



# 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

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

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](http://www.irs.gov) for additional information.

### Prescription Required

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

### Prescription Required

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



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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).

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

### 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).

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

### Excluded

These OTC items are excluded and are not eligible expenses.

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

### 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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