

# The Flex Plan Portal

Managing your flex plan benefits is easier than ever.

Your Flex Plan Portal lets you access your FSA or HRA claims information securely, easily, and online. That means important benefit information is available at the click of a mouse!

**REGISTRATION IS EASY!**



**consociatefsa.com**

AVAILABLE ON ALL YOUR DEVICES

## Features of Your Flex Plan Portal

Secure, 24/7 access to your accounts:

- Up-to-the-minute plan balances
- View plan, claims, and payment detail
- File claims, submit receipts online
- View upcoming reimbursements
- See eligible expense list
- Order new or report lost/stolen debit cards
- Sign up for direct deposit

## Your Flex Plan Portal Even Has a Mobile App

- Access account balances on iOS and Android devices
- Submit claims and receipts using your device's camera
- Receive text message alerts on account balances and more
- Download our app today by searching for **Consociate Flexmobile**



## Problems registering?

Contact Consociate Customer Care at  
[customerservice@consociate.com](mailto:customerservice@consociate.com)  
**800.798.2422**



# Flex FAQ's

## **What is Flex?**

A benefit provided by your employer that lets you set aside a certain amount of your paycheck into an account before paying income taxes. Then, during the year you can be directly reimbursed from your account for qualified healthcare and dependent care expenses.

## **Why should I participate in the Healthcare Account when I already have health insurance?**

This account is used to pay for expenses that are not covered by insurance. For example, your insurance may not cover deductibles, co-payments, annual physicals, eye exams, glasses, or orthodontics, just to name a few.

## **If I set aside part of my pay, won't I make less money?**

No. Your net take-home pay will increase by the amount of taxes you did not pay.

## **Can I change my contributions during the year?**

Only if you have a change-in-status, such as marriage, birth, adoption, a change in you or your spouse's employment status, a reduction in work hours, or a change in medical coverage due to enrollment through the exchange.

## **What if I currently take the dependent care credit on my annual tax return?**

Whether to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses.

The amount you deposit in your Dependent Care Account reduces the amount, dollar for dollar, that you can claim as a credit on your tax return. Contact your plan administrator for further information.

## **How do I get reimbursed for my expenses?**

If you do not wish to file electronically, a paper claim form and instructions on how to file your paper claim is available on the Consociate website or through your HR department. Complete the form, attach a copy of the healthcare or dependent care bill, and mail, fax, or email your form to Consociate. Within a short time, you will receive your reimbursement. Claims can be filed online at [www.consociatefsa.com](http://www.consociatefsa.com) or via the Consociate FSA mobile app.

## **Do I have to wait for the money to be deposited in my account in order to make a claim for reimbursement?**

The amount you set aside each year for the Healthcare Account is available to you at any time throughout the plan year. The Dependant Care Account Reimbursement amount available is the amount you have contributed to date.

## **How do I know how much is available in my accounts?**

Available balances can be accessed at [www.consociatefsa.com](http://www.consociatefsa.com), through the Consociate FlexMobile app or by calling the Consociate Call Center at 1-800-798-2422.

## **What happens to my accounts if I terminate my employment?**

You will be able to request reimbursement for healthcare and daycare expenses that you incurred prior to your termination. Check your SPD for any additional rights or benefits provided by your company's plan.

## **What if I don't use all of the money I set aside in my account(s)?**

Review your estimated expenses before deciding to participate. Any contributions not used during the plan year may not be paid to you or used in a later plan year unless your employer has elected the 2.5 month extension or rollover option. Please contact your HR department to see if this is an option.

# Flex FAQ's

## **What if I am not covered under my company's health insurance plan?**

You and your family can still participate in the Healthcare, Dependent Care, and Adoption Accounts.

## **How do I benefit by participating?**

Your biggest advantage is the tax savings. Every dollar you set aside reduces how much you pay in income taxes. Plus, you can be reimbursed for qualified expenses that you are already paying for.

