

Caremark Flexible Spending Account Reimbursable Expenses*

			Key Note
Abdominal supports	Yes		
Acne treatments (over-the-counter)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Acupuncture	Yes		
Adoption (medical expenses related to)	Yes		
Adoption fees	No		
Advance payment for services to be rendered next year	No		
Air conditioner (for breathing problems)	Yes		
Alcoholism treatment	Yes		
Allergy & sinus medicine and products (over-the-counter)	Yes		
Allergy medication (prescription)	Yes		
Allergy treatments	Yes		
Alternative dietary supplements (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Alternative drugs and medicines (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Alternative healers (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Ambulance and emergency health services	Yes		
Anesthesia (for non-cosmetic purposes)	Yes		
Antacid (over-the-counter)	Yes		
Antibiotic ointment (over-the-counter)	Yes		
Anti-diarrhea medicine (OTC)	Yes		
Arch supports	Yes		
Artificial limbs	Yes		
Aspirin or other pain reliever (over-the-counter)	Yes		
Asthma medicines or treatments (over-the-counter)	Yes		
Athletic club membership	No		
Autoette (for relief of sickness/disability)	Yes		
Automobile insurance premium allocable to medical coverage	No		
Bandages and related items (over-the-counter)	Yes		
Birth control (over-the-counter)	Yes		
Birth control (prescription or other)	Yes		
Blood pressure monitor	Yes		
Blood tests	Yes		
Blood transfusions	Yes		
Body scans	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Boarding school fees	No		
Bottled water	No		
Braces	Yes		
Braille books and magazines (difference in cost only)	Yes		
Breast pump (to compensate for a medical condition)	Yes		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Breastfeeding classes	No		
Calamine lotion (OTC)	Yes		
Canker & cold sore treatments (over-the-counter)	Yes		
Cardiographs	Yes		
Chest rubs (over-the-counter)	Yes		
Child or newborn care instruction	No		
Childbirth classes	Yes		
Chiropractic care	Yes		
Chiropractic office visit or treatment	Yes		
Christian Science practitioners	Yes		
COBRA premiums (dental)	No		
COBRA premiums (medical)	No		
COBRA premiums (other)	No		
COBRA premiums (prescription)	No		
COBRA premiums (vision)	No		
Co-insurance (dental)	Yes		

			Key Note
Co-insurance (medical)	Yes		
Co-insurance (prescription)	Yes		
Co-insurance (vision)	Yes		
Cold & flu medicine (over-the-counter)	Yes		
Cold cream (over-the-counter)	No		
Commuting expenses of a disabled person	No		
Compression or anti-embolism socks, stockings or hose	Yes		
Condoms and spermicides	Yes		
Contact lenses, cleaning solutions, etc.	Yes		
Contraceptive devices (by prescription)	Yes		
Contraceptives (prescription or over-the-counter)	Yes		
Convalescent home (for medical treatment only)	Yes		
Co-payment (dental)	Yes		
Co-payment (medical)	Yes		
Co-payment (medical)	Yes		
Co-payment (other)	Yes		
Co-payment (vision)	Yes		
Cord blood storage (for future treatment of a birth defect or known medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Cord blood storage (for unidentified future use)	No		
Corneal keratotomy	Yes		
Cosmetic surgery	No		
Cosmetics, hygiene products and similar items	No		
Cough drops & sore throat lozenges (over-the-counter)	Yes		
Cough syrup (over-the-counter)	Yes		
Counseling (for treatment of a medical condition)	Yes		
CPR classes (adult or child)	No		
Crutches, canes or like equipment (purchase or rental)	Yes		
Daily vitamins (OTC)	No		
Dancing lessons (for treatment of a medical condition)	No		
Deductible for dental plan	Yes		
Deductible for medical plan	Yes		
Deductible for prescription plan	Yes		
Deductible for vision plan	Yes		
Dental	Yes		
Dental care (for non-cosmetic purposes)	Yes		
Dental co-insurance	Yes		
Dental co-payment	Yes		
Dental insurance or plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Dental products (for treatment of a dental condition, not general health)	Yes		
Dental reconstruction	Yes		
Dental veneers	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Dentures, bridges, etc.	Yes		
Dermatologist	Yes		
Diabetic monitor	Yes		
Diagnostic services	Yes		
Diaper services	No		
Diathermy	Yes		
Dietary supplements (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Domestic help	No		
Drug addiction treatment	Yes		
Drugs (experimental or imported)	No		
Drugs (prescription)	Yes		
Dyslexia treatment	Yes		
Ear drops & wax removal (over-the-counter)	Yes		
Educational classes or tuition	No		
Elastic hosiery (prescription)	Yes		
Electrolysis	No		
Emergency kits (over-the-counter)	No		
Exercise equipment (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Eye examinations	Yes		

