



Health Care Reimbursement Account - FSA

Eligible and Ineligible Over-the-Counter (OTC) Health Care Expenses

IMPORTANT: This list of expenses (eligible for reimbursement through the Miami Nation Limited Benefit plan) is based on IRS guidelines governing Flexible Spending Accounts. Before purchasing any item or service not listed, please contact the Miami Nation at

No Prescription Required

Contraceptive Family Planning	<ul style="list-style-type: none"> • Ovulation predictor kits • Pregnancy tests • Spermicides • Condoms
Ear Care	<ul style="list-style-type: none"> • Ear drops • Ear wax removal
Eye Care	<ul style="list-style-type: none"> • Contact lens supplies • Eye drops • Reading glasses • Eye patches
First Aid & Medical Supplies	<ul style="list-style-type: none"> • Antiseptics • Witch hazel • Peroxide • Bandages • First aid kits (must be a "reasonable" price) • Cold/hot packs for injuries • Joint supports (ankle, elbow, knee, wrist) • Rubbing alcohol • Ace wraps • Splints • Thermometers • Liquid adhesives
Dental Denture Care	<ul style="list-style-type: none"> • Poligrip
Foot Care	<ul style="list-style-type: none"> • Arch and insole supports • Callous removers • Athlete's foot products (see antifungal) • Bunion • Blister and corn treatments
Home Diagnostic Test or Kits	<ul style="list-style-type: none"> • Cholesterol • Diabetic equipment and supplies • Colorectal screenings • HIV test

Note: This list is not all-inclusive, it is only examples of items eligible or not eligible for possible reimbursement. Go to www.irs.gov for additional information.

Prescription Required

Allergy Prevention & Treatment	<ul style="list-style-type: none"> • Actifed • Allerest • Benadryl • Chlor-Trimetron • Claritin • Contac • Nasal crom • Sudafed
Analgesic/Antipyretics	<ul style="list-style-type: none"> • Aspirin • Advil • Aleve • Ibuprofen • Naprosyn • Tylenol • Midol • Pamprin • Premysyn PMS
Antacids and Acid Reducers	<ul style="list-style-type: none"> • AXID AR • Gas-X • Maalox • Mylanta • Tums • Pepcid AC • OTC Prilosec • Tagamet HB • Zantac 75
Antibiotics (topical)	<ul style="list-style-type: none"> • Bacitracin • Neosporin • Triple Antibiotic Ointment
Anticandidal (yeast)	<ul style="list-style-type: none"> • Femstat 3 • Gyne-Lotrimin • Mycelex-7 • Monistat 3 • Vagistat-1
Antidiarrheal & Laxatives	<ul style="list-style-type: none"> • Ex-Lax • Imodium AD • Kaopectate • Pepto-Bismol
Antifungal	<ul style="list-style-type: none"> • Lamisil AT • Lotramin AF • Micatin
Antihistamines	<ul style="list-style-type: none"> • Actidil • Actifed • Allerest • Benadryl • Claritin • Chlor-Trimetron • Contac • Drixoral • Sudafed • Tavist • Triaminic
Anti-itch Lotions & Creams	<ul style="list-style-type: none"> • Bactine • Benadryl • Caldecort • Caladryl • Calamine • Cortaid • Hydrocortisone • Lanacort • Lamisil AT • Lotrimin AF

