

Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
Abortion	Yes	Artificial teeth	Yes
Acne treatment	Prescription and/or diagnosis required*	Aspirin	Prescription and/or diagnosis required*
Acupuncture	Yes	Asthma treatments	Prescription and/or diagnosis required*
Adoption pre-adoption medical expenses	Yes	Automobile modifications	Prescription and/or diagnosis required*
Air purifier	Prescription and/or diagnosis required*	Bactine	Prescription and/or diagnosis required*
Alcoholism treatment	Yes	Bandages for torn or injured skin (medicated or not)	Yes
Allergy medicine (Example: Alavert)	Prescription and/or diagnosis required*	Behavioral modification programs	Prescription and/or diagnosis required*
Allergy treatment products; household improvements to treat allergies	Prescription and/or diagnosis required*	Birth-control pills	Yes
Alternative healers dietary substitutes and drugs and medicines	Prescription and/or diagnosis required*	Blood pressure monitoring devices	Yes
Ambulance	Yes	Blood sugar test kits and test strips	Yes
Antacids (Example: Zantac)	Prescription and/or diagnosis required*	Body scans	Yes
Antibiotic ointments (Example: Neosporin)	Prescription and/or diagnosis required*	Braille books and magazines	Yes
Antihistamines (Example: Benadryl)	Prescription and/or diagnosis required*	Breast pumps	Yes
Anti-itch creams (Example: Cortaid)	Prescription and/or diagnosis required*	Breast reconstruction surgery following mastectomy	Yes
Appearance improvements	No	Calamine lotion	Prescription and/or diagnosis required*
Arthritis gloves	Yes	Capital expenses	Prescription and/or diagnosis required*
Artificial limbs	Yes	Car modifications	Prescription and/or diagnosis required*

*See last page for detailed explanation.

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Carpal tunnel wrist supports	Yes	Cosmetics	No
Cayenne pepper	Prescription and/or diagnosis required*	Cough suppressants (Examples: Robitussin, cough drops)	Prescription and/or diagnosis required*
Chelation therapy	Yes	Counseling	Prescription and/or diagnosis required*
Chinese herbal practitioners & herbal treatments	Prescription and/or diagnosis required*	Crutches	Yes
Chiropractors	Yes	Decongestants (Example: Dimetapp)	Prescription and/or diagnosis required*
Chondroitin	Prescription and/or diagnosis required*	Deductibles	Yes
Claritin	Prescription and/or diagnosis required*	Dental sealants	Yes
Co-insurance amounts	Yes	Dental treatment	Yes
Cold medicine (Example: Sudafed)	Prescription and/or diagnosis required*	Dentures and denture adhesives	Yes
Cold/hot packs	Yes	Deodorant	No
Cologne	No	Diabetic supplies	Yes
Condoms	Yes	Diagnostic items/services	Yes
Contact lenses materials and equipment	Yes	Diaper rash ointments (Example: Desitin)	Prescription and/or diagnosis required*
Contraceptives	Prescription and/or diagnosis required*	Diapers or diaper service	No
Controlled substances in violation of federal law	No	Diarrhea medicine (Example: Pepto-Bismol)	Prescription and/or diagnosis required*
Co-payments	Yes	Dietary supplements	Prescription and/or diagnosis required*
Cosmetic procedures	No	Diet foods	No

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Disabled dependent care expenses	Prescription and/or diagnosis required*	Fever-reducing medications (Example: Tylenol)	Prescription and/or diagnosis required*
DNA collection and storage	Prescription and/or diagnosis required*	Fiber supplements	Prescription and/or diagnosis required*
Drug addiction treatment	Yes	First aid cream	Prescription and/or diagnosis required*
Drug overdose, treatment of	Yes	First aid kits	Yes
Drugs and medicines	Prescription and/or diagnosis required*	Fitness programs	Prescription and/or diagnosis required*
Dyslexia	Prescription and/or diagnosis required*	Flu shots	Yes
Ear piercing	No	Fluoridation device or services	Yes
Ear plugs	Prescription and/or diagnosis required*	Founder's fee	No
Egg donor fees	Yes	Funeral expenses	No
Electrolysis or hair removal	No	Gauze pads	Yes
Exercise equipment or programs	Prescription and/or diagnosis required*	Genetic testing	Prescription and/or diagnosis required*
Expectorants (Example: Comtrex)	Prescription and/or diagnosis required*	GIFT (Gamete intrafallopian transfer)	Yes
Eye drops (Example: Visine)	Prescription and/or diagnosis required*	Glucosamine	Prescription and/or diagnosis required*
Eye examination and eyeglasses	Yes	Glucose monitoring equipment	Yes
Face creams	No	Hair colorants	No
Face lifts	No	Hair removal and transplants	No
Feminine hygiene products	No	Hand lotion	No
Fertility treatments	Yes	Headache medications (Example: Advil)	Prescription and/or diagnosis required*