## **Where can I go if I have specific questions on whether something is an eligible expense?**

A majority of eligible expenses are listed online at [www.consociatefsa.com](http://www.consociatefsa.com). You can call the Consociate Call Center @ 1-800-798-2422, or you can contact our dedicated Flex Customer Service representative via email at [fsaclaims@consociate.com](mailto:fsaclaims@consociate.com).

## **Are there any negatives that I should know about?**

Because you are not paying any social security tax on that portion of your income set aside, your social security benefits may be slightly reduced. Most tax advisors would tell you the benefit of saving taxes now is far greater than the potential loss of social security benefits when you retire.

## **What do I need to submit in order to be reimbursed?**

You will need a copy of the EOB (Explanation of Benefits) or a detailed billing statement showing date of service, item or services received, amount of service and whether insurance will pay for a portion of the expense. This documentation can be submitted when filing a claim online or via the Consociate FSA mobile app. When filing via paper a signed claim form will also need to be included.

## **Where can I find a claim form?**

Claims can be filed online or via the mobile app. Paper claims can be found by going to [www.consociatefsa.com](http://www.consociatefsa.com). Once logged in the claim form can be found under the "Tools and Support" tab.

## **Will participating in the HealthCare portion of Flex change how I have to file my taxes in April?**

No, taking advantage of Flex plan does not change what you do at tax time. You would continue to follow the same filing practices you have used in the past.



# The FSA App That's Made for Mobile

**Want to check your healthcare and daycare account balances and submit receipts anywhere, anytime? There's an app for that!**

**Consociate FlexMobile** enables you to easily and securely access your healthcare and daycare spending accounts. You can view account balances and detail; submit healthcare and daycare account claims; and capture and upload pictures of your receipts anytime, anywhere on any iPhone®, Android, or tablet device. You can also sign up to receive account alerts via text message.

## **Consociate FlexMobile provides time-saving options for you to:**

- Check current healthcare account balances: FSA
- View account activity and receive alerts via text message
- View FSA transaction details
- File new FSA claims with receipt images
- Review expense information
- Enter a new expense
- Submit healthcare and daycare claims and upload receipts using the mobile device's camera
- Manage expense receipts
- Promptly file claims for their FSA accounts



The **Consociate FlexMobile app** provides you with seamless account access since it is an extension of the new Consociate Health portal—and it doesn't require you to set up any additional credentials. Now by using your smartphone you can access your FSA account balances, and you'll know how much money you have available to spend on qualified medical expenses at the time of purchase.

## **Get Started with Consociate FlexMobile in Minutes**

Simply download the Consociate Health app for your Android or iPhone (also compatible with iPad® and iPod touch®) and log in using the same password you use to access the Consociate Health member portal.





# You can make more money this year!



Sometimes referred to as a cafeteria plan, flex plan, or a Section 125 plan– Flex lets you set aside a certain amount of your paycheck into an account – before paying income taxes. During the year you have access to this account for reimbursement of expenses you regularly pay for, such as healthcare and dependent daycare.

When you use tax-free dollars to pay for these expenses, you realize an increase in your spending power, and substantial tax savings.

## Reimbursable Expenses can include:

- Deductibles, Co-pays, and Prescription Drugs
- Expenses not covered by insurance
- Dental Services & Orthodontics
- Eyeglasses, Contacts, Solutions & Eye Surgery
- Weight-loss programs (associated with a specific disease)
- Chiropractic services
- Psychiatric care & Psychologist’s fees
- Smoking Cessation programs
- Over-the-counter drugs like allergy medications or aspirin
- Adult & Child Daycare services
- And more

Without the plan		With the plan	
Gross Earnings	\$ 2,000	Gross Earnings	\$ 2,000
FICA, Federal, State Taxes	\$ 500	Insurance Premium	\$ 100
Insurance Premium	\$ 100	Health and Day Care Expenses	\$ 300
Health and Day Care Expenses	\$ 300	Adjusted Gross Earnings	\$ 1,600
<b>Net Earnings</b>	<b>\$ 1,100</b>	FICA, Federal, State Taxes	\$ 400
		<b>Net Earnings</b>	<b>\$ 1,200</b>

# Determining Your Reimbursable Expenses

By completing the following information, you can calculate your annual reimbursable expenses. Take into consideration the services to be provided during the upcoming plan year for you and your dependents.

