" type="checkbox"/>	
Cosmetic services and products - Surgery that isn't medically necessary. Examples include liposuction, hair transplants, electrolysis, laser treatments, and face-lifts	<input checked="" type="checkbox"/>	
Cosmetic services and products - Those necessary to improve a deformity related to a congenital abnormality or an injury resulting from an accident, trauma, or disfiguring disease (post-mastectomy reconstructive surgery, for example)	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting the deformity, disfigurement, or injury. The services and products must promote the proper functioning of the body or prevent or treat an illness, injury, or disease. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Counseling - Marriage or family counseling	<input checked="" type="checkbox"/>	Other types of counseling, such as mental health and psychiatric services, are eligible.
Crutches	<input checked="" type="checkbox"/>	
Dental coinsurance - Amounts not covered by your or your spouse's dental plans	<input checked="" type="checkbox"/>	
Dental copayments	<input checked="" type="checkbox"/>	

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Dental deductibles - Deductibles under your or your spouse's dental plans	✓	
Dental expenses - Examples include fees for X-rays, fillings, braces, extractions, crowns, and orthodontia	✓	
Dental implants - Fees for insertion of an artificial tooth, bone grafting, and follow-up care	✓	
Dental reasonable/customary - Amounts not paid by a dental plan that exceed reasonable and customary limits	✓	
Dentures - Costs include dental fees, cleaning products, and adhesives	✓	
Diabetic supplies - Examples include over-the-counter insulin, needles, and testing strips	✓	
Diaper service - Cost for an agency that delivers and picks up cloth diapers	✗	
Diapers (adult) - Diapers necessary as a result of a medical condition	✓	
Diapers (child)	✗	
Dietician services - Fees paid to a dietician when referred by a doctor for treatment of a medical condition	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting the disability. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Disability construction costs - Examples include constructing entrance or exit ramps, adding handrails, or modifying stairways at a personal residence for your own disability or the disability of your eligible dependent	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting the disability. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>

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Disability equipment - Equipment installed in the home or car to accommodate for your own disability or the disability of your eligible dependent	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service prescribed, and the length of treatment. Services for general health purposes aren't eligible. *You can find the statement of medical necessity form under Forms & Documents on the website.
DNA and genetic testing	<input checked="" type="checkbox"/>	Cost of DNA testing allocable to health services only is eligible. Cost of DNA testing allocable to ancestry, or other non-medical services is not eligible including paternal responsibility.
Ear wax removal materials - Kits and ear drops prescribed by a doctor for a medical condition	<input checked="" type="checkbox"/>	
Earplugs - Plugs prescribed by a doctor for a medical condition	<input type="checkbox"/>	You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
Erectile dysfunction - Nonprescription medication, herbal remedies, and nutritional supplements	<input checked="" type="checkbox"/>	
Erectile dysfunction - Prescription medication to treat a medical condition	<input checked="" type="checkbox"/>	
Exercise equipment - Equipment used for general health purposes or prevention of an undiagnosed disease	<input checked="" type="checkbox"/>	
Exercise equipment - Equipment prescribed by a doctor for the treatment of a medical condition	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, such as a cardiac condition. Equipment for general health purposes aren't eligible. *You can find the statement of medical necessity form under Forms & Documents on the website.
Eye examinations - For the treatment of illness or disease	<input checked="" type="checkbox"/>	
Eye surgery - Surgery to correct defective vision	<input checked="" type="checkbox"/>	
Eyeglass tinting and coating	<input checked="" type="checkbox"/>	
Eyeglasses - Costs include prescription glasses and nonprescription reading glasses	<input checked="" type="checkbox"/>	

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Flu shots	<input checked="" type="checkbox"/>	
Fluoride treatment - Costs include installation and monthly rental charges of a home fluoride water unit, when recommended by a dentist	<input checked="" type="checkbox"/>	Products for general health or cosmetic purposes (such as mouthwash and toothpaste) aren't eligible.
Food (prescribed) - Foods prescribed by a doctor to treat a medical condition. Examples are specialty baby formula and lactose-free foods. Costs are limited to those that exceed common versions of the product	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. You must also provide a receipt or advertisement with the price of the commonly available version of the food and a receipt for the prescribed food. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Funeral and burial expenses	<input checked="" type="checkbox"/>	
Future payments - Down payments or payments for services that haven't been rendered or products not received	<input type="checkbox"/>	Lump-sum payments for future orthodontia services are an eligible exception. Once the service is rendered, an itemized bill indicating the service date is required for the expenses to be eligible.
Hair regrowth treatment - Prescription and over-the-counter medication used for cosmetic purposes. Examples include products to treat male pattern baldness and the effects of aging	<input checked="" type="checkbox"/>	You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
Hair regrowth treatment - Prescription and over-the-counter medication used to improve a deformity related to a congenital abnormality or an injury resulting from an accident, trauma, or disfiguring disease	<input type="checkbox"/>	
Health care supplies - Examples include gauze, elastic wraps, bandages, braces, and supports	<input checked="" type="checkbox"/>	