Prescription Required

Asthma Medicines	<ul style="list-style-type: none"> • Bronitin Mist • Bronkaid • Bronklixer • Primatene
Cold Sore and Fever Blister	<ul style="list-style-type: none"> • Abreva Cream • Herpecin
Cold, Flu, Decongestant and Sinus Remedies	<ul style="list-style-type: none"> • Actidil • Actifed • Advil Cold and Sinus • Afrin • Alka Seltzer Cold and Flu • Afrinol • Aleve Cold and Sinus • Children's Advil Cold • Contac • Dayquil • Dimetane • Dristan Long-Lasting • Drixoral, Neo-Synephrine 12-hour • Nyquil • Orrivin • Pediacare • Sudafed • Tavist-D • Thera-flu • Triaminic • Tylenol Cold and Flu • Cough drops • Nasal sprays
Cough Suppressants or Expectorants	<ul style="list-style-type: none"> • Robitussin • Vicks 44 • Chloraseptic • Mucinex • Cough drops • Throat lozenges
Dehydration	<ul style="list-style-type: none"> • Pedialyte
Dental and Denture Care	<ul style="list-style-type: none"> • Orajel • Anbesol
Diaper Rash	<ul style="list-style-type: none"> • Aquaphor • Desitin • Balmax
Hemorrhoidal Preparations	<ul style="list-style-type: none"> • Preparation H • Hemorrhoid • Tronolane
Lactose Intolerance	<ul style="list-style-type: none"> • DairyCare • Dairy relief • Lactaid • Lacteeze • Lactase
Menstrual Cycle	<ul style="list-style-type: none"> • Midol • Pamprin • Premysyn PMS

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Letter of Medical Necessity Required

These OTC medicines may be reimbursed with a licensed health care provider's Letter of Medical Necessity (LMN).

Migraine Relief	<ul style="list-style-type: none"> • Advil Migraine • Motrin Migraine • Excedrin
Motion Sickness	<ul style="list-style-type: none"> • Dramamine • Marizine
Sleeping and Snoring Cessation Aids	<ul style="list-style-type: none"> • Breathe Right • Snorezz
Smoking Cessation	<ul style="list-style-type: none"> • Commit • Nicoderm CQ • Nicorette • Nicotrol
Teething and Toothaches	<ul style="list-style-type: none"> • Orajel • Anbesol
Topical Steroids	<ul style="list-style-type: none"> • Hydrocortisone
Wart Removal	<ul style="list-style-type: none"> • Compound W • Dr. Scholl's Clear Away • Wart-Off

Letter of Medical Necessity Required

These Dual-Purpose OTC Medicines and Products may be reimbursed with a licensed health care provider's Letter of Medical Necessity (LMN).

Calcium	<ul style="list-style-type: none"> • Calcium Carbonate • Caltrate • Tricalcium Phosphate • Calcium Citrate • Calcium Lactate • Calcium Gluconate 	Diagnosis (E.g. osteoporosis) or at-risk for illness or injury based on physician note
Fiber Supplements	<ul style="list-style-type: none"> • Benefiber • Metamucil 	Documented specific medical condition; short duration
Herbs		Documented specific medical condition
Incontinence		Post-surgery
Joint Supplements	<ul style="list-style-type: none"> • Chondroitin 	Diagnosis of arthritis
Minerals	<ul style="list-style-type: none"> • Calcium Caltrate • Ferrous Sulfate • Feosol Slow FE • Folic Acid 	Diagnosis (e.g. osteoporosis, anemia, etc.) or at risk for illness or injury based on physician note
OTC Hormone Therapy		Peri-menopausal or menopausal symptoms
Dietary Supplements	<ul style="list-style-type: none"> • Protein Bars • Power Drinks • Ensure • Glucerna • Slimfast 	Documented specific medical condition
Vitamins *	*Generally excluded except in rare cases when used to treat a medical condition.	Vitamin B for treatment of scurvy
Weight Loss		Diagnosis of obesity or other documented specific medical condition

Excluded

These OTC items are excluded and are not eligible expenses.

Cosmetic Products	<ul style="list-style-type: none"> • Face soaps • Creams • Make-up • Perfumes • Hair removal
Dental Products	<ul style="list-style-type: none"> • Dental floss • Toothpaste • Toothbrushes • Teeth Whitening kits • Mouthwash
Ear Care	<ul style="list-style-type: none"> • Ear plugs
General Products	<ul style="list-style-type: none"> • Diapers • Sanitary napkins • Wipes
Toiletries	<ul style="list-style-type: none"> • Deodorant • Shampoo • Body sprays • Soaps • Moisturizers • Chap stick

What is a Letter of Medical Necessity?

A Letter of Medical Necessity (LMN) is a document from a licensed health care provider. The letter must state:

- your specific diagnosis or medical condition
- a recommendation to take the specific OTC medicine to treat you condition, and
- documentation of the product and cost.

Questions?



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