Healthcare Expenses	
<b>Medical (1)*</b>	
Deductibles	\$
Co-payments	\$
Doctor Visits	\$
Prescriptions	\$
Over-the-counter medications	\$
Over-the-counter supplies	\$
Other	\$
Total	\$
<b>Vision (2)</b>	
Exams	\$
Eye Surgery	\$
Lenses/Frames	\$
Contacts	\$
Solutions	\$
Other	\$
Total	\$
<b>Dental (3)*</b>	
Routine Check-ups	\$
Fillings/Crowns	\$
Orthodontics	\$
Other	\$
Total	\$
Dependent Daycare Expenses	
Children	\$
Adults \$	\$
Total	\$

Estimated Annual Expenses and Tax Savings	
Total Healthcare Expenses (add 1+2+3)	
Total Dependent Daycare Expenses	\$
<b>Total Expenses</b>	\$
<b>Tax Bracket Percentage</b> (see below)	%
<b>Annual Tax Savings</b> (multiply total expenses by tax bracket percentage)	\$
<b>Savings Amount/Paycheck</b> (divide total expenses by number of paychecks you receive each year: 52, 26, 24, 12)	\$

Tax Estimate Table	
Based on a combination of social security, federal, and state income taxes.	
Annual household earnings	Estimated tax rate
Less than \$30,000	<b>25% = .25</b>
\$30,000 to \$40,000	<b>29% = .29</b>
\$40,000 to \$70,000	<b>31% = .31</b>
Greater than \$70,000	<b>33% = .33</b>
These tax rates are estimates based on national averages and may not reflect your actual tax rate.	

\*Cosmetic procedures like teeth bleaching and face lifts are not eligible expenses for reimbursement.

Please review eligible expense list on our website forms at [www.consociatefsa.com](http://www.consociatefsa.com) or call 800.798.2422

# FSA Benefits Card

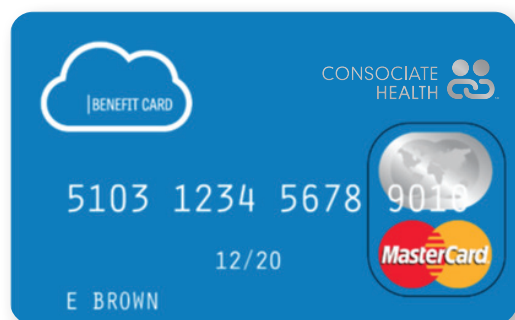
## Benefits Card

Our Flex program offers the convenience of the Benefits Card, a FlexCard designed like a MasterCard®, which allows employees to perform multiple functions with numerous healthcare vendors.

- Qualified purchases are deducted automatically from the pre-tax dollars available in your account
- View activity and balances online and via the Consociate FlexMobile app
- Automatic Substantiation reduces the need to submit receipts for reimbursement

### Here's how it works:

1. Enroll in ProFlex during open enrollment
2. If you have not previously had a Benefits Card, it will be mailed to you at the beginning of the plan year, and you will be required to activate it. If you already have a Benefits Card, it will be loaded with your new election, and you will not be required to reactivate.
3. When you incur an eligible expense (such as an office visit copay or vision care expense) at a qualified provider, you can pay the provider with your Benefits Card.
4. When using the Benefits Card at self-service merchant terminals, select the "credit" option unless you have set a PIN.



## Benefits Card FAQ's

### Do I need to keep my receipts?

Yes, the IRS requires that we validate each card transaction. In some cases, we will use our claims data to accommodate this requirement. If we do not have the claims data or if the transaction cannot be validated, you will be required to provide documentation with receipts. Failure to submit the documentation/receipts can result in the expense being labeled as "ineligible". In this case, you would be obligated to repay the amount to the Plan. It can also result in deactivation of your card.

