



## PLAN SERVICE PROVIDER ELECTRONIC FUNDS TRANSFER AUTHORIZATION FORM

This form authorizes DataPath Administrative Services, Inc. (DPAS) to originate credit/debit entries to and from the below named account through the EFT Services as agreed upon in the EFT Service Agreement on file beginning on the Effective Date below.

**Plan Service Provider** \_\_\_\_\_

**Financial Institution Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Effective Date:** \_\_\_\_\_ **Type of Account:**  **Checking**  **Savings**

**Account Number** (Include hyphens, but not spaces or special symbols)

□ (See check example below)

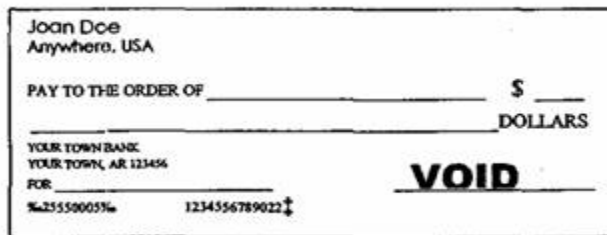
**Routing Transit Number**

(All 9 boxes must be filled. The first two numbers must be either 01 through 12 or 21 through 32.)

□ □ □ □ □ □ □ □ □ □

-----ATTACH A VOIDED CHECK HERE-----

*DO NOT attach a Deposit Slip because deposit slips do not show the necessary information.*



**Information Provided By:** (Please print name.) \_\_\_\_\_

This information is to remain in full force and effect until DPAS and Bank have received our written notification of its termination in such time and in such manner as to afford DPAS and Bank a reasonable opportunity to act upon it.

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

**Verified by DPAS:**

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

## My Resource Service Center Login

Welcome to the Datrose Inc. Flexible Spending Benefit Plan. Participation in this plan allows you access to the *myRSC*, a password protected web site, where you can keep up with various benefit news, including your year-to-date claims and payments. To log in to *myRSC* for the first time, follow the steps below:

1. Go to [www.myrsc.com](http://www.myrsc.com).
2. Click **Register** under the First time logging in? located on the right side of the webpage.
3. Click on “myRSC temporary log in and Employer code”
4. Enter your SSN (no dashes or spaces) in the Login ID field and click **CONTINUE**.
5. Enter **70828859** in the Employer Code field.
6. For personal Login ID enter your email address.
7. Reenter your email address.
8. Enter a secret question or use a predefined secret question to prompt your memory of your password.
9. Enter a new password in the New Password field.
10. Re-enter the password in the Confirm New Password field.
11. Click **SUBMIT**
12. You are now logged into *myRSC*.

If you have any questions, please call (585) 598-2931 or e-mail us at [joy@comtoninc.com](mailto:joy@comtoninc.com).

Sincerely,

Joyce Singleton  
ComTon, Inc.



## Request for Reimbursement CLAIM FORM

|                 |        |       |       |            |                     |
|-----------------|--------|-------|-------|------------|---------------------|
| <b>NAME:</b>    | Last   | First | MI    | <b>SS#</b> |                     |
| <b>ADDRESS:</b> | Street | City  | State | ZIP        | <b>PHONE</b> (    ) |

Please check if this is a new address

*Please read the Reimbursement Account Rules and Claim Filing Instructions before completing this claim.*

**Attach Copies of All Paid Receipts.**

\* Information below must be completed

| MEDICAL EXPENSE CLAIMS      |              |               |              |                  |                        |              |
|-----------------------------|--------------|---------------|--------------|------------------|------------------------|--------------|
| Date of Service<br>MM/DD/YY | Patient Name | Patient's SS# | Relationship | Name of Provider | Description of Service | Claim Amount |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
|                             |              |               |              |                  |                        | \$           |
| <b>Total:</b>               |              |               |              |                  |                        | \$           |

| DEPENDENT CARE CLAIMS   |    |                |     |                              |                                 |                      |              |
|-------------------------|----|----------------|-----|------------------------------|---------------------------------|----------------------|--------------|
| Date of Service<br>From | To | Dependent Name | Age | Dependent Care Provider Name | Dependent Care Provider Address | Provider Tax Id#/SS# | Claim Amount |
|                         |    |                |     |                              |                                 |                      | \$           |
|                         |    |                |     |                              |                                 |                      | \$           |
|                         |    |                |     |                              |                                 |                      | \$           |
|                         |    |                |     |                              |                                 |                      | \$           |
| <b>Total:</b>           |    |                |     |                              |                                 |                      | \$           |

### EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, am eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**FOR FASTEST REIMBURSEMENT, FAX TO (585) 598-2935.**

**OR MAIL TO: COMTON, INC.  
PO BOX 1358 , FAIRPORT, NY 14450**

**DATROSE**  
**Account Rules and Claim Filing Instructions**

**Rules for Both Dependent and Medical Accounts**

1. You cannot submit a claim unless you are participating in the Cafeteria Plan.
2. You can be reimbursed only for eligible expenses occurring during the coverage period in which your contributions are made.
3. You can submit a claim at any time during the plan year and for a specified period after the plan year as described in the Summary Plan Description.
4. If you terminate employment, you can submit a claim for a specified period after the date of termination if so stated in the Summary Plan Description as long as the service occurred before your date of termination.
5. IRS rules stipulate that any money left in your account(s) after all reimbursements for the plan year have been processed cannot be carried forward or returned. Money in one account can not be used for expenses incurred in another account. For instance, any unused amounts left in the medical account can not be used to reimburse dependent care expenses.
6. You cannot receive payment from any other source for expenses reimbursed by claim, and you certify that you are not eligible to bill any other source for the reimbursed expenses.
7. If you have received reimbursement for expenses, you cannot claim the expenses for income tax purposes.
8. You cannot bill for a service period that begins in one plan year and ends in the next plan year. File two reimbursement claims, one for each plan year covering the period during that plan year.
9. Complete ALL the information on the claim form for each amount claimed for reimbursement.
10. Attach copies of receipts from service providers or the Explanation of Benefits Form from Insurance Carriers to the claim.
11. Sign and date the claim.
12. Make a photocopy of the claim for your records.
13. Submit the Claim with attached receipts to ComTon, Inc. according to the procedures provided. Additional Claims are available from your employer.

**Dependent Care Expenses**

1. You can use a Dependent Care Spending Account only if you pay dependent day care expenses to be able to work. Your day care services can take place either inside or outside of your home. If you are married, your spouse must also work, go to school full time, or be incapable of self-care for you to be eligible.
2. Only (a) dependents under the age of thirteen or (b) dependent adults or children thirteen years or older who are mentally or physically incapable of self-care are covered.
3. Your Maximum Contribution Amount can not be more than the smaller of (a) or (b).
  - a. Your income or your spouse's income, whichever is smaller. If your spouse is a full-time student or incapable of self-care, your spouse is considered to earn \$2,400 per year with one dependent or \$4,800 per year with two or more dependents.
  - b. \$5,000 per year if your tax filing status is married filing jointly and or single head of household or \$2,500 per year if your tax filing status is 'married filing separately'.
4. You cannot claim expenses if the service provider is your child or stepchild and are under age 19 or if you claim the service provider as a dependent for Federal income tax purposes.
5. To be reimbursed, you must include the facility's name, address, and tax identification number or the Social Security number of the individual providing the dependent day care service.
6. The maximum amount you can be reimbursed during the time you are covered in the Plan Year can not exceed the salary reduction amounts you have elected and made under the Dependent Care Assistance Plan less any previous reimbursements paid.

**Unreimbursed Medical Expenses**

1. The total annual election for eligible medical expenses (less any previous reimbursements paid) is available when requested for covered expenses.
2. Refer to the provisions in the Unreimbursed Medical Expense Spending Account Plan document for the maximum annual election amount.
3. To be reimbursed, you must include the dependent's name, date expenditure incurred, name of Service Provider, description of the expense, and the amount of the claim less any amounts that have been or will be paid by insurance or other sources.

Internal Revenue Service Publication 502 lists the eligible tax-free expenses. An Eligible expense means any item for which you could have claimed a medical expense deduction on an itemized Federal income tax return (except insurance premiums, long-term care and other similar charges) and is not eligible under your medical or any other source. You or your dependents while participating in the plan must incur the expenses.

