

HEALTH CARE REIMBURSEMENT ACCOUNT

Eligible and Ineligible Health Care Expenses

The following categorizes medical expenses as *eligible or ineligible* to be reimbursed under this program. This list is not all inclusive. If you have a question on an expense that is not listed, call Benefit Resources at (918) 481-6161 or 1(800) 339-7493.

Eligible Expenses

.Acupuncture	.Nurse's services, domestic
.Alcohol/drug addiction recovery	.Obstetrical expenses
.Ambulance	.Operations, legal
.Artificial limbs	.Optometrist fees
.Artificial teeth	.Orthopedic shoes
.Birth control pills (prescribed)	.Orthodontia costs
.Braces	.Osteopath fees
.Braille-books and magazines	.Over the Counter drugs used primarily for medical care
.Care for mentally handicapped child	.Over the Counter drugs with Healthcare Provider diagnosis
.Childbirth classes (mother's cost)	.Oxygen equipment
.Chiropractic fees	.Physician fees
.Christian Science treatment	.Physician-prescribed equipment and maintenance
.Co-insurance (costs applied to it)	. Prescription medicine (including vitamins and contraceptives)
.Contact lens (and solutions)	.Prosthesis
.Costs for physical or mental illness confinements	.Psychiatric fees
.Crutches	.Psychologist fees
.Deductibles (costs applied to it)	.Radial Keratotomy Surgery
.Dental fees	.Remedial reading (neurological)
.Dentures	.Routine physicals and other non-diagnostic services
.Diagnostic fees	.Service animal, seeing-eye or deaf
.Drugs (prescription)	.Sexual dysfunction treatment
.Dyslexia, language training	. Smoking cessation programs
.Eyeglasses (prescribed) and exams	.Special communication equipment for blind or deaf
.Handicapped person's special school	.Special education for blind or deaf
.Hearing device and batteries	.Special home for retarded person
.Hospital care (medical services)	.Special plumbing for handicapped
.Immunizations/vaccinations	.Speech therapy
.Insulin	.Sterilization operation, legal
.Iron lung	.Surgical fees, legal
.Laboratory fees	.Therapy treatments (prescribed)
.Laetrile, legal use (prescribed)	.Vitamins (prescriptions only)
.Lasik eye surgery	.Weight Loss Programs (Prescribed by a Physician)
.Life fee to retirement home for medical care	.Wheel chair
.Massage therapy (prescribed treatment)	.X-rays
.Nurse's fees	

Ineligible Expenses

.Cosmetic Procedures or Prescriptions	Insurance Premiums (including COBRA)
.Cosmetics or toiletries	.Over the counter items for general health and well being
.Dancing Lessons	.Propecia
.Diaper Service	.Renova (anti-wrinkle cream)
.Elective Cosmetic Surgery	.Retin-A (unless diagnosis of acne)
.Exercise Programs and Health Spa Membership	.Rogaine
.Health Club Dues	.Swimming Lessons
.Household Help	.Swimming Pools, Saunas, or Exercise Equipment
.Marriage or Family Counseling	.Trips or Vacations
.Maternity Clothing	. Teeth whitening/Teeth bleaching