### May I access my Flex Funds without the Benefits Card?

Yes, if your provider or merchant does not accept MasterCard® or you elected not to use your Benefits Card, simply pay for your expenses and file a claim online via the mobile app or file a paper claim with the eligible documentation attached.

### Is this just like other MasterCard® Cards or Visa® Cards?

No. The Benefits Card is a special-purpose MasterCard® Card or Visa® Card that can be used only for qualified health care/benefits expenses. There are no monthly bills and no interest.

### What if the Benefits Card is lost or stolen?

Participants should call Consociate to report a Card lost or stolen as soon as they realize it is missing, so we can turn off their current Card(s) and issue replacement Card(s). Replacement Cards are \$10 each, which will be deducted directly from the participant's pre-tax account. Participants are also able to report a lost or stolen card by logging on to the Consociate portal and reporting the card lost or stolen under the Accounts tab and clicking on the Banking/Cards option.

### Do I have to wait for the money to be deposited in my account in order to make a claim for reimbursement?

The amount you set aside each year for the **Healthcare Account** is available to you at any time throughout the plan year. The amount available to you from your **Dependent Care Account** is the amount you have contributed to date.

# FSA Benefits Card FAQ's

## **Are there places the Benefits Card won't be accepted?**

Yes. The Card will not be accepted at locations that are not healthcare related or do not offer the eligible goods and services, such as department stores (unless they have pharmacies), hardware stores, restaurants, bookstores, gas stations and home improvement stores.

## **What if I lose my receipts/EOB or I accidentally swipe the Card for something that's not eligible?**

Usually the service provider can recreate an account history and provide a replacement receipt or EOB. In the event that a receipt cannot be located, recreated, or if the expense is ineligible for reimbursement, the Participant can send a check or money order to Consociate for the amount so it can be credited back to the participant's account.

## **May participants use the Benefits Card for prescriptions ordered prior to activation of the Card?**

No. The Benefits Card must be activated prior to the order and/or purchase date of prescriptions. In some cases, participants need to wait 48 hours after activating the Card to purchase prescriptions at their pharmacy. For example, if the Card is activated on Tuesday, a prescription can be ordered and picked up on Thursday.

## **May participants use the Benefits Card if they receive a statement with a Patient Due Balance for a medical service?**

Yes. As long as they have money in their account for the balance due and the provider accepts MasterCard debit cards or Visa debit cards, participants can simply write the Benefits Card number on their statement and send it back to the provider.

## **How do participants know how much is in their account?**

Available balances can be accessed at [www.consociatefsa.com](http://www.consociatefsa.com), through the Consociate FlexMobile app, or by calling the Consociate Call Center at 1-800-798-2422.

## **How will a participant know to submit receipts to verify a charge?**

The participant will receive a letter or email notification from the Plan Administrator if there is a need to submit a receipt. All receipts should be saved per the IRS regulations.

## **What documentation do I need to submit my claim?**

All prescription reimbursement requests must include the receipt from the pharmacy and include the prescription number. All other healthcare reimbursement requests must include a bill for services or an Explanation of Benefits (EOB) which lists the services received. Cash register receipts or credit card payment slips are not considered valid receipts.

## **Do I receive a new card each year?**

No. The Benefits card generally has a 3 or 5 year card life. You will receive a new card approximately 1 month before the expiration date listed on your card. When you no longer have funds remaining, please hold on to your card for possible future contributions.



## Your Options

There are several accounts you can participate in with Flex:

### I: Healthcare Flexible Spending Account

This account reimburses you for healthcare expenses not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for those qualified healthcare services provided that are not covered by insurance. Common expenses that qualify for reimbursement are: doctor visits, deductibles, co-payments, prescriptions, mental health care, dental services and orthodontics, chiropractor services, eye exams, glasses, contacts and over-the-counter medicines.