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Health club or YMCA dues - Individual membership and personal trainer fees when prescribed by a doctor to treat a specific medical condition	<input type="checkbox"/>	<p>The intent of this expense is for a licensed medical provider or trainer to provide supervised care at a gym. You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Family memberships must be itemized to represent the portion for the individual requiring the membership or personal trainer. Fees for annual contracts may be submitted after all services have been received.</p> <p><i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i></p>
Health club or YMCA dues - Membership and personal trainer fees for general health or to relieve mental or physical stress not related to a specific medical condition	✗	
Hearing aids	✓	
Hearing coinsurance - Amounts not covered by your or your spouse's hearing plans	✓	
Hearing copayments	✓	
Hearing deductible - Deductibles under your or your spouse's hearing plans	✓	
Hearing expenses - Costs include examinations and hearing aid batteries	✓	
Hearing reasonable/customary - Amounts not paid by a hearing plan that exceed reasonable and customary limits	✓	
Hearing-impaired phone tools - Telephone equipment that allows a hearing-impaired person to communicate over a regular telephone	✓	

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Hearing-impaired TV equipment - Equipment that displays the audio part of television programs as subtitles for a hearing-impaired person	<input checked="" type="checkbox"/>	
Herbal remedies - Remedies prescribed by a doctor for a medical condition	<input type="checkbox"/>	You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
Hospital care - Inpatient care, including the cost of a private room	<input checked="" type="checkbox"/>	Fees for personal convenience items (such as a television, telephone, and concierge services) aren't eligible.
Household help - Expenses for help with physical housework, even if recommended by a doctor	<input checked="" type="checkbox"/>	
Human guide - Cost of a human guide to assist a physically, mentally-, visually-, or hearing-impaired person	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting the disability. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Humidifiers - Cost of portable units prescribed by a doctor for treatment of a medical condition	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services and products for general health purposes aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Hypnosis - Hypnosis prescribed by a doctor for medical reasons	<input checked="" type="checkbox"/>	
Illegal medical treatment - Including surgery	<input checked="" type="checkbox"/>	
Immunizations	<input checked="" type="checkbox"/>	
Ineligible expense	<input checked="" type="checkbox"/>	
Infertility - Treatments for infertility, including artificial insemination, in-vivo or in-vitro fertilization, embryo placement, egg and sperm storage, and ovulation monitors	<input checked="" type="checkbox"/>	
Income Related Monthly Adjustment Amounts (IRMAA) and late enrollment penalties	<input checked="" type="checkbox"/>	

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Laboratory and X-ray fees	✓	
Laetrile - Anti-cancer drug	✗	
LASIK surgery	✓	
Lead-based paint removal - Costs for residences with children who have or had lead poisoning	✓	
Legal fees - Fees paid to authorize treatment for mental illness, excluding guardianship or estate management fees	✓	
Lens replacement insurance - Insurance to replace eyeglass or contact lenses	✗	
Life insurance premiums - Premiums paid for the following policies: life insurance; repayment for loss of earnings; and accidental loss of life, limbs, or sight	✗	
Lodging - Cost of lodging not provided in a hospital or similar institution while away from home if primarily for and essential to medical care (limited to \$50 per person per night)	<input type="checkbox"/>	The \$50 limit is only applicable to the patient and caregiver (\$100 maximum per night). You must provide a statement of medical necessity from a licensed health care professional documenting the medical condition. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Long-term care expenses - Professional fees	✓	Fees for doctors, therapists, and other medical practitioners are eligible, but fees for the long-term care facility (room and board) aren't eligible.
Long-term care facility fees - Fees for room and board at a long-term care facility	✗	
Long-term care premiums - Premiums paid on a policy for future long-term care needs	✓	
Massage therapy - Therapy to relieve stress or general health purposes	✗	