			Key Note
Eye related equipment/materials	Yes		
Eye surgery or treatment to correct vision	Yes		
Eyeglasses (over-the-counter)	Yes		
Eyeglasses (prescription)	Yes		
Face lifts	No		
Fees paid to health institute prescribed by a doctor	Yes		
Fertility monitor (over-the-counter)	Yes		
Fertility treatment (for employee, spouse or dependent)	Yes		
Fertility treatment (for non-dependent surrogate)	No		
Fiber supplements (OTC)	No		
FICA and FUTA tax paid for medical care service	Yes		
First aid creams (OTC)	Yes		
First aid kits (over-the-counter)	No		
Fitness programs	No		
Flu shots	Yes		
Fluoridation unit	Yes		
Funeral expenses	No		
Gastrointestinal medication (over-the-counter)	Yes		
Guide dog (dog, training, care)	Yes		
Gum treatment	Yes		
Gynecologist	Yes		
Hair regrowth products	No		
Hair removal	No		
Hair transplant	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Hair treatments	No		
Hand lotion (over-the-counter)	No		
Healing services	Yes		
Health club dues	No		
Health insurance or plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Health programs offered by resort hotels, health clubs and gyms	No		
Health savings account (HSA) contributions	No		
Hearing aids and batteries	Yes		
Herbal or homeopathic medicines (over-the-counter)	No		
Hospital fees	Yes		
Hospital services	Yes		
Household help	No		
Hydrotherapy	Yes		
Illegal operations or substances	No		
Illegally procured drugs	No		
Immunizations	Yes		
Individual dental plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Individual medical plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Individual plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Individual prescription plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Individual vision plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Infertility treatment (for employee, spouse or dependent)	Yes		
Insulin, testing materials and supplies	Yes		
Insurance or health plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Lab (medical)	Yes		
Laboratory fees	Yes		
Lactose intolerance (over-the-counter)	Yes		
Lamaze classes	Yes		
Laser eye surgery	Yes		
Lasik	Yes		
Late payment fees charged by health care provider	No		
Laxatives (over-the-counter)	Yes		
Lead paint removal	Yes		

			Key Note
Learning disability treatments	Yes		
Legal fees	Yes		
Lice treatment (over-the-counter)	Yes		
Lip balm (OTC)	No		
Listening therapy	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Lodging (essential to receive medical care)	Yes		
Long term care premiums (up to IRS tax-free limit, see IRS Publication 502)	No		
Long term care services	No		
Magnetic therapy (over-the-counter)	No		
Marriage counseling	No		
Massage therapy (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Mastectomy-related special bras	Yes		
Maternity clothes	No		
Medical abortion	Yes		
Medical co-insurance	Yes		
Medical co-payment	Yes		
Medical equipment (for treatment of medical condition) and repairs	Yes		
Medical insurance or plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Medical literature, books, pamphlets or audio	No		
Medical monitoring and testing devices	Yes		
Medical records charges	Yes		
Medical savings account (MSA) contributions	No		
Medical supplies (for treatment of a medical condition)	Yes		
Medicare alternative insurance or plan premiums (vs. Part A & Part B, if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Medicare Part B premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Medicare supplement policy premiums	No		
Medicated shampoos and soaps (OTC)	No		
Medicines (over-the-counter)	Yes		
Medicines (prescription)	Yes		
Metabolism tests	Yes		
Mileage (\$.18 per documented mile for travel to/from eligible health care)	Yes		
Modified equipment (difference in cost only)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Monitors & test kits (over-the-counter)	Yes		
Motion & nausea	Yes		
Motion-sickness pills (OTC)	Yes		
Nasal sprays	Yes		
Nasal strips (over-the-counter)	Yes		
Neurologist	Yes		
Nicotine medications (OTC)	Yes		
No show fees charged by health care provider	No		
Non-prescription drugs and medicines (for non-cosmetic purposes)	Yes		
Norplant insertion or removal	Yes		
Nursing (including board and meals)	Yes		
Nursing services (wages and taxes)	Yes		
Nutritional supplements (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
OB/GYN fees	Yes		
Occlusal guards to prevent teeth grinding	Yes		
Occupational therapy (related to a medical condition or disability)	Yes		
Office visit (medical)	Yes		
Office visits (chiro)	Yes		
Office visits (dental)	Yes		
Office visits (medical)	Yes		
Office visits (psych/therapy)	Yes		
Office visits (vision)	Yes		
Operating room costs	Yes		
Operations (for non-cosmetic purposes)	Yes		

