

## **COVERABLE EXPENSES FOR FLEXPLAN DEDUCTIONS**

Acupuncture  
Alcoholism  
Ambulance hire  
Artificial limbs/teeth  
Birth control pills  
Birth prevention surgery  
Braces  
Braille - books and magazines  
Care for handicapped child  
Chiropractors  
Christian Science fees  
Co-insurance  
Communication equipment/deaf  
Contact lenses and cleaning solution  
Crutches  
Deductibles  
Dental fees  
Dentures  
Diagnostic fees  
Drug and medical supplies  
Education for the blind  
Eyeglasses, including exam fee  
Healing service fee  
Hearing devices and batteries  
Home