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Massage therapy - Therapy prescribed by a doctor to treat an injury or trauma	<input type="checkbox"/>	<p>You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services and products for general health purposes aren't eligible.</p> <p><i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i></p>
Mastectomy - related products - Examples include breast prosthesis and specialty bras	<input checked="" type="checkbox"/>	
Maternity care - Service and supplies from doctors, midwives, clinics, hospitals, and laboratories	<input checked="" type="checkbox"/>	3D and 4D ultrasounds aren't eligible.
Maternity clothes	<input checked="" type="checkbox"/>	
Mattresses - Mattresses prescribed by a doctor to treat a medical condition	<input type="checkbox"/>	<p>You must provide a statement of medical necessity from a licensed health care professional documenting the name of the specialty mattress and that the mattress is necessary to treat a medical condition, injury, or illness and isn't for general health purposes.</p> <p><i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i></p>
Medic alert identifications - Bracelet or necklace prescribed by a doctor in connection with treating a medical condition	<input checked="" type="checkbox"/>	
Medical alert programs - Expenses include installation of equipment and monthly monitoring fees	<input type="checkbox"/>	<p>You must provide a statement of medical necessity from a licensed health care professional documenting that the medical alert program is necessary to treat a medical condition, injury, or illness and isn't for general health purposes.</p> <p><i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i></p>
Medical coinsurance - Amounts not covered by your or your spouse's medical plans	<input checked="" type="checkbox"/>	
Medical conference - Admission and transportation costs	<input checked="" type="checkbox"/>	

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Medical contract fees - Fees paid for exclusive provider care. Examples include concierge services, boutique fees, and retainer fees	✘	
Medical contract fees - Preventative screenings and eligible health care services rendered may be covered with an itemized statement	<input type="checkbox"/>	Once the service is rendered, the expense may be eligible. You must provide an itemized bill indicating the patient name, date of service, description of service, and it must include the provider's usual/customary fee for the service rendered. Fees for future service aren't eligible.
Medical copayments	✔	
Medical deductibles - Deductibles under your or your spouse's medical plans	✔	
Medical equipment - Costs to buy or rent durable equipment prescribed by a medical practitioner to alleviate or treat a medical condition. Examples include medical beds, nebulizers, and sleep therapy devices	✔	
Medical ineligible services	✘	
Medical information - Amounts paid to a medical information plan for storage and retrieval of medical information	✔	
Medical reasonable/customary - Amounts not paid by a medical plan that exceed reasonable and customary limits	✔	
Medical services - Services provided by doctors, surgeons, specialists, or other medical practitioners	✔	
Medical supplies - Over-the-counter items such as bandages, thermometers, and heating pads	✔	
Medicare Part B premiums	✔	
Medicare Part D premiums	✔	
Menstrual Care Products	✔	Expenses associated with menstruation

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Mental health - Includes psychoanalysis or amounts paid to a psychiatrist, psychologist, hospital, clinic, or mental health facility for medical care	<input checked="" type="checkbox"/>	Marriage or family counseling isn't eligible.
Mentally handicapped home - Costs of keeping a mentally handicapped person in a special home, as recommended by a psychiatrist, to help the person adjust from life in a mental hospital to community living	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting that the special home or facility is necessary to assist the person in adjusting from life in a mental hospital to community living. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Nursing or retirement home fee - Fees for medical services. Examples include fees for doctors, therapists, and other medical practitioners	<input checked="" type="checkbox"/>	
Nursing or retirement home fee - Fees for non-medical services, such as room and board	<input checked="" type="checkbox"/>	
Nursing services - Wages and other amounts paid for nursing services to a patient at home or in a facility, such as a nursing home or rehabilitation center	<input checked="" type="checkbox"/>	Home health care and private duty nursing are eligible. Fees for personal and household services aren't eligible.
Nursing services for newborns - Services by a nurse or attendant to care for a normal and healthy newborn at a hospital or at home	<input checked="" type="checkbox"/>	
Nutritional supplements - Supplements prescribed by a doctor to treat a diagnosed medical condition	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the specific product prescribed, and the length of treatment. Services and products for general health purposes aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Nutritional supplements - Supplements taken for general health purposes. Examples include protein supplements, energy bars, and sports drinks	<input checked="" type="checkbox"/>	