			Key Note
Optician	Yes		
Optometrist / ophthalmologist fees	Yes		
Oral care (over-the-counter)	No		
Oral surgery	Yes		
Organ transplants (recipient and donor)	Yes		
Ortho keratotomy	Yes		
Orthodontia	Yes		
Orthodontia (braces and retainers)	Yes		
Orthopedic shoes	Yes		
Orthopedist	Yes		
Osteopath	Yes		
Over-the-counter (eligible)	Yes		
Over-the-counter acne treatments	Yes		
Over-the-counter allergy & sinus medicine	Yes		
Over-the-counter antacid	Yes		
Over-the-counter antibiotic ointment	Yes		
Over-the-counter aspirin or other pain reliever	Yes		
Over-the-counter asthma medicines or treatments	Yes		
Over-the-counter bandages and related items	Yes		
Over-the-counter canker & cold sore treatments	Yes		
Over-the-counter chest rubs	Yes		
Over-the-counter cold & flu medicine	Yes		
Over-the-counter cold & flu prevention	Yes		
Over-the-counter cold cream	No		
Over-the-counter cough drops & sore throat lozenges	Yes		
Over-the-counter cough syrup	Yes		
Over-the-counter health care products (eligible)	Yes		
Over-the-counter health care products (not eligible)	No		
Over-the-counter medication	Yes		
Over-the-counter products for dental ailments	Yes		
Over-the-counter products for general dental care	No		
Over-the-counter vision products	Yes		
Ovulation monitor (over-the-counter)	Yes		
Oxygen	Yes		
Oxygen and oxygen equipment	Yes		
Pain reliever (over-the-counter)	Yes		
Pedialyte (OTC)	Yes		
Pediatrician	Yes		
Personal use items (toothbrush, toothpaste, etc.)	No		
Physical exams	Yes		
Physical therapy	Yes		
Physician	Yes		
Physician retainer fee (for on-call or concierge services)	No		
Physiotherapist	Yes		
Podiatrist	Yes		
Postnatal treatments	Yes		
Practical nurse for medical services	Yes		
Pregnancy tests (over-the-counter)	Yes		
Premiums for life insurance, income protection, disability loss of limbs, sight or similar benefits	No		
Prenatal care	Yes		
Prescription co-insurance	Yes		
Prescription co-payment	Yes		
Prescription drugs (for non-cosmetic purposes)	Yes		
Prescription drugs for cosmetic purposes	No		
Prescription drugs for hair regrowth	No		
Prescription insurance or plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Propecia (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Prosthesis	Yes		
Psych / therapy	Yes		
Psychiatric care	Yes		
Psychoanalysis	Yes		