### II: Dependent Daycare Account

This account reimburses you for daycare expenses for eligible children and adults. Through regular payroll deductions, you set aside part of your income to pay for these expenses on a tax-free basis. To qualify, your dependents must be:

- A child under the age of 13, or
- A child, spouse or other dependent who is physically or mentally incapable of self-care and spends at least 8 hours a day in your household.

Qualified Expenses for reimbursement include—adult and child daycare centers, preschool and before/after school care.

Please check with your Employer HR Dept. or Consociate Customer Service at 1.800.798.2422 for additional restrictions.

**PLEASE NOTE:** A dependent care credit is available on your annual tax return. Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents and annual daycare expenses. You will also receive your tax savings throughout the year, rather than once a year when you file your taxes. Contact your plan administrator for further information.



# Flex Participation Form

## HR/Payroll Use Only

Effective Date \_\_\_\_\_

First Contribution Date \_\_\_\_\_

# of pay periods (circle one)

12 18 24 26 52 Other \_\_\_\_

## General Information

Plan year or plan effective date		
Employer name*	Date of Birth* (Month/Day/Year)	
Employee Name (First, Middle, Last)*	Social Security No.*	
Department	E-mail* (Please note that future correspondence will be sent electronically to the email provided.)	
Home address*		
City*	State*	Zip*
Home phone ( )	Work phone ( )	

\*Required field

**I authorize the employer listed above to make salary reduction contributions(s) on my behalf to the following sub account(s):**

### Option I: Healthcare Flexible Spending Account

I elect to contribute: \$ \_\_\_\_\_ per pay  
\$ \_\_\_\_\_ annual

If available:  I elect Automatic Claim Reimbursement (Not available with Debit card).  
(Please check with Employer HR Dept. for availability)

I elect Debit Card (Not available with Automatic Claim Reimbursement).  
(Please check with Employer HR Dept. for availability)

### Option II: Dependent Daycare Account

I elect to contribute: \$ \_\_\_\_\_ per pay  
\$ \_\_\_\_\_ annual

**Note:** (Maximum amount per calendar year is the lesser of; (1) \$5,000 for married filing joint, or \$2,500 for married filing separate; (2) your spouse's total annual compensation; or (3) 1/2 of your total annual compensation. If you are single, the maximum amount is \$5,000.)

My employer and I agree that my taxable income will be reduced each pay period by the amounts set forth in this agreement. I understand that I may change my election in the event of certain changes in my status. Prior to the first day of each plan year, I will be offered the opportunity to change my benefit election for the upcoming plan year. Any qualified expenses that are submitted by me will be reimbursed to me on a tax-free basis. Any contributions that are not used during the plan year may not be paid to me in cash or used in a later plan year. A copy of the Summary Plan Description is available upon request.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## WAIVER

I have reviewed the Flexible Spending Account Program offered by my employer and elect not to have eligible expenses paid with pre-tax dollars under the following accounts: 1. Healthcare Flexible Spending Account and 2. Dependent Daycare Account. I further understand that I will not have an opportunity to enroll in the Flexible Spending Account Program until the next plan year, unless I meet the qualifications as set forth by IRS guidelines.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

## Eligible Expenses

### Medical/Prescriptions

- Acupuncture
  - if to treat a medical condition
- Ambulance Expenses
- Artificial Limbs/Prosthetics
- Breast Reconstruction Surgery
  - following a mastectomy to ameliorate a deformity related to a disease
- Chiropractors
- Copays, Coinsurance & Deductibles
  - expenses in excess of an insurance plan's usual, customary and reasonable charges
- Cosmetic Implants
  - eligible if primary purpose is to treat or correct an existing condition that meaningfully promotes the proper function of the body and/or is not solely for cosmetic reasons
- Cosmetic Surgery
  - if medically necessary to correct a congenital abnormality, disfiguring disease or corrective surgery resulting from personal injury from an accident or trauma
- Diagnostic Services
  - for medical purposes
- Hospital Services
  - inpatient care including amounts paid for lodging and meals
- Laboratory Fees
- Medical Services
  - must be legal and prescribed by a physician
- Norplant Insertion or Removal
- Obstetrical/Gynecological Expenses
- Operations/Surgery
- Physical Exams
- Physical Therapy
- Prescription Drugs
  - as prescribed by a physician
- Vaccines
- Vasectomy/Sterilization/Vasectomy Reversal
- Viagra
- X-Ray Fees