# **Money Saving Tips For You The Taxpayer**

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**\$\$ More Benefits \$\$**

**\$\$ More Take Home Pay \$\$**

**\$\$Tax Free Dollars \$\$**

**It's All Yours with**

**DATROSE  
Cafeteria Plan**

Phone: (585) 598-2931

01/01/2009-12/31/2009

Fax: (585) 598-2935



## A Cafeteria Plan is the Right Solution.

Whether you're a single person, single parent, part of a dual-income household, or a family with a non-working spouse, DPI125 will provide you with additional benefits, more take home pay, and even allow you to establish an additional retirement plan with your tax-free dollars.

| <b>Head of Household</b>   | <b>Working Couples</b>   | <b>Family with Non-Working Spouse</b>   |
|--|--|---|
| <p>In the illustration below, the single parent earns \$19,200 and has two children. She uses DPI125 to pay the premium for dependent medical coverage and to pay for the cost of medical deductibles and dental care this year. In addition, she has opted to pay her child care expenses out of her pre-tax dollars. In this way, she increases her take home pay by \$120 each month ... or \$1,452 this year. That's an additional 15% take home pay</p> | <p>A husband and wife both work. They have two children. The husband makes \$27,500 and his wife earns \$14,500 per year. They use DPI125 to help pay the premium for dependent medical coverage and pay for the orthodontist bills for the children. With both of them working, they also utilize the plan to pay for necessary childcare expenses. The chart shows that this couple increases their monthly take-home by \$213 ... or \$2,556 this year. That gives them additional money for the emergency expenses every family has ... and allows them to set some money aside to fund an additional retirement plan!</p> | <p>With grown children, and only one spouse working, this couple has no childcare expenses. The annual salary of the working spouse is \$48,000. They use DPI125 to pay the premium for dependent medical coverage, meet their medical deductibles, and pay dental expenses. DPI125 gives this couple an additional \$180 monthly take-home, or \$2,160 this year ... a nice raise for the family budget!</p> |

|   | <b>The Single Parent</b> |                | <b>Working Couples</b> |                | <b>Family Person</b> |                |
|---|--------------------------|----------------|------------------------|----------------|----------------------|----------------|
|   | Without DPI125           | With DPI125    | Without DPI125         | With DPI125    | Without DPI125       | With DPI125    |
| <b>Total Monthly Pay</b>                | \$1,600                  | <b>\$1,600</b> | \$3,500                | <b>\$3,500</b> | \$4,000              | <b>\$4,000</b> |
| <b>Less Non-Taxable Benefits</b>        |                          |                |                        |                |                      |                |
| Insurance Premiums                      | 0                        | <b>\$187</b>   | 0                      | <b>\$291</b>   | 0                    | <b>\$379</b>   |
| Medical/Dental Expenses                 | 0                        | <b>\$60</b>    | 0                      | <b>\$100</b>   | 0                    | <b>\$75</b>    |
| Childcare Expenses                      | 0                        | <b>\$175</b>   | 0                      | <b>\$350</b>   | 0                    | <b>0</b>       |
| <b>Total Pay Subject To Tax</b>         | \$1,600                  | <b>\$1,178</b> | \$3,500                | <b>\$2,759</b> | \$4,000              | <b>\$3,546</b> |
| <b>Less Deductions</b>                  |                          |                |                        |                |                      |                |
| Federal & State Taxes*                  | \$287                    | <b>\$199</b>   | \$638                  | <b>\$482</b>   | \$860                | <b>\$715</b>   |
| Social Security Tax                     | \$122                    | <b>\$90</b>    | \$268                  | <b>\$211</b>   | \$306                | <b>\$271</b>   |
| <b>After Tax Income</b>                 | \$1,191                  | <b>\$889</b>   | \$2,594                | <b>\$2,066</b> | \$2,834              | <b>\$2,560</b> |
| <b>After Tax Expenses</b>               |                          |                |                        |                |                      |                |
| Insurance Premiums                      | \$187                    | <b>0</b>       | \$291                  | <b>0</b>       | \$379                | <b>0</b>       |
| Medical/Dental Expenses                 | \$60                     | <b>0</b>       | \$100                  | <b>0</b>       | \$75                 | <b>0</b>       |
| Child-Care Expenses**                   | \$175                    | <b>0</b>       | \$350                  | <b>0</b>       |                      |                |
| <b>Spendable Income</b>                 | \$769                    | <b>\$889</b>   | \$1,853                | <b>\$2,066</b> | \$2,380              | <b>\$2,560</b> |
| <b>Annual Increase In Take-Home Pay</b> |                          | <b>\$1,452</b> |                        | <b>\$2,556</b> |                      | <b>\$2,160</b> |

# FSA Worksheet

Use this worksheet to determine the amount of money you would like to put into your FSA account(s).