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Occupational therapy - Therapy received as medical treatment	✔	
Organ donor - Surgical, hospital, laboratory, and transportation expenses for an organ donor, if you paid the donor's expenses	✔	
Orthodontic fees - Orthodontic fees paid in a lump sum and in monthly installments	✔	
Orthopedic shoes and inserts - Shoes and inserts prescribed by a doctor for a medical condition. Costs are limited to those that exceed the cost of regular footwear	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. You must also provide a receipt or advertisement with the price of the commonly available version of the product. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Over-the-counter medicine - Medications taken for general health purposes	✔	
Over-the-counter medicine - Medications taken to relieve pain, colds, and medical conditions	✔	
Oxygen or oxygen equipment - Costs for rental or purchased equipment to relieve breathing problems caused by a medical condition	✔	
Pain relievers	✔	
Personal Protective Equipment (PPE) for the use of preventing the spread of COVID-19	✔	
Personal-use items - Products used for daily living, hygiene, or personal grooming. Examples include brushes, combs, cosmetics, deodorant, hair styling products, shampoos, soaps, toiletries, and tweezers	✘	

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Personal-use items - Items used to prevent or ease a physical or mental defect or illness. Costs are limited to those that exceed common versions of the product	✗	
Physical examinations - Routine physical examinations and related charges	✓	
Physical therapy - Therapy prescribed by a doctor as treatment for a medical condition	✓	
Pregnancy termination	✓	
Premiums for dental insurance - Premiums paid on an after-tax basis for any type of dental insurance coverage, including premiums for private insurance not provided by an employer	✓	You must provide proof that the premium is after-tax when a payroll or retirement statement is used to document the dental premium expense. Handwritten or verbal confirmation won't be accepted.
Premiums for medical insurance - Premiums paid on an after-tax basis for any type of medical insurance coverage, including premiums for private insurance not provided by an employer	✓	You must provide proof that the premium is after-tax when a payroll or retirement statement is used to document the medical premium expense. Handwritten or verbal confirmation won't be accepted.
Premiums for vision insurance - Premiums paid on an after-tax basis for any type of vision insurance coverage, including premiums for private insurance not provided by an employer	✓	You must provide proof that the premium is after-tax when a payroll or retirement statement is used to document the vision premium expense. Handwritten or verbal confirmation won't be accepted.
Premiums for prescription drug insurance - Premiums paid on an after-tax basis for any type of prescription drug coverage, including premiums for private insurance not provided by an employer	✓	You must provide proof that the premium is after-tax when a payroll or retirement statement is used to document the prescription premium expense. Handwritten or verbal confirmation won't be accepted.
Prenatal vitamins - Vitamins prescribed by a doctor for use during pregnancy	✓	

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Prescription drugs - Exceptions may apply to drugs prescribed for cosmetic or general health purposes	<input checked="" type="checkbox"/>	Prescriptions are eligible when prescribed by a licensed medical professional and used to treat a medical condition while traveling outside of the United States. Prescriptions aren't eligible when purchased outside of the United States and shipped into the United States for use, even if prescribed by a licensed medical professional in the United States.
Preventive Care - Examples include annual physicals, blood work, diagnostics, prenatal care, screenings, and tests	<input checked="" type="checkbox"/>	
Prosthetics	<input checked="" type="checkbox"/>	
Psychiatric care - Medical costs for psychiatric care	<input checked="" type="checkbox"/>	
Psychiatric expenses - Includes psychoanalysis or amounts paid to a psychologist for medical care	<input checked="" type="checkbox"/>	
Reading glasses - Nonprescription reading glasses	<input checked="" type="checkbox"/>	
Sales taxes - Sales and service taxes on eligible medical care or products	<input checked="" type="checkbox"/>	
School (alternative) - Costs of sending a problem child to an alternative school for benefits the child may receive from the course of study and disciplinary methods. Examples include court-ordered programs	<input checked="" type="checkbox"/>	
School payments for disabled - Expenses paid to an alternative school for a child with a severe learning disability if the main reason is using the school's resources to relieve the disability	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting that the school is necessary to relieve the child's learning disability. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Service animals - Costs of obtaining and training a guide dog or other animal to provide assistance to a person with a disability	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting the disability. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>

