

# FSA eligible items and expenses list



**Febco Benefits  
Administration**

Form: FSAITEMLIST10302015

## A

Abortion  
Acetaminophen - *Prescription required to be reimbursed*  
Acne Treatment (Example: Proactive, Stridex) – *Prescription required to be reimbursed*  
Acne Laser Treatment  
Acupuncture  
Air Conditioner – **Requires a Letter of Medical Necessity to be reimbursed**  
Air Purifier - **Requires a Letter of Medical Necessity to be reimbursed**  
Alcoholism Treatment  
Allergy Medications & Patches - *Prescription required to be reimbursed*  
Allergy Nasal Sprays - *Prescription required to be reimbursed*  
Alternative Dietary Substitutes - **Requires a Letter of Medical Necessity to be reimbursed**  
Alternative Drugs & Medicines - **Requires a Letter of Medical Necessity to be reimbursed**  
Alternative Healers - **Requires a Letter of Medical Necessity to be reimbursed**  
Ambulance  
Antacids & Heartburn Relief - *Prescription required to be reimbursed*  
Antibiotic Creams & Ointments, Hemorrhoid Preparations - *Prescription required to be reimbursed*  
Anti-Diarrheal (Example: Alka-Seltzer, Milk of Magnesia) - *Prescription required to be reimbursed*  
Anti-Itch & Hydrocortisone Creams - *Prescription required to be reimbursed*  
Arch & Insole Supports - *Prescription required to be reimbursed*  
Arthritis Pain-Relief - *Prescription required to be reimbursed*  
Artificial Limbs  
Artificial Teeth  
Aspirin - *Prescription required to be reimbursed*  
Asthma Treatments  
Automobile Modifications - **Requires a Letter of Medical Necessity to be reimbursed**

## B

Back Supports  
Bandages  
Behavioral Modification Programs - **Requires a Letter of Medical Necessity to be reimbursed**  
Birth Control Pills  
Birthing Classes - **Requires a Letter of Medical Necessity to be reimbursed**  
Birthing Tub  
Blood Pressure Monitoring Devices  
Blood Sugar Test Kits & Test Strips  
Blood Test  
Body Scans  
Braille Books & Magazines

[www.febco.com](http://www.febco.com)

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## B (Cont.)

Breast Pumps

Breast Reconstruction Surgery Following Mastectomy

## C

Calamine Lotion - *Prescription required to be reimbursed*

Carpal Tunnel Wrist Supports

Cervical Pillow - **Requires a Letter of Medical Necessity to be reimbursed**

Chelation Therapy

Chiropractors

Chondroitin/Glucosamine - *Prescription required to be reimbursed*

Christian Science Practitioners

Circumcision

Cold Medicines - *Prescription required to be reimbursed*

Cold/Hot Packs

Condoms

Contact Lenses, Materials & Equipment

Contraceptives

Counseling (*Marriage and couples counseling are ineligible*) - **Requires a Letter of Medical Necessity to be reimbursed**

Co-Payments

Crowns & Bridges

Crutches

## D

Deductibles

Dental Care

Dental Sealants

Dental Treatments

Dental X-Rays

Dentures

Diabetic Supplies

Diagnostic Items & Services

Diaper Rash Creams - *Prescription required to be reimbursed*

Diarrhea Medicine - *Prescription required to be reimbursed*

Dietary Supplements - **Requires a Letter of Medical Necessity to be reimbursed**

Drug Addiction Treatment

Drug Overdose Treatment

Dyslexia - **Requires a Letter of Medical Necessity to be reimbursed**

## E

Ear Drops & Wax Removal - *Prescription required to be reimbursed*

Ear Plugs - **Requires a Letter of Medical Necessity to be reimbursed**

Egg Donor Fees

Exercise Equipment & programs - **Requires a Letter of Medical Necessity to be reimbursed**

Eye Examinations

## F

Fertility Treatments

## F (Cont.)

Fiber Supplements - **Requires a Letter of Medical Necessity to be reimbursed**

First Aid Kits

Flu Shots

Fluoridation Device

## G

Glucose monitoring equipment

Guide Dog: Other Aid Animals

## H

Health Club Fees - **Requires a Letter of Medical Necessity to be reimbursed**

Hearing Aids & Its Batteries

Hearing Exams

Hemorrhoid Treatments - *Prescription required to be reimbursed*

Home Care - **Requires a Letter of Medical Necessity to be reimbursed**

Home Diagnostic Tests or Kits (Example: Blood pressure, Cholesterol, HIV)