### Dental

- Artificial Teeth
- Copays, Coinsurance & Deductibles
  - expenses in excess of an insurance plan's usual, customary reasonable charges
- Dental Implants
  - eligible if primary purpose is to treat or correct an existing dental condition that meaningfully promotes the proper function of the body and/or is not for cosmetic reasons
- Dental Treatment
  - including fees for x-rays, fillings, braces, extractions, dentures and fluoride, etc
- Occlusal Guards to prevent teeth grinding
- Orthodontia
  - including fees associated with maintenance work

### Vision

- Eye Exams
- Contact Lenses
- Contact Solutions
- Prescription Glasses
- Lasik Eye Surgery
- Frames and Prescription Sunglasses
- Reading Glasses

## Eligible Expenses Continued

### Pregnancy / Fertility

- **Adoption**
  - medical expenses incurred before adoption is finalized
- **Breast Pump**
- **Childbirth Classes**
  - educational classes solely for instruction for child birth, i.e. Lamaze - not child rearing
- **Contraceptives**
  - may be over-the-counter, i.e., condoms, spermicidal foams
- **Copays, Coinsurance & Deductibles**
  - expenses associated with child birth in excess of an insurance plan's usual, customary reasonable charges
- **Fees for Long-Term Storage of Sperm or Embryo**
  - for immediate conception
- **Fertility Treatments**
  - including shots, treatment, surgery, GIFT, etc.
- **Infertility Treatments**
- **Ovulation Monitor**
- **Pre-Natal Vitamins**
  - letter of medical necessity
- **Pregnancy Test**
  - over-the-counter

### Therapy

- **Alcoholism**
  - for inpatient treatment at a therapeutic center for alcohol addiction
- **Christian Science Practitioners**
  - or medical care
- **Counseling for Medical Reasons**
  - i.e. Psychiatrist, Psychologist, Licensed Clinical Professional Counselor, Clinical Social Worker, etc.
- **Drug Addiction**
  - for inpatient treatment at a therapeutic center for drug addiction
- **Neuropathic, Holistic, Alternative Treatment**
  - For medical care for the purpose of affecting any structure or function of the body
- **Psychiatric Care**
- **Psychoanalysis**
- **Psychologist/Psychiatrist**
- **Learning Disability**
  - amounts paid to specialist or teacher, prescribed by a physician, for a child who has severe learning disabilities caused by mental or physical impairments
- **Smoking Cessation Programs**

### Miscellaneous

- **Administrative fee for Medical Records**
- **Automobile Modifications for Physically Handicapped Person**
- **Guide Dog or Animal Aide**
  - including purchase, training, and care of animals used by vision-impaired or hearing-impaired person
- **Nursing Services**
  - including nurse's board, wages, or other nursing services - does not include nursing service for a healthy baby
- **Lodging Expenses**
  - amount paid for travel primarily for and essential to medical care up to \$50.00 per night
- **Travel Expenses**
  - amounts paid for transportation primarily for, and essential to medical care - please see IRS website for allowable mileage rate
- **Weight Loss Programs/Drugs**
  - must be prescribed by a physician to treat a specific medical condition, i.e., heart disease, obesity, diabetes, etc.
- **Warranties**
  - for eligible medical devices/equipment