**Dependent Care Assistance:** \$ \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
(How much do you pay for dependent care for children under 13 years.)      **Weekly Expense**      **# of Weeks**      **Total Cost**

## **Medical Expenses:**

(Estimate your uninsured medical costs per year)

## **Projected Expenses**

|                                     |          |
|-------------------------------------|----------|
| <b>Insurance Deductibles</b>        | \$ _____ |
| <b>Insurance Co-payments</b>        | \$ _____ |
| <b>Dental Deductibles</b>           | \$ _____ |
| <b>Dental Expenses</b>              | \$ _____ |
| <b>Vision Deductibles</b>           | \$ _____ |
| <b>Vision Expenses</b>              | \$ _____ |
| <b>Hearing Expenses</b>             | \$ _____ |
| <b>Prescriptions</b>                | \$ _____ |
| <b>Medically required equipment</b> | \$ _____ |
| <b>Chiropractic</b>                 | \$ _____ |
| <b>Other Medical Expenses</b>       | \$ _____ |
| <b>TOTAL COST:</b>                  | \$ _____ |

**Total Deductions:** \$ \_\_\_\_\_

\*\*\*\*You may meet with your benefits counselor to answer any questions and adjust your estimates according to your personal needs.\*\*\*\*

# ComTon, Inc.

PO Box 1358  
Fairport, NY 14450

## ELIGIBLE MEDICAL EXPENSES

### EXAMPLES

- ✓ Adoption. Medical Expense for child (incurred before adoption is finalized)
- ✓ Alcoholism Treatment
- ✓ Ambulance
- ✓ Artificial Limbs
- ✓ Artificial Teeth
- ✓ Braille Books/Magazines (only the difference between regular books/magazines and Braille books/magazines)
- ✓ Car Controls for Handicapped
- ✓ Chiropractic Services
- ✓ Christian Science Practitioners (payments for medical care)
- ✓ Coinsurance Amounts and Deductibles
- ✓ Contact Lenses and Solution
- ✓ Crutches
- ✓ Dental Treatment
- ✓ Diagnostic Tests
- ✓ Drug Addiction Treatment
- ✓ Eye Examinations and Eyeglasses
- ✓ Guide dog or Other Animal (purchase, training, and care of animal)
- ✓ Hearing Aids and Examinations
- ✓ Hospital Services
- ✓ Injections
- ✓ Insulin
- ✓ Laboratory Fees
- ✓ Lasik Eye Surgery
- ✓ Medical Monitoring and Testing Devices (if prescribed by physician).
- ✓ Medicines (If prescribed by physician to treat a specific ailment and if only available by prescription.)
- ✓ Occlusal Guards (to prevent teeth grinding)
- ✓ Operations (Legal operations which treat a specific ailment)
- ✓ Optometrist
- ✓ Orthodontia (unless for cosmetic purposes)
- ✓ Osteopath
- ✓ Over the counter products (see reverse for more details)
- ✓ Oxygen
- ✓ Peridental Fees
- ✓ Physical Exams (except for employment-related physicals)
- ✓ Physical Therapy (for specified medical purpose)
- ✓ Prescription Sunglasses
- ✓ Private Hospital Room
- ✓ Psychiatric Care
- ✓ Psychoanalysis
- ✓ Psychologist
- ✓ Radial Keratotomy
- ✓ Surgery
- ✓ Telephone for the Deaf
- ✓ Transplants
- ✓ Transportation to Attend Seminar on Medical Condition of Employee, Spouse, or Dependent
- ✓ Cost of Seminar on Medical Condition of Employee, Spouse, or Dependent
- ✓ Vaccinations
- ✓ X-Rays

**This list is non-inclusive and does not represent all allowable or non-allowable charges. You may refer any further questions regarding allowable and non-allowable charges to your service provider.**

You may refer any further questions regarding allowable and non-allowable charges to Com-Ton, Inc., our provider (585) 598-2931.

