
ALEXANDRIA SANITATION AUTHORITY
Flexible Spending Plan Benefit

ELIGIBLE MEDICAL EXPENSES

Acupuncture	Medical Services (e.g. Physician, Surgeon)
Alcoholism Treatment	Mentally Retarded, Special Home for
Ambulance	Nursing Home
Artificial Limb	Nursing Services
Autoette/Wheelchair	Operations
Bandages	Organ Donor's Medical & Transportation Expenses
Breast Reconstruction Surgery ¹	Osteopath
Birth Control Pills	Oxygen
Braille Books and Magazines	Prosthesis
Chiropractor	Psychiatric Care
Christian Science Practitioner ²	Psychoanalysis
Crutches	Psychologist
Diagnostic Services	Special Education ⁴
Disabled Dependent Medical Care	Sterilization
Drug Addiction Treatment	Stop-Smoking Programs
Drugs and Medicines (Prescription and OTC Eligible for HCFSA)	Surgery
Fertility Treatment (to Overcome Infertility)	Telephone for Hearing Impaired
Guide Dog or Other Animal	Television for Hearing Impaired
Hearing Aids	Therapy
Home Care	Transplants
Hospital Services	Transportation Essential for Medical Care
Laboratory Fees	Vasectomy
Lead Based Paint Removal	Weight-loss Program that is part of Specific Disease Treatment Program
Lodging Essential to Medical Care ³	Wheelchair
Maternity Care & Related Services	Wig to Replace Hair Lost to Disease
Meals for Inpatient ³	X-Ray
Medical Information Plan	

ELIGIBLE DENTAL EXPENSES

Artificial Teeth
Dental Treatment (e.g. Root canals, Orthodontia)

ELIGIBLE EYE CARE EXPENSES

Eyeglasses

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Contact Lenses
Prescription Sunglasses
Eye Examinations
Eye Surgery (e.g. LASIK)
Optometrist

ELIGIBLE OVER-THE-COUNTER MEDICATION EXPENSES

TYPE OF PRODUCT OR SERVICE	EXAMPLE PRODUCT
Acne Treatments (Medically Necessary)	
Allergy Prevention and Treatment	Tylenol® Allergy Sinus
Analgesics/Antipyretics	
Antacids and Acid Reducers	Imodium® GasAid, Mylanta® Heartburn, Mylanta® Gas, Children's Mylanta® Chewable Tablets, Pepcid® AC
Anti-arthritics	Tylenol® Arthritis
Antibiotics	
Anticandial (Yeast)	Monistat®
Antidiarrheal and Laxatives	
Antifungal	
Antihistamines	
Anti-itch Lotions and Creams	Aveeno® Anti-Itch, Cortaid®
Antiseptics	
Asthma Medicines	
Bandages	
Blood Pressure Monitor	
Bug Bite Medication	
Carpal Tunnel Support	
Cold and Flu Remedies	Tylenol® Cold and Flu, Children's Motrin IB® Cold
Cold Sore/Fever Blister	
Contact Lens Solution	
Contraceptive Products (e.g., Condoms)	
Cough Suppressants or Expectorants	Tylenol® Cough & Sore Throat
Decongestants	Motrin IB® Cold and Sinus
Dehydration	
Denture Adhesives	
Diabetic Supplies	
Diaper Rash	Balmex®, Johnson's® Diaper Rash Cream, Aveeno®

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Diuretics and Water Pills	
Ear Care	
Eye Care	
Eye Drops	
First Aid Supplies	BAND-AID® Brand Adhesive Bandages
Head Lice Treatment	
Hearing Aid Batteries	
Hemorrhoidal Preparations	
Lactose Intolerance	Lactaid® Dietary Supplements
Medicated Shampoo/Soaps (Medically Necessary)	
Migraine Relief	Motrin IB®
Motion Sickness	
Muscle/Joint Pain	Tylenol® Arthritis, Tylenol® 8 Hour
Nausea/Vomiting Remedies	
NSAIDS	
Ophthalmic Preparations	Acuvue®, Surevue®
Pain Relievers/Fever Reducers	Motrin IB®, Tylenol® Extra Strength
Pediculicide	
Personal Test Kits	
Pinworm Treatment	
Poison Treatment	
Pregnancy Tests	
Prenatal Vitamins (Medically Necessary)	
Reading Glasses	
Respiratory Stimulant Ammonia	
Sinus Products	Tylenol® Sinus
Sleeping Aids (to Treat Insomnia)	
Smoking Cessation	
Teething/Toothaches/Mouth Pain	Children's Tylenol®, Tylenol® Extra Strength
Throat Pain Medications	
Topical Steroids	
Wart Removal	
Weight Loss Products (Medically Necessary)	
Wound Care (e.g., Gauze)	BAND-AID® Brand Adhesive Bandages