## Eligible Expenses Continued

### Over-The-Counter Supplies

- **Air Purifier/Humidifier**
  - as prescribed by a physician for a specific medical
- **Antiseptics**
  - Benzocaine swabs
  - Boric acid powder
  - First aid wipes
  - Hydrogen peroxide
  - Iodine tincture
  - Sublimed sulfur powder
- **Band-Aids, Bandages, Gauze Pads**
- **Blood Pressure Monitoring Devices**
- **Breast Pumps**
- **Carpal Tunnel Wrist Supports**
- **Chapstick, Lip Balm**
  - if SPF is 15+
- **Crutches**
- **Contraceptives**
  - may be over-the-counter, i.e., condoms, spermicidal foams
- **Diabetes**
  - Diabetic lancets
  - Diabetic supplies
  - Diabetic test strips
  - glucose meters
  - glucometers
- **Ear/Eye Care**
  - Airplane ear protection
  - Ear Plugs - as prescribed by a physician for a specific medical condition
  - Hearing Aids
    - including amounts paid for batteries and maintenance
  - Homeopathic earache tablets
- **Heating Pads, Cold/Hot Packs for Injuries\***
- **Incontinence Products**
  - i.e. Attends, Depends, GoodNites, Prevail, etc.
- **Insulin**
- **Health Aids**
  - Adhesive
  - Cold or Hot Compresses
  - Denture adhesives
  - Elastic Bandages
  - Gauze & tape
  - Gloves & Masks
  - Incontinence supplies
  - Leg or Arm Braces
  - Medicated bandages
- **Medical Monitoring and Testing Devices**
  - i.e., blood pressure monitor, syringes, glucose kit, ovulation monitor, etc.
- **Menstrual Care Products**
  - Tampons
  - Pads
  - Liners
  - Cups
  - Sponges
  - or similar products used by individuals with respect to menstruation
- **Orthopedic Shoes**
  - if accompanied by a physician's letter prescribing the item to treat an existing medical condition
- **Orthopedic Inserts**
- **Oxygen**
  - including amount paid for oxygen and equipment for breathing problems associated with a medical condition
- **Pain Relief**
  - Bunion and blister treatments
- **Personal Test Kits**
  - Blood Pressure Meter
  - Cholesterol tests
  - Colorectal cancer screening tests
  - Home drug tests
  - Ovulation indicators
  - Pregnancy tests
  - Thermometers
- **Saline Nasal Spray**
- **Skin Care**
  - Bunion and blister treatments
- **Smoking Cessation Supplies**
- **Sunscreen**
  - if SPF is 15+
- **Supplies to treat a Medical Condition**
  - i.e., bandages, gauze, batteries for hearing aids, etc. Supply must be purchased to treat a specific medical condition and not as a personal comfort item
- **Thermometers**
- **Vaporizer/Steam Inhaler**
- **Wheelchair**
  - including purchase and costs of operation and upkeep

\* Eligible only with a letter of medical necessity from physician.



## Over-The-Counter Medications

- Asthma Medications
  - Bronchodilator/Expectorant tablets
  - Bronchial asthma inhalers
- Cold, Flu, & Allergy Medications
  - Allergy medications
  - Cold relief syrup
  - Cold relief tablets
  - Cough drops
  - Cough syrup
  - Flu relief tablets or liquid
  - Medicated chest rub
  - Nasal decongestant inhaler
  - Nasal decongestant spray or drops
  - Nasal strips to improve congestion
  - Sinus & allergy homeopathic nasal spray
  - Sinus medications
  - Vapor patch cough suppressant
- Ear/Eye Care
  - Ear drops for swimmers
  - Ear water-drying aid
  - Ear wax removal drops
  - Eye Drops
- Health Aids
  - Antifungal treatments
  - Hemorrhoid relief
  - Lice control
  - Motion sickness tablets
  - Respiratory stimulant ammonia
  - Sleeping Aids
- Muscle/Joint Pain Medications (i.e. BenGay, Tiger Balm)
- Nasal Sprays
- Non-Prescription Drugs & Medications  
(if used to treat an existing medical condition)
- Over-the-Counter Medicines
  - *(i.e., aspirin, cough medicine, etc.) used to treat an existing medical condition. Medications/supplies must be used/consumed during your employer's plan year. Excessive amounts of OTC items may be deemed 'stockpiling' and therefore ineligible for reimbursement.*
- Pain Relief
  - Arthritis pain reliever
  - Itch relief
  - Orajel
  - Pain relievers, aspirin, and non aspirin
  - Throat pain medications
- Sinus Medications
- Skin Care
  - Acne Medications
  - Anti-itch lotion
  - Bunion and blister treatments
  - Cold sore and fever blister medications
  - Corn and callus removal medications
  - Diaper rash ointment
  - Eczema cream
  - Wart removal medications
- Smoking Cessation Medicines  
(such as nicotine patches, nicotine gums, etc.)
- Stomach Care
  - Acid reducers
  - Antacid gum
  - Antacid liquid
  - Antacid tablets
  - Anti-diarrhea medications
  - Gas relief drops for infants and children
  - Ipecac syrup
  - Laxatives
  - Pinworm treatment
  - Prilosec
  - Upset stomach medications
- Sunburn Ointment or Cream
  - *not just regular skin moisturizers*
- Visine or Other Such Eye Drops
- Wart Remover Treatments