# ComTon, Inc.

PO Box 1358  
Fairport, NY 14450

## NON-ELIGIBLE MEDICAL EXPENSES

### EXAMPLES

- X Body Piercing
- X Breast Pump
- X Chauffeur Services
- X Controlled Substances
- X Cosmetic Surgery directed only at improving appearance
- X Cosmetic Products
- X Dancing Lessons
- X Diapers for Infants
- X Diaper Service
- X Ear Piercing
- X Electrolysis
- X Fees written off by provider
- X Food supplements
- X Funeral Expenses
- X Hair Transplant
- X Health Club Dues
- X Herbs
- X Household and Domestic Help
- X Long-term care services.
- X Liposuction
- X Illegal Operations and Treatments
- X Insurance Premiums
- X Maternity Clothes
- X Medical Savings Accounts
- X Personal hygiene products
- X Personal Items
- X Preferred Provider Discounts
- X Pregnancy kits
- X Salary expense of a nurse to care for a healthy newborn at home
- X Swimming Lessons
- X Tattoos/Tattoo Removal
- X Teeth Whitening
- X Transportation expenses to and from work
- X Trip or vacation taken for well being
- X Weight Loss Program
- X Uniforms
- X Vitamins without Prescription

**This list is non-inclusive and is not to represent all allowable or non-allowable charges. You may refer any further questions regarding allowable and non-allowable charges to your service provider.**

# Over the Counter Medications Eligible Product List Criteria

The information below is a list of health care over-the-counter items that are considered eligible under Internal Revenue Service (IRS) Code Section 213 rules. The list originates from a database of more than 55,000 health and beauty aid items that is continually being updated with new product introductions and discontinuations. Using the criteria in this document, we determined whether a product qualifies or does not qualify as a medical expense under IRS Section 213(d).

Information provided in this document is subject to change, as new information becomes available and as rules and definitions change.

## 1. Eligibility Status Definitions

**Eligible:** Eligible products include OTC products that are for medical care and are primarily for a medical purpose. They include medicines or products that diagnose, alleviate or treat existing or imminent injuries, illnesses or medical conditions. **These drugs and products are not cosmetic in nature, or merely beneficial to general health or used for personal hygiene.** As a general rule, most of these products are of short-term use but some do treat chronic medical conditions. Qualified medical expenses include those expenses compliant with federal tax deductions under Section 213(d) as outlined by the Internal Revenue Service. The user does not need to provide a statement from a medical provider or indicate a diagnosis in order to receive reimbursement.

### Not Included as Eligible Products

**Dual-purpose:** Some products are considered dual-purpose. These products may have both a medical purpose and a personal/cosmetic or general health purpose. In order to be considered eligible, they must be used to treat a medical condition and cannot be used to improve or maintain general health unless prescribed by a physician to treat a specific illness, condition or injury. ***These products may be eligible for reimbursement, but require a letter of medical necessity from a licensed healthcare professional stating the specific diagnosis or medical condition, the specific OTC medicine recommendation to treat the condition, and documentation of the product and cost.***

**Ineligible:** Products that merely benefit general health or are for cosmetic/personal hygiene are not reimbursable. Typically, these are not referred to as medicines or drugs and are not recognized to treat a medical condition. Medical expenses that are not reimbursable under Section 213(d) of the federal tax code are ineligible. These include food supplements, toiletries, lotions and soaps, shampoos, vitamins and most herbal supplements.

The source of the list includes most **nationally-distributed, regular-stock items**. As such, the following types of items will generally not be included: items specially created for an individual retailer (including but not limited to private label items); a local, regional, or specialty item; bonus items (e.g. 2 oz free); BOGOS (buy one, get one), or other in-and-out types of packaging with limited availability or distribution. Although these items will not be included in the data, they may in fact be eligible.

Because the source of the list is nationally-distributed, regularly-stocked products, private label/store brands will generally not be available for inclusion on the standard list. It is understood that some of these private label/store brand items are, in fact, eligible under IRS Code Section 213(d), and therefore, can be processed.