			Key Note
Psychologist fees	Yes		
Radial keratotomy (RK)	Yes		
Radium therapy	Yes		
Reading glasses (over the counter)	Yes		
Reconstructive surgery (following accident or medical procedure or condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Registered nurse	Yes		
Removal of benign mole, cyst or tumor	Yes		
Retainer fee (to physician for on-call or concierge services)	No		
Retin-A (for non-cosmetic purposes)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Rogaine or other hair regrowth medications (even if prescribed)	No		
Rx (prescription)	Yes		
Scientology counseling	No		
Sinus medications (OTC)	Yes		
Sleep aids (OTC)	Yes		
Smoking cessation (programs / counseling)	Yes		
Smoking cessation drugs (prescription)	Yes		
Smoking cessation gum or patches (over-the-counter)	Yes		
Social activities	No		
Special equipment	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Special foods (gluten-free, salt-free or other for treatment of a medical condition)	No		
Special school (for mental and physical disabilities)	Yes		Medical necessity required in order to be reimbursed. You will have to obtain documentation from your provider.
Specially designed car for the handicapped other than an autoette or special equipment	No		
Speech therapy	Yes		
Spinal fluid test	Yes		
Splints	Yes		
Sterilization	Yes		
Student health fees (for dental services)	No		
Student health fees (for medical services)	No		
Student health fees (for prescriptions)	No		
Student health fees (for vision services)	No		
Sunglasses (over-the-counter)	No		
Sunglasses (prescription)	Yes		
Sunscreen (over-the-counter)	No		
Suntan lotion (OTC)	No		
Supplies (for treatment of a medical condition)	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Suppositories and creams for hemorrhoids (OTC)	Yes		
Surgery (for non-cosmetic purposes)	Yes		
Swimming lessons (for treatment of a medical condition)	No		
Swimming pool	No		
Teeth bleaching or whitening	No		
Teeth grinding prevention devices	Yes		
Telephone or TV equipment to assist the hard-of-hearing	Yes		
Therapy (for treatment of a medical condition)	Yes		
Therapy equipment	Yes		
Toothpaste, toothbrush, floss	No		
Transgender treatments / surgery	No		
Transportation, parking and related travel expenses (essential to receive medical care)	Yes		
Travel for general health improvement	No		
Tubal ligation	Yes		
Tuition and travel expenses for a problem child to a particular school	No		
Tuition or educational classes	No		
Ultra-violet ray treatment	Yes		
UV protection clothing	No		
Vaccinations	Yes		
Varicose vein removal surgery	Yes		
Vasectomy	Yes		
Viagra and similar prescription medications	Yes		

			Key Note
Vision	Yes		
Vision co-insurance	Yes		
Vision co-payment	Yes		
Vision insurance or plan premiums (if you are receiving state or federal unemployment benefits OR if you are age 65 or older)	No		
Vitamins (over-the-counter, for general health purposes)	No		
Vitamins (prescription)	Yes		
Wart-removal medication (OTC)	Yes		
Weight loss counseling	Maybe		Medical necessity required in order to be reimbursed. You may be required to obtain documentation from your provider.
Weight loss drugs for general well-being (OTC)	No		
Weight loss foods	No		
Weight loss program (to improve or maintain general health)	No		
Weight loss programs (if prescribed)	Yes		
Weight loss program or drugs (for treatment of a medical condition)	Yes		
Wheelchair and repairs	Yes		
X-ray (medical)	Yes		
X-ray fees (dental)	Yes		
X-ray fees (medical)	Yes		

DEPENDENT CARE

Child Care Expenses

After school programs	Yes		
Babysitting (someone else's home)	Yes		
Babysitting (your home)	Yes		
Before school programs	Yes		
Child care	Yes		
Dance lessons	No		
Educational services (other than pre-school)	No		
Kindergarten	No		
Language classes	No		
Nursery school	Yes		
Piano lessons	No		
Pre-school	Yes		
Private school tuition (for kindergarten and up)	No		
Sick child care	Yes		
Sleep-away camp	No		
Summer day camp	Yes		
Transportation to and from eligible care	No		
Tutoring	No		

Elder Care Expenses

Adult day care center	Yes		
Day nursing care	No		
Elder care (in your home)	Yes		
Elder care (outside your home)	Yes		
Medical care	No		
Nursing home care	No		
Senior day care	Yes		
Transportation to and from eligible care	No		

*Reimbursable expenses are subject to change without prior notification. Please contact Member Services for specific questions related to flexible spending accounts.