## Dual Use Over-The-Counter Supplies & Medications

**Eligible only with a letter of medical necessity from physician.**

- Diuretics and water pills
- Foot spa
- Gas prevention food enzyme dietary supplement
- Herbs
- Massagers
- Medicated bath products
- Minerals
- Multivitamins
- Rubbing Alcohol
- Special supplements
- Vitamins

## Ineligible Expenses

### Cosmetic

- Botox Treatment
- Breast enhancement system
- Chapstick, Lip Balm
  - if SPF is less than 15
- Collagen Injections
  - for the purpose of improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease
- Cosmetic Surgery
  - for the purpose of improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat illness or disease
- Cosmetic Implants
  - not eligible if the primary purpose is to improve the patient's appearance and/or if solely for cosmetic purposes
- Cosmetics
  - such as face creams, deodorants, hand lotions, etc.
- Cotton Swabs
- Ear Piercing
- Electrolysis or Hair Removal
- Face Lifts
  - unless medically necessary, see Eligible Cosmetic Surgery
- Hair Transplant
- Sclerotherapy, varicose veins treatment
- Teeth Whitening/Bleaching
  - may be eligible if prescribed by a physician to treat a congenital abnormality, disfiguring disease, or treatment resulting from personal injury from an accident or trauma
- Wigs
  - may be eligible if prescribed by a physician for the mental health of a patient who has lost all of his or her hair due to disease or treatment

### Miscellaneous

- Aromatherapy
- Exercise Equipment or Programs
  - unless prescribed by a physician to treat a specific medical condition
- Fitness Programs
- Health Club Dues
- Household Help
- Low carb. Foods
- Low calorie foods
- Meals
  - associated with travel for medical purposes
- Spa salts
- Sun tanning products
- Swimming Lessons
- Tanning Salons & Equipment
- Weight Loss Programs/Drugs
  - for improvement of general health
- Funeral Expenses
- Meals/Drinks/Shakes/Dietary Supplements associated with a weight loss program

### Over-The-Counter Supplies

- Cosmetics & Toiletries
  - such as face creams, deodorants, hand lotions, conditioners, toothpaste, etc.
- Kleenex, Tissues

## Ineligible Expenses Continued

### Personal Hygiene

- Deodorant
- Facial Care
- Fragrances
- Hair regrowth
- Petroleum jelly
- Shampoo and conditioner
- Skin care
- Toothbrushes or Teeth Cleaning Systems

### Pregnancy / Fertility

- Baby bottles
- Baby oil
- Baby wipes
- Diapers or Diaper Service
- Maternity Clothes

### Therapy

- Marriage/Career Counseling
- Massage Therapy
  - *unless prescribed by a physician to treat a specific injury or trauma*

**Please Note:** The eligible and ineligible expenses listed above are not inclusive of all items. If you have a question about eligibility please contact Consociate at 1.800.798.2422.