**2 Classification and Examples:**

The following are types of products that typically would be included under each designation. **These are strictly guidelines and do not represent an all-inclusive listing.**

**Eligible:**

| Category                                     | Example   | Comment   |
|--|---|---|
| Acid Controllers                             | Pepcid AC, Zantac, Prilosec   |   |
| Allergy & Sinus                              | Alavert, Benadryl, Claritin, Sudafed  |   |
| Antibiotic Products                          | Bacitracin, Neosporin, triple antibiotic ointment   |   |
| Anti-Diarrheals                              | Imodium, Kaopectate   |   |
| Antifungal (Foot)                            | Lamisil, Lotrimin   |   |
| Anti-Gas                                     | Gas-X, Phazyme  |   |
| Anti-Itch & Insect Bite Remedies             | Caladryl, Lanacane, Sarna, hydrocortisone   |   |
| Antiparasitic Treatments                     | Nix, Rid, lice treatments   |   |
| Antiseptics & wound cleansers                | Alcohol, peroxide, Epsom salt, Betadine, Hibiclens  |   |
| Baby Electrolytes                            | Pedialyte, Enfalyte   |   |
| Baby Rash Ointments & Creams                 | Desitin, Balmex, A&D, Aveeno Baby   | Includes petroleum jelly merchandised and marketed for baby rash  |
| Baby Teething Pain                           | Baby Orajel, ANbesol Baby Oral Gel  |   |
| Cold Sore Remedies                           | Abreva, Herpecin, Orajel  | Only medicated products are covered   |
| Compression Hosiery                          | Jobst, TED  |   |
| Contraceptives                               | Condoms, female contraceptives, spermicidal foam, "morning-after pill"  |   |
| Cough, Cold & Flu                            | Robitussin, Theraflu, Vicks, Halls, Cepacol, Zicam, Cold-Eeze   | Cold preventative products which are "proven to lessen the severity" or "reduce the duration" of colds or flu are covered. These include homeopathic, natural products, some herbals and some forms of zinc. Products that are merely dietary supplements and marketed as such, including those claiming to "support the immune system" (i.e. Airborne), are not covered. |
| Denture Adhesives, Repair & Pain Relief      | PoliGrip, Benzodent, Plate Weld   | Includes denture repair & pain relief.  |
| Diabetes Testing & Aids                      | Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products.   | Includes diabetes cough & cold, glucose tabs/gels, testing and insulin related accessories.   |
| Diagnostic Products                          | Thermometers, blood pressure monitors, cholesterol testing  | Incl. devices that monitor, screen or test for the presence of disease, dysfunction of the body or for other medical conditions; drug and body fat testers not covered (dual).  |
| Digestive Aids                               | Lactaid, Lactase, Beano   | Excludes probiotics and prebiotics  |
| Ear Care                                     | Ear drops, syringes and ear wax removal; Debrox, Similasin  |   |
| Elastics/Athletic Treatments                 | ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports & rib belts, etc.  | Wrist shapers, tummy supports and work related back braces are not covered (dual).  |
| Eye Care                                     | Contact lens care, Visine, Refresh Tears  |   |
| Family Planning                              | Pregnancy kits, Ovulation kits  |   |
| Feminine Antifungal and Anti-itch            | Monistat, Gyne-Lotrimin, Vagisil, Soothing Care   |   |
| First Aid Burn Remedies                      | Dermoplast, Solarcaine  | Must contain an antiseptic or pain reliever, aloe is not covered (dual).  |
| First Aid Dressings & Supplies               | Band Aid, 3M Nexcare, J&J First Aid, non-sport tapes, etc.  | Sport tapes not covered (dual)  |
| Foot Care Treatment                          | Corn & callus treatments, wart removers, medicated, devices, therapeutic insoles  | Products that treat are eligible; products for general use or comfort are not eligible (dual)   |
| Hearing Aid/Medical Batteries                |   |   |
| Hemorrhoidal Preparations                    | Preparation H, Tucks  |   |
| Home Health Care (limited segments)          | Ostomy, walking aids, decubitis/pressure relief, enteral/parental feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, wound care, wheel chairs |   |
| Incontinence Protection & Treatment Products | Attends, Depend, Prevail, anti-fungals, Calmoseptine  | Skin and cleansing products not covered (dual)  |
| Laxatives (non-fiber)                        | Dulcolax, Ex-Lax, Miralax   | Stimulant, saline, lubricant, etc (non-fiber)   |
| Motion Sickness                              | Dramamine, Sea-band Wristband, Bonine   |   |
| Nasal Sprays, Drops & Inhalers               | Afrin Spray, Ocean Nasal Spray  |   |
| Oral Remedies or Treatments                  | Salvia substitutes, mouth sore treatments, dental repair, Salivart, Anbesol, Orajel, Dentemp  | Only dry mouth that are saliva substitutes are covered (gels, sprays, etc. not mouthwash, rinses, toothpaste)   |
| Pain Relief (includes aspirin)               | Tylenol, Advil, Midol, Bayer  |   |
| Prenatal Vitamins                            | Stuart Prenatal, Nature's Bounty Prenatal Vitamins  |   |
| Reading glasses and maintenance accessories  |   | Accessories used to maintain corrective lenses and frames are covered; chains, etc. not covered.  |
| Respiratory Treatments and Vapor Products    | Primatene, Bronkaid, Vicks Vapor Rub, Sudacare  | Includes asthma medications and delivery devices like inhalers and nebulizers; vaporizers and humidifiers not covered (dual)  |
| Sleep Aids & Sedatives                       | Unisom, Nytol, Sominex  |   |
| Smoking Deterrents                           | Nicoderm, Nicorette   |   |
| Stomach Remedies                             | Mylanta, Maalox, Tums   |   |

