



Sample Expenses Eligible for Reimbursement
Section 125 Flexible Benefit Plan

The following is a partial list of medical expenses allowable for reimbursement through your Section 125 Flexible Benefits Plan. Reimbursement is for expenses incurred within your plan year.

Allowable:

Acupuncture
Alcoholism, Smoking or Drug Abuse
Treatment
Ambulance
Artificial Limbs
Braille Books & Magazines
Car Controls for the Handicapped
Care for Mentally Handicapped Dependent
Child Care/Dependent Care Expenses
Chiropractic
Co-Pays
Contact Lenses & Supplies
Crutches
Deductibles
Dental Fees
Dentures
Electrolysis (deemed medically necessary)
Hearing Aids & supplies/batteries
Hospitalization
Insulin
Lab Fees
Lasic
Medical Fees not covered by insurance
Nurses Fees
Nursing Home Fees
Obstetrics
Orthodontia
Over The Counter (limitations)
Prescriptions
Psychiatric Care (deemed medically necessary)
Psychologists Fees (deemed medically necessary)
Seeing-eye Dog and It's Upkeep
Special Education for the Blind
Special Plumbing for Handicapped
Surgery (deemed medically necessary)
Telephone for Deaf
Therapy Treatments
Transportation Costs paid for & essential to medical care
Vision expense: glasses, contacts, & solutions
Vitamins by Prescription
Wheelchair
X-Rays

Not Allowed:

Cosmetic surgery/procedures
Insurance Premiums
Vitamins