



ELIGIBLE & NON-ELIGIBLE EXPENSES

To substantiate the expenses you will need to submit documentation that clearly shows the type of service, date of service, and the amount you are responsible to pay, along with a completed claim form. For over-the-counter items, a cash register receipt with the product name listed is required.

The following lists are expenses that will be covered and expenses that will not be covered.

COVERED ITEMS

Acupuncture	Eyeglasses	Optometrist fees
*Air Filters	Fertility treatments	Orthodontia
Alcoholism/Drug Abuse treatment	Foreign Country medical expenses	*Orthopedic shoes
Braille books/magazines	Guide dogs/expenses	Osteopathic expenses
*Breast Reduction/Reconstruction	Hearing Aids	*Over-the-counter items (see below)
Car hand controls	Hospital co-pays/expenses	Prescription medications
Childbirth classes	Human Guide expenses	PRK/Lasik
Chiropractic	*Impotence Treatment	Psychologist fees
Christian Science Practitioners	Laboratory fees	Radial Keratotomy
Coinsurance amounts	Lasik Eye Surgery	Smoking Cessation programs
Contact Lenses & solutions	*Massage	Sterilization
Co-payments	*Mattresses	Sunglasses (prescriptions)
Crutches	*Mileage for Medical Travel	Vision Care
Deductibles	*Nursing Home Care	*Weight Loss programs
Dental treatments	Office visit co-pays	Wheelchair equipment/expenses
Breast Pumps and Lactation Supplies		Wrist/Ankle/Knee Supports

This is not a complete list. If you have any questions regarding a specific type of expense that is not listed, or questions about items that are listed, please contact Sheakley Flexible Benefits Division toll-free at 800-877-6630 or e-mail to 125@sheakley.com.

Items marked with an * are only eligible if they are submitted with a written prescription from a medical doctor (MD) stating they are medically necessary and being used to treat a specific medical condition.

OVER-THE-COUNTER MEDICINES

*****Effective 01/01/2011, the Following Over-The-Counter Medicines Require a Prescription from a Doctor*****

Allergy medicine	Sunburn relief and sunscreens	Laxatives	Suppositories
Antacids		Liquid adhesive for small cuts	Wart Removal Medications
Anti-diarrhea medicine		Medicated shampoo	Weight Loss Drugs
Aspirin		Medicated soap	Vitamins
Bactine		Lactose Intolerance Medicines	Visine or other eye products
Ben Gay or products for muscle or joint pain		Laxatives	Yeast infection treatments
Bug bite medications		Menstrual Pain Medication	
Calamine lotion		Motion Sickness Medication	
Cold medicine		Motion sickness pills	
Cough drops		Nasal sinus sprays	
Cough syrups		Pain relievers	
Diaper rash ointment		Pedialyte	
First aid cream		Rubbing alcohol	
Heartburn medicines		Sinus medications	
Hemorrhoidal cream		Sleeping aids for occasional insomnia	
Hydrogen Peroxide		Spermicidal foam	
Heartburn/Acid Reflux/Antacids		Sunburn relief	

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OVER-THE-COUNTER ITEMS

*****The following over the counter items are not considered medicine, therefore a prescription from a doctor is not required*****

Bandages	First aid kits	Thermometers
Blood pressure kit	Gauze pads	Denture Adhesive Products
Carpal tunnel wrist supports	Incontinence supplies	
Cold/hot packs for injuries	Nasal strips	
Condoms	Ovulation kit	
Contact lens solution	Reading glasses	
Diabetic Insulin	Rubbing Alcohol/Peroxide	

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ITEMS THAT ARE NOT COVERED

*****The following items are not considered to be medically necessary, therefore not reimbursable under the FSA plan.*****

Bleaching of teeth	Drugs not approved in the US	Weight Loss Food
Cosmetic Item	Whitening of teeth	Chapstick
Cosmetic Surgery	Medicated Soaps Shampoos	Deodorant
Dietary Supplements	Toiletries	Face Creams
Moisturizers	Mouthwash	Toothpaste
Tooth Brushes (including electric)		

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