**Dual-purpose (Not Included in Eligible Product List):**

| Category  | Example  | Reimbursement Use  |
|---|--|--|
| Acne Medications  | Clearasil, OXY   | To treat chronic acne diagnosed by physician.  |
| Allergy Pillows, Mattress Covers, Air Purifiers, Filters, etc.        |  | To treat allergies diagnosed by physician  |
| Baby Diapers  | Huggies, Pampers   | To treat juvenile incontinence or medical condition diagnosed by physician.  |
| Baby Formulas/Nutritionals  | Pediasure, Progestimil   | Only specialty formulas/nutritionals are covered if medically necessary and authorized by medical practitioner.  |
| Diabetes Nutritionals   | Glucerna, Boost Glucose  | To treat symptoms of diabetes when recommended by physician.   |
| Diabetes Personal Care & Supplies                                     | Include diabetes skin care, cough & cold, support socks and supplies | Personal care is generally not covered; must test or treat a specific symptom or condition of Diabetes.  |
| Dietary Supplements   | Essential fatty acids (fish oil), soy, enzymes, amino acids          | Under narrow circumstances, they will be eligible if used to treat medical conditions or at-risk for illness diagnosed by a physician.                       |
| Drug Testing Kits   | First Check  | Diagnostics of illegal activities are typically not covered.   |
| Ear Plugs   | Mack's, Flents   | To treat medical condition (presence of middle/inner ear tubes) diagnosed by physician.  |
| Exercise Equipment  | Treadmill, exercise bike   | To treat medical condition diagnosed by physician & not for general health.  |
| Feminine Moisturizing   | Replens, Replish   | To treat vaginal dryness caused by medical condition   |
| Feminine Protection (Pads & Liners)                                   | Kotex, Always, Stayfree  | They are ordinarily considered as being used to maintain general health and for personal care. They are dual purpose for use of post surgery or child birth. |
| Fiber Laxatives (bulk forming)  | Benefiber, Fibercon, Metamucil (powder or pills)                     | Covered when used to treat medical condition for short duration diagnosed by physician; bulk forming laxative not covered when used                          |
| First Aid Burn & Scar Treatments & Skin Protectants (petroleum jelly) | Aloe, Mederma, Neosporin Scar Solution, Vaseline Jelly               | Most are cosmetic in nature or have general use purpose.   |
| Fluoride Treatments   | Gel-Kam  | To treat medical condition diagnosed by physician & not for general oral care.   |
| Foot Insoles and Cushioning   | Insoles, Heel & Arch, Dr. Scholl's Air Pillo, Odor Eaters            | Treatment vs. general use or comfort; must treat specific ailment to be covered.   |
| Gloves (Rubber & Cotton)  | BD   |  |
| Hair Growth Products  | Rogaine  | To treat symptoms of medical condition diagnosed by physician.   |
| Herbals & Botanicals  | Echinacea, ginkgo biloba, garlic                                     | Under narrow circumstances, they will be eligible if used to treat medical condition or at-risk for illness diagnosed by physician.                          |
| Home Health Care (limited segments)                                   |  | Home Health Care is dual other than what is indicated in the Home Health Care eligibility section.   |
| Incontinence Personal Care  | Perineal cleansers, moisturizers and general skin protectants        | Personal care is generally not covered; must treat a specific symptom or condition of Incontinence.  |
| Joint Supplements (Glucosamine and/or Chondroitin)                    | Osteo Bi-flex, Flex-A-Min  | Covered if used primarily for medical care and not to maintain general health; To treat medical condition (arthritis/joint disease) diagnosed by physician.  |
| Magnifying Glasses  |  |  |
| Medical Nutritionals  | Resource, Peptamen, Nutren   | Satisfies normal nutritional needs and does not treat a specific condition   |
| Medicated & Specialty Soaps   | Basis Bar, Cetaphil Cleansing Bar                                    | To treat skin condition diagnosed by physician.  |
| Minerals  | Calcium Carbonate, Ferrous Sulfate, etc.                             | Under narrow circumstances, they will be eligible if used to treat a medical condition or at-risk for illness diagnosed by physician.                        |
| Nasal Strips & Snore Relief   | Breathe Right  | To treat sleep apnea or improper breathing diagnosed by physician.   |
| Nutritional Foods   | Ensure, Boost  | To treat medical condition diagnosed by physician & not for general health.  |
| Skin Care-Therapeutic Hand & Body                                     | Eucerin, Aquaphor, Amlactin  | To treat skin condition diagnosed by physician.  |
| Sun Protection (SPF 15+)  | Coppertone, Banana Boat SPF 15+                                      | Diagnosis or history of skin cancer that is affected by sun exposure.  |
| Therapeutic Shampoo & Scalp Treatments (Medicated)                    | Nizoral, Neutrogena T-Gel  | To treat skin/scalp condition for short duration diagnosed by physician  |
| Vaporizers & Humidifiers and Accessories                              | Vicks, Sunbeam, Kaz  | Covered if used to treat illness; not covered for normal household use.  |
| Vitamins  | Vitamin A, C, D, E, multivitamin, lutein eye vitamin                 | Under narrow circumstances, they will be eligible if used to treat medical condition or at-risk for illness diagnosed by physician.                          |
| Weight Control Supplements  | Alli, Slim Fast  | To treat obesity diagnosed by physician.   |