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Shipping - Charges to ship an eligible medical product	<input type="checkbox"/>	The shipping charges must be related to an eligible product. You may be required to provide a statement of medical necessity from a licensed health care professional describing the medical condition, the product prescribed, and the length of treatment. Shipping related to products for general health purposes aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Social activities - Activities, such as dancing or swimming lessons, even if recommended by a doctor for general health improvement	<input checked="" type="checkbox"/>	
Speech therapy - Therapy costs when prescribed as treatment for a specific medical condition (such as autism, dyslexia, developmental delays, and rehabilitation)	<input checked="" type="checkbox"/>	
Sterilization - Costs of sterilization (vasectomy or tubal ligation) and reversal of sterilization operations	<input checked="" type="checkbox"/>	
Stop-smoking program - Prescription drugs and medical services to stop smoking	<input checked="" type="checkbox"/>	
Stop-smoking program - Over-the-counter products used to stop smoking	<input checked="" type="checkbox"/>	
Sunscreen - Sunscreen and sunblock with an SPF of 15 and higher are eligible	<input checked="" type="checkbox"/>	
Sunglasses - Nonprescription sunglasses prescribed by an eye doctor for light sensitivity	<input type="checkbox"/>	You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
Support hose - Hose prescribed by a doctor for a medical condition	<input type="checkbox"/>	The hosiery must be primarily manufactured and marketed for the relief of a medical condition. Hosiery primarily marketed for fashion isn't eligible. You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the product prescribed, and the length of treatment. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>

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Taxes - Social Security and Medicare taxes paid for a nurse, attendant, or other person who provides medical care	✔	
Teeth whitening or bonding - Costs include bleaching, special whitening toothpaste, and bonding of teeth. These expenses are always considered cosmetic and aren't eligible	✘	
Toothbrush - Any type of toothbrush, even if recommended by a dentist or orthodontist	✘	
Transgender services - Examples include hormone therapy, counseling, and surgery	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Transportation expenses - Costs to receive medical care, including airfare, parking, tolls, taxis, rental cars, buses, gas for your car, or mileage	<input type="checkbox"/>	You must provide a statement of medical necessity from a doctor documenting the medical condition for any expense over \$100 if no diagnosis has been submitted previously. Transportation expenses solely related to obtaining a prescription or purchasing over-the-counter items aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Tutoring - Tutoring fees, recommended by a doctor, for a child who has severe learning disabilities caused by a mental or physical impairment, including nervous system disorders	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional documenting the medical condition. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Umbilical cord storage - Costs to collect, freeze, and store umbilical cord blood only when a medical condition is present	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. Fees for storing umbilical cords when no diagnosed medical condition is present aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Uniforms	✘	

Your Spending Account

Retiree Health Exchange Premium & Health Care Eligible Expenses

✓ Eligible ✗ Ineligible □ Potentially Eligible

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Expense	Covered?	More Detail
Ultraviolet radiation (UVR) treatments - Treatments recommended by a doctor for a medical condition, such as chronic psoriasis	✓	
Vacation or travel - Time off or travel for general health purposes	✗	
Vaccinations - Amounts paid for vaccinations or immunizations against disease	✓	
Varicose vein surgery - Expenses associated with the removal of varicose veins, when prescribed by a doctor for treatment of a medical condition	□	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services and products for general health purposes aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Veneers - Fees for veneers, when covered by an insurance plan or recommended by a dentist as the only course of treatment	□	You must provide a statement from a dentist indicating that the veneers aren't for cosmetic or general health purposes and are the only suitable course of treatment.
Vision coinsurance - Amounts not covered by your or your spouse's vision plans	✓	
Vision copayments	✓	
Vision deductibles - Deductibles under your or your spouse's vision plans	✓	
Vision expenses - Costs not covered by a vision plan	✓	
Vision reasonable/customary - Amounts not paid by a vision plan that exceed reasonable and customary limits	✓	
Vitamins - Taken for general health purposes	✗	

Your Spending Account

Retiree Health Exchange Premium & Health Care Eligible Expenses

✓ Eligible ✗ Ineligible □ Potentially Eligible

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Expense	Covered?	More Detail
Vitamins - If prescribed by a doctor to treat a diagnosed medical condition	<input type="checkbox"/>	You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the specific product prescribed, and the length of treatment. Vitamins for general health purposes aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Walking aids - Examples include canes, walkers, and crutches	<input checked="" type="checkbox"/>	
Warranties - Warranties purchased for health-related equipment	<input checked="" type="checkbox"/>	
Weight loss - Program for general health	<input checked="" type="checkbox"/>	
Weight loss - Program prescribed by a doctor to treat a diagnosed medical condition	<input type="checkbox"/>	Examples include medical costs and program fees for support groups and non-medically supervised programs such as Weight Watchers, NutriSystem, and Medifast. Food is often a part of these programs, however, the fees associated with food aren't eligible. You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services or products for general health purposes aren't eligible. <i>*You can find the statement of medical necessity form under Forms & Documents on the website.</i>
Wigs	<input type="checkbox"/>	You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.

IMPORTANT: This expense list provides general expense items/categories that are eligible for reimbursement under the plan. To view a more detailed list of eligible expenses, please visit <https://sig-is.org/>