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Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
Health club fees	Prescription and/or diagnosis required*	Insurance premiums	No
Health institute fees	No	IVF (in vitro fertilization)	Yes
Hearing aids	Yes	Laboratory fees	Yes
Hemorrhoid treatments (Example: Preparation H)	Prescription and/or diagnosis required*	Lactation consultant	Prescription and/or diagnosis required*
Herbs	Prescription and/or diagnosis required*	Lamaze classes	Yes
HMO premiums	No	Language training	Prescription and/or diagnosis required*
Holistic or natural healers recommended drugs and medicines	Prescription and/or diagnosis required*	Laser eye surgery; Lasik	Yes
Home care	Prescription and/or diagnosis required*	Late fees (e.g. for late payment of bills for medical services)	No
Home improvements (such as exit ramps widening doorways etc.)	Prescription and/or diagnosis required*	Laxatives (Example: Ex-Lax)	Prescription and/or diagnosis required*
Hormone replacement therapy (HRT)	Prescription and/or diagnosis required*	Lead-based paint removal	Prescription and/or diagnosis required*
Hospital services	Yes	Learning disability instructional fees	Yes
Humidifier	Prescription and/or diagnosis required*	Legal fees general	Prescription and/or diagnosis required*
Hypnosis	Prescription and/or diagnosis required*	Legal fees in connection with fertility treatments	Prescription and/or diagnosis required*
Illegal operations and treatments	No	Lipsticks	No
Immunizations	Yes	Liquid adhesive for small cuts	Prescription and/or diagnosis required*
Incontinence supplies	Prescription and/or diagnosis required*	Lodging at a hospital or similar institution	Yes
Infertility treatments	Yes	Lodging while attending a medical conference	No
Insect bite creams and ointments (Example: Caladryl)	Prescription and/or diagnosis required*	Makeup	No
Insulin	Yes	Marijuana or other controlled substances in violation of federal law	No

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Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
Massage therapy	Prescription and/or diagnosis required*	Missed appointment fees	No
Mastectomy-related special bras	Yes	Moisturizers	No
Maternity clothes	No	Motion-sickness pills (Examples: Bonine Dramamine)	Prescription and/or diagnosis required*
Mattresses	No	Mouthwash	No
Meals not at a hospital or similar institution	No	Nasal strips or sprays	Prescription and/or diagnosis required*
Meals of a companion	No	Nasal saline	Yes
Meals while attending a medical conference	No	Naturopathic healers dietary substitutes and drugs and medicines	Prescription and/or diagnosis required*
Medical alert bracelet or necklace	Yes	Nicotine gum or patches (Examples: Nicoderm, Nicorette)	Prescription and/or diagnosis required*
Medical information plan charges	Yes	Non-prescription drugs and medicines	Prescription and/or diagnosis required*
Medical monitoring and testing devices	Yes	Norplant insertion or removal	Yes
Medical newsletter	No	Nursing services provided by a nurse or other attendant	Prescription and/or diagnosis required*
Medical records charges	Yes	Nursing services for a baby	No
Medical services	Yes	Nutritionist's professional expenses	Prescription and/or diagnosis required*
Medicines and drugs	Prescription and/or diagnosis required*	Nutritional supplements	Prescription and/or diagnosis required*
Menstrual pain relievers (Example: Midol)	Prescription and/or diagnosis required*	Obstetrical expenses	Yes
Mentally handicapped special home for	Prescription and/or diagnosis required*	Occlusal guards to prevent teeth grinding	Yes
Mineral supplements	Prescription and/or diagnosis required*	One-a-day vitamins	No

*See last page for detailed explanation.

Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
Operations	Yes	Prescription drugs and medicines obtained from other countries	No
Optometrist	Yes	Prescription drug discount programs	No
Orthodontia	Yes	Preventive care screenings	Yes
Orthopedic shoes and inserts	Prescription and/or diagnosis required*	Propecia	Prescription and/or diagnosis required*
Osteopath fees	Yes	Prosthesis	Yes
Ovulation monitor	Yes	Psychiatric care	Yes
Oxygen	Yes	Psychoanalysis	Prescription and/or diagnosis required*
Pain relievers (Examples: Advil Aspirin Tylenol)	Prescription and/or diagnosis required*	Psychologist	Prescription and/or diagnosis required*
Patterning exercises	Yes	Radial keratotomy	Yes
Perfume	No	Reading glasses	Yes
Permanent waves	No	Recliner chairs	No
Personal trainer fees	Prescription and/or diagnosis required*	Retin-A	Prescription and/or diagnosis required*
Physical exams	Yes	Rogaine	Prescription and/or diagnosis required*
Physical therapy	Yes	Rubbing alcohol	Prescription and/or diagnosis required*
Pregnancy test kits	Yes	Safety glasses	No
Prenatal vitamins	Prescription and/or diagnosis required*	Schools and education residential	Prescription and/or diagnosis required*
Pre-payments	No	Schools and education special	Prescription and/or diagnosis required*
Prescription drugs	Prescription and/or diagnosis required*	Screening tests	Yes

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Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
Seeing-eye dog	Yes	Surgery	Yes
Shampoos	No	Surrogate expenses	No
Sinus medications (Example: Sudafed)	Prescription and/or diagnosis required*	Tanning salons and equipment	No
Skin moisturizers	No	Taxes on medical services and products	Yes
Sleep deprivation treatment	Yes	Teeth whitening	No
Smoking cessation medications	Prescription and/or diagnosis required*	Telephone for hearing-impaired persons	Yes
Smoking cessation programs	Yes	Television for hearing-impaired persons	Yes
Soaps	No	Thermometers	Yes
Spermicidal foam	Prescription and/or diagnosis required*	Throat lozenges (Examples: Cepacol, Chloraseptic)	Prescription and/or diagnosis required*
Sperm storage fees	Prescription and/or diagnosis required*	Toiletries	No
St. John's Wort	Prescription and/or diagnosis required*	Toothache and teething pain relievers (Example: Orajel)	Prescription and/or diagnosis required*
Stem cell harvesting and/or storage of	Prescription and/or diagnosis required*	Toothbrushes	No
Sterilization procedures	Yes	Toothpaste	No
Student health fee	No	Transplants	Yes
Sunglasses	Prescription and/or diagnosis required*	Transportation costs of disabled individual commuting to and from work	No
Sunburn creams and ointments (Example: Solarcaine)	Prescription and/or diagnosis required*	Transportation expense primarily for and essential to medical care	Yes

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Type of Service/product	Reimbursable?	Type of Service/product	Reimbursable?
Treadmill	Prescription and/or diagnosis required*	Vision correction procedures	Yes
Tuition for special needs program	Prescription and/or diagnosis required*	Vision discount programs	No
Usual and customary charges excess	Yes	Vitamins	Prescription and/or diagnosis required*
Vaccines	Yes	Walkers	Yes
Varicose veins treatment of	Prescription and/or diagnosis required*	Wart remover treatments (Example: Compound W)	Prescription and/or diagnosis required*
Vasectomy	Yes	Weight-loss programs and/or drugs prescribed to induce weight loss	Prescription and/or diagnosis required*
Vasectomy reversal	Yes	Wheelchair	Yes
Veneers	No	Wigs	Prescription and/or diagnosis required*
Veterinary fees for Service Animals	Prescription and/or diagnosis required*	X-ray fees	Yes
Viagra	Yes	Yeast infection medications (Example: Monistat)	Prescription and/or diagnosis required*

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*See last page for detailed explanation.

Over-the-counter drugs and medicines are not reimbursable through your HSA unless prescribed by a medical practitioner.

“Dual purpose” expenses, such as vitamins and supplements, are those that may be used to treat a medical condition, but may also be used to promote general health. Dual purpose expenses require:

1. A diagnosis of the medical condition by a medical professional, *and*;
2. A recommendation by the medical professional for the purchase of the particular item or service to treat the condition.

For a more detailed health care expenses table please use your employee password to log in to the Allegiance website. Look in Tools & Support.