**Ineligible:**

| Category  | Example  | Comment  |
|---|--|--|
| Baby Toiletries, Baby Oil, Powder, Lotions & Creams | Johnson's Baby Oil/Powder, Aveeno Baby Lotion              |  |
| Beauty Shampoos, Conditioners & Hair Treatments     | Pantene, Suave, Dove, hair color                           |  |
| Cosmetics   | Revlon, CoverGirl  |  |
| Deodorants  | Speed Stick, Degree  |  |
| Facial Cleansing Products                           | Neutrogena Deep Clean, Dove Facial Cleanser                |  |
| Feminine Cleansing Products                         | Massengill, Summer's Eve                                   |  |
| Foot Grooming                                       | Implements, beauty & comfort, moisturizers, odor & wetness | Non-medicated  |
| Hair Removal & Bleaches                             | Nair, Veet   |  |
| Hand & Body Cleansing                               | Dove, Dial Soap  |  |
| Lip Preparations                                    | Chap Stick, lip balm                                       |  |
| Oral Care   | Toothpaste, toothbrush, mouthwash, breath remedies         | Will not qualify even if a dentist recommends a special product to treat a medical condition like gingivitis. These are primarily used to maintain general health. |
| Shaving & Men's Grooming                            | Gillette, Schick   |  |
| Skin Care   | Moisturizers, hand & body, bath products                   |  |
| Sport Energy Liquids, Bars, etc.                    | Gatorade, EAS drinks/bars                                  |  |
| Sugar & Salt Substitutes                            | Equal, Splenda   |  |
| Sun Tanning   | Sun tan lotion, after sun products                         | Sunblock SPF 15+ is dual   |