

FORMULA BENEFITS

- o Health Reimbursement Arrangements
- o Flexible Spending Accounts
- o Self-Funded Dental Administration
- o Short Term Disability Administration
- o Vision Administration

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Flexible Spending Account Over-the-Counter Expenses Accepted Over-the-Counter Items

Red font indicates that a prescription is required.

Green font indicates a Letter of Medical Necessity is required from a physician.

Antiseptics	Diabetic syringes	Personal Test Kits
Antiseptic wash or ointment for cuts or scrapes	Diabetic test strips	Cholesterol tests
Antiseptic mouthwash	Eye/Ear Care	Colorectal cancer screening tests
Benzocaine swabs	Airplane ear protection	Home drug tests
Boric acid powder	Ear drops for swimmers ear	Ovulation indicators
First aid wipes	Ear drying aid	Pregnancy tests
Hydrogen peroxide	Earwax removal drops	Skin Care
Iodine tincture	Homeopathic earache tablets	Acne Medications
Rubbing alcohol	Contact lens solution	Anti-itch lotion
Sublimed sulfur powder	Health Aids	Bunion and blister treatments
Cold, Flu, Asthma and Allergy Medications	Anti-fungal treatments	Cold sore and fever blister medications
Allergy medications	Denture adhesives	Corn and callus removal medications
Bronchodilator/expectorant tablets	Diuretics and water pills	Diaper rash ointment
Cold relief syrup, tablets and drops	Hemorrhoid relief	Eczema cream
Cough relief syrup, tablets and drops	Lice control	Medicated bath products
Flu relief syrup, tablets and drops	Medicated bandages	Stomach Care
Medicated chest rub	Motion Sickness tablets	Acid reducing gum, liquid and tablets
Nasal decongestant spray, drops or inhaler	Respiratory stimulant ammonia	Anti-diarrhea medications
Nasal Strips to improve congestion	Sleeping aids	Gas prevention tablets or drips
Sinus and allergy nasal spray	Pain Relief	Ipecac syrup
Homeopathic sinus medications	Arthritis pain reliever	Laxatives
Vapor patch cough suppressant	Bunion and blister treatments	Pinworm treatment
Diabetes	Itch relief	Upset stomach medications
Diabetic lancets	Orajel®	
Diabetic needles	Pain relievers, aspirin and non-aspirin	
Diabetic supplies	Throat pain medications	

Other Accepted Over-the-Counter Items

Adhesive or elastic bandages	Gloves and masks	Saline nose drops
Blood pressure meter	Herbs	Special supplements
Bold or hot compresses	Leg or arm braces	Special teeth cleaning system
Eye drops	Massagers	Thermometers
Foot spa	Minerals	Vitamins
Gauze and tape	Multivitamins	

Not Accepted Over-the-Counter Items

Aromatherapy	Dental floss	Petroleum jelly
Baby bottles and cups	Deodorants	Shampoo
Baby oil	Feminine care	Conditioner
Baby wipes	Hair regrowth	Spa Salts
Cosmetics	Mouthwash	Sun Tanning Products
Cotton swabs	Oral care	Toothbrushes

Note: Plan restrictions may apply to Over-the-Counter Items. This is a sample listing only.

Qualified Flexible Spending Account Expenses

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

The following items require a physician's letter stating the medical condition making the item necessary.

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

The following items do not qualify for reimbursement under a Flexible Spending Account Plan.

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

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