

**Principal Life Insurance Company** Mailing Address: Des Moines, IA 50392-0002 Excluded Expenses

FSA Covered and

# Flexible Spending Account (FSA) **Covered & Excluded Expenses**

#### **Over-the-counter drugs**

Effective January 1, 2011: Over the counter medicines or drugs (other than insulin) are no longer eligible for reimbursement unless accompanied by a physicians prescription to be reimbursed under a Flexible Spending Account (FSA) or a Health Reimbursement Account (HRA). This change applies to all plans on January 1, 2011 regardless of your plan year.

### Partial list of items available **without** a prescription

Insulin and diabetic supplies Birth control First aid supplies, Band aids, bandages Smoking cessation gum or patches

Ace bandages Reading glasses Contact lens solutions and cleaners Crutches

### Partial list of OTC items that will need to be accompanied by a physicians prescription or Rx number

Allergy medications and Antihistamines Anti-Gas products Anti-Diarrheals Hemorrhoidal Preps Stomach Remedies **Baby Rash Ointments/Creams** Feminine Anti-Fungal/Anti-Itch Wart Remover treatments

Acid Controllers Antibiotic Ointments/Products Anti-Parasitic Treatments **Motion Sickness** Anti-Itch & Insect Bite Cough, Cold & Flu medications Sleep Aids & Sedatives

Allergy & Sinus medicine Cold Sore Remedies Digestive Aids **Respiratory Treatments** Pain relief medications Antacid medications Laxatives **Digestive Aids** 

## Health care expense eligible for reimbursement

Allowable health care expenses must be submitted under medical, vision, dental, and prescription drug coverage before they can be considered for reimbursement. Only the portion of the qualified expense that is not covered by any other source can be paid under a health care flexible spending account.

## Qualified expenses include\*:

Acupuncture	Learning disabilities – tuition or fees for special schools
Alcoholism and drug treatment	(call for details)
Ambulance costs	Legal abortions
Artificial limbs	Legal fees (to authorize treatment for mental illness)
Birth control pills	Mental nervous disorders
Braille books and magazines (the added cost of having	Nursing services
materials in Braille)	Obesity (call for details)
Car controls for the handicapped	Obstetrical expenses
Chiropractors and chiropractic care	Operations, if medically necessary
Christian Science practitioners	Organ transplants
Contact lens solution, cleaners and replacement coverag	e Orthodontic treatment (call for details – only if payment
Copays	is being paid directly to orthodontist)
*And other items as may be allowed by the IRS under Se	ction 213
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Qualified expenses* (continued):	
Crutches	Orthopedic shoes (cost difference between regular shoes
Deductibles	and orthopedic shoes)
Dental fees, exams and cleanings	Oxygen
Dental implants, dentures and bridges	Periodontal fees
Diagnostic tests	Prescription drugs (drugs with Rx #)
Experimental medical treatment	Psychiatric care
Eye examinations	Psychoanalysis
Eyeglasses; reading and prescription sunglasses	Psychologist fees (see exclusions)
Guide dogs (purchase, training and maintenance)	Radial keratotomy
Hearing treatment including devices and batteries	Smoking cessation programs (includes nicotine gum or
Hospital services	Patches)
Invitro fertilization (restrictions apply – call for details)	Telephone for the deaf
Inpatient therapy	Transportation for medical care
Insulin injections	Vaccinations
Laboratory fees	Walkers
Lasik (laser) eye surgery	Weight loss treatments and prescriptions (restrictions
Lamaze classes (for mothers only)	apply – call for details)
Lead based paint removal	Wheelchairs
	X-rays

\*And other items as may be allowed by the IRS under Section 213

Following is a **partial list** of health care expenses that are usually **not** covered under the health care spending account unless you have a certain medical condition, or diagnosis for which you can obtain a letter of medical necessity from your treating physician.

Breast pump (general health)	Maternity clothes
Cosmetic surgery or procedures	Medical savings account deposits
Dancing lessons (even if recommended by a doctor)	Over-the-counter drugs, products, or formulas for
Diaper services	general health (vitamins, beauty aids, lotion, toothpaste)
Domestic help fees (for non-medical services)	Personal use items
Electrolysis	Physical or massage therapy for general health
Funeral expenses	Solutions for the care and maintenance of eyeglasses
Health insurance premiums	Supplements prescribed by alternative providers (i.e.,
Homeopathic items	Naturopath, Acupuncturist)
Household help	Swimming lessons (even if recommended by a doctor)
Illegal operations and treatments	Teeth bleaching
Liposuction	Union dues
Marriage counseling	Veneers

- 1. The total annual election for eligible medical expenses (less any previous reimbursements paid) is available upon request.
- 2. Refer to the provisions in your Summary Plan Document for the minimum and maximum annual election amounts.
- 3. To be reimbursed, you must include the patient's name, date of service, name of service provider, description of the expense, and the amount of the claim (net of any amount that has been or is going to be paid by insurance or other sources).
- 4. IRS Section 125 regulations indicate that an expense is considered incurred at the time the service giving rise to the expense is provided, and not when you are formally billed for, charged for or pay for an expense. The expense must be incurred during the period you and your dependents are covered under this plan.
- 5. If you are requesting reimbursement for an Over-the-Counter (OTC) drug expense we will require **both a doctor's prescription or Rx number and** an itemized receipt that includes the name of the merchant, the name of the product purchased, the cost of the item, and the date it was purchased, (i.e., Walgreen's, 01/10/08: Tylenol-\$6.99, Vicks 44 \$4.99, etc).

If a cash register receipt from the merchant includes all the information listed above, it will be considered acceptable documentation. If the cash register receipt does not include all that information, your claim may not be reimbursed. For example, if your receipt is missing the name of the merchant, the date, or just lists OTC and an amount, rather than the actual name of the OTC drug, we will not be able to reimburse the participant for that OTC drug.

Plans may vary on covered items, refer to your Summary Plan Description to view the detail of your benefit design.