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ELIGIBLE OVER-THE-COUNTER PRODUCTS THAT MAY REQUIRE A DOCTOR'S NOTE FOR REIMBURSEMENT

Dental Fluoride Products⁵
Feminine Hygiene Products (Post surgery or childbirth)
Incontinence Products⁶
Dietary/Fiber Supplements⁷
Joint Supplements⁸
Orthopedic Shoes and Inserts
OTC Hormone Therapy
Snoring Cessation Aids⁹
Sunscreen

¹ You can include in medical expenses the amount you pay for breast reconstruction surgery following a mastectomy for cancer.

² You can include in medical expenses fees you pay to Christian Science practitioners for medical care.

³ You can include in medical expenses the cost of meals and/or lodging at a hospital or similar institution if a principal reason for being there is to get medical care. You cannot include in medical expenses the cost of meals and/or lodging that are not part of inpatient care.

⁴ You can include in medical expenses fees you pay on a doctor's recommendation for a child's tutoring by a teacher who is specially trained and qualified to work with children who have learning disabilities caused by mental or physical impairments, including nervous system disorders.

⁵ If for routine use for general oral care, then not a HCFSA eligible expense.

⁶ Eligible HCFSA expense if post-surgery but not for infants/toddlers general use.

⁷ Not for general use.

⁸ Eligible HCFSA expense for arthritis diagnosis but not for general use.

⁹ Eligible HCFSA expense for sleep apnea but not for general use.

INELIGIBLE PRODUCTS AND SERVICES

The following products and services, within the Healthcare and Over-the-Counter medication categories, are NOT eligible for Healthcare Flexible Spending Account (FSA) savings:

INELIGIBLE HEALTHCARE EXPENSES

Baby Sitting, Childcare, and Nursing Services for a Normal, Health Baby
Controlled Substances - without prescription
Cosmetic Surgery¹
Dancing Lessons
Diaper Service
Electrolysis or Hair Removal
Funeral Expenses
Hair Transplant¹
Health Club Dues
Health Coverage Tax Credit
Household Help
Illegal Operations and Treatments
Insurance Premiums (e.g., HMO premiums, Employer-sponsored health insurance plan premiums)
Maternity Clothes
Medical Savings Account (MSA)/ Health Saving Account (HSA) Contributions
Medicare B and D Premiums
Nutritional Supplements²

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Personal Use Items³
Swimming Lessons
Teeth Whitening
Veterinary Fees
Weight-Loss Program not part of specific disease treatment

INELIGIBLE OVER-THE-COUNTER PRODUCTS

Aromatherapy
Baby Products (e.g., bottles, wipes, baby oil)
Breast Enhancements
Cosmetic Products (e.g., Makeup, perfumes)
Dental Products (e.g., Toothbrush, toothpaste, Dental Floss)
Dietary/Nutritional Supplements (e.g., Ensure, Glucerna, Slimfast)
Feminine Care (e.g., Tampons)
Herbal Supplements
Sun Tanning Products
Toiletries (e.g., Deodorant, Shampoo, Chap Stick)
Vitamins (for general health/routine use)

¹ You cannot include in medical expenses the amount you pay for unnecessary cosmetic surgery. This includes any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease. You cannot include in medical expenses the amount you pay for procedures such as face lifts, hair transplants, hair removal (electrolysis), teeth whitening and liposuction.

² You cannot include in medical expenses the cost of nutritional supplements, vitamins, herbal supplements, "natural medicines," etc. unless they are recommended by a medical practitioner as treatment for a specific medical condition diagnosed by a physician.

³ You cannot include in medical expenses the cost of an item used by personal living or family purposes, unless it is used primarily to prevent or alleviate a physical or mental defect or illness. For example, the cost of a toothbrush and toothpaste are not eligible expenses.

These lists are not intended to be complete, but are to provide examples of expenses which may be eligible for reimbursement under the PrimeFlex Health or Dependent Care Flexible Spending Account. For more details, download IRS Publications 502 and 503. NOTE: Not all expenses in these publications are eligible.

Please visit www.FSAandYou.com for important savings calculators and other tools to help you plan for your expenses.

You can also visit <http://medibank.com/briefings/employee/mbi.htm> to view a twelve minute video that explains FSA participation.
