

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 & Magazine
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
Psychologists Fees
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

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