Home Improvements (Example: Wheelchair Ramp, Widening Doorways) - **Requires a Letter of Medical Necessity to be reimbursed**

Homeopathic Medicines - *Prescription required to be reimbursed*

Hormone Replacement Therapy - **Requires a Letter of Medical Necessity to be reimbursed**

Hospital Services

Humidifier - **Requires a Letter of Medical Necessity to be reimbursed**

## I

Ibuprofen - *Prescription required to be reimbursed*

Immunizations

Incontinence Supplies (example: Depends and Serenity Pads)

Infertility Treatments

Insulin

## J

Joint-Support Bandages & Hosiery

## K

## L

Laboratory Fees

Lactation Consultant - **Requires a Letter of Medical Necessity to be reimbursed**

Lamaze Classes (For mothers only) - **Requires a Letter of Medical Necessity to be reimbursed**

Laser Eye Surgery

Laxatives - *Prescription required to be reimbursed*

Lead-Based Paint Removal - **Requires a Letter of Medical Necessity to be reimbursed**

Learning Disability Instructional Fees

## M

Massage Therapy - **Requires a Letter of Medical Necessity to be reimbursed**  
Mastectomy-Related Special Bras  
Medical Alert Bracelet or Necklace  
Medical Monitoring & Testing Devices  
Medical Records Charges  
Menstrual Pain Relievers - *Prescription required to be reimbursed*  
Mileage for Medical Appointment  
Mineral Supplements - **Requires a Letter of Medical Necessity to be reimbursed**  
Morning After Contraceptive Pills  
Motion Sickness Treatment - *Prescription required to be reimbursed*

## N

Nutritional & Dietary Supplements - **Requires a Letter of Medical Necessity to be reimbursed**  
Nasal Strips or Sprays - *Prescription required to be reimbursed*  
Nicotine Gum or Patches - *Prescription required to be reimbursed*

## O

Occlusal Guards to Prevent Teeth Grinding  
Operations  
Optometrist  
Organ Donors/Transplants  
Orthodontia  
Orthodontia/Braces  
Orthopedic Shoes & Inserts - **Requires a Letter of Medical Necessity to be reimbursed**  
Osteopath Fees  
Ovulation Monitor  
Oxygen

## P

Physical Exams  
Physical Therapy  
Pregnancy Test Kits  
Prenatal Vitamins - **Requires a Letter of Medical Necessity to be reimbursed**  
Prosthesis  
Psychiatric Care  
Psychologist - **Requires a Letter of Medical Necessity to be reimbursed**

## Q

## R

Radial Keratotomy  
Retin-A (For Treatment of Acne) - *Prescription required to be reimbursed*  
Rubber Gloves - **Requires a Letter of Medical Necessity to be reimbursed**  
Rubbing Alcohol

## S

Screening Tests  
Shampoo Treatments Relating to Treatment of Lice  
Sleep Aids - *Prescription required to be reimbursed*  
Sleep Deprivation Treatment  
Smoking Cessation Medications  
Smoking Cessation Programs  
Spermicidal Foam  
Splints/Casts  
Sterilization Procedures  
Sun Glasses (*Prescription Lenses Only*)  
Sunburn Creams & Ointments - *Prescription required to be reimbursed*  
Syringes

## T

Taxes on Medical Services & Products  
Telephone for Hearing-Impaired Persons  
Television for Hearing-Impaired Persons  
Therapy  
Thermometers  
Tooth & Mouth Pain Relief

## U

Ultrasounds

## V

Vaccinations  
Vaporizers - **Requires a Letter of Medical Necessity to be reimbursed**  
Vasectomy  
Vasectomy Reversal  
Viagra  
Vitamins - **Requires a Letter of Medical Necessity to be reimbursed**

## W

Walkers  
Wart Removal Medication  
Weight Loss Programs and/or prescribed drugs - **Requires a Letter of Medical Necessity to be reimbursed**  
Wheelchair

## X

X-ray fees

## Y & Z