

## DEDUCTIBLE MEDICAL EXPENSES

LISTED BELOW ARE **SAMPLES** OF EXPENSES ELIGIBLE UNDER THE CAFETERIA PLAN. USING THIS LIST, ESTIMATE YOUR PLAN YEAR OUT-OF-POCKET MEDICAL RELATED EXPENSES

Abortion	Contact lenses (solution and cleaner)	Hospital bill (for qualifying medical care)	Psychiatric care
Acne Treatment (1) *	Contraceptives	Immunizations	Psychoanalysis (1) (must treat specific illness)
Acupuncture	Cough medicine *	Laboratory fees	Psychologist (1) (must treat specific illness)
Ambulance	Deductibles	Laser/Lasik eye surgery	Seeing eye dog
Analgesic (i.e.; Advil, Aspirin) *	Dental Expenses (non-cosmetic)	Laxatives *	Sinus medication *
Antacids *	Dentures and Bridges	Learning disability instructional fees (1)	Smoking cessation (medication/programs)
Antibiotic ointments *	Diabetic (supplies/insulin)	Medical alert bracelet (medical condition) (1)	Special communication equipment for deaf
Antihistamines *	Diagnostic Fees	Medical monitoring/testing (1)	Sterilization procedure
Anti-itch creams *	Diarrhea medicine *	Nursing services	Sunburn/sunscreen creams or lotion *
Artificial Limbs, teeth	Eye drops *	Orthodontia	Surgical fee (for qualifying medical care)
Asthma treatment	Eye Glasses (exam, also reading glasses)	Orthopedic shoes (1) Only excess cost over reg. shoe	Therapy (for qualified medical care)
Bactine *	Fertility treatments	Over-the-counter medication (see below) *	Thermometers *
Bandages and wound care	First aid cream *	Oxygen	Transportation/mileage (for qualified medical care)
Birth Control	First aid kit *	Pain relievers * (Advil, Aspirin, Tylenol)	Tuition for special needs (i.e. learning disability) (1)
Blood sugar test	Flu shots	Physician fees	Vasectomy
Chiropractors	Headache medication *	Physical exams/therapy	Walkers/wheelchair
Co-Insurance (co-pays)	Hearing devices and batteries	Prescription drugs (for medical care, not general health or cosmetic reasons)	Weight loss program (1) (to treat specific medical condition i.e. obesity)
Cold Medicine *	Hemorrhoid treatment *	Preventative screening	X-rays

Some item listed above may not be reimbursable under your employers plan. Consult your Summary Plan Description (SPD) for exclusions. Items such as vitamins and supplements are **not** generally allowed. Teeth whitening, hair loss drugs and other cosmetic items/procedures are **not** reimbursable.

All items/expenses must be medically necessary. Over-the-counter drugs/items must be used to alleviate or treat a medical condition and not for general well being.

**\* After December 31, 2010, Over-the-Counter drugs/medicines are no longer eligible.**

(1) = Requires written documentation from a Physician specifying medical condition and required treatment. Contact SABC for further information.

**WEB SITE:** You can check your Flexible Spending Account Balance by logging on to [www.sabcflex.com](http://www.sabcflex.com). Your social security number is your employee id and your six digit date of birth is your password (mmddy). You can also complete your claim form online and print it for signing, to submit to SABC. Other forms and educational information can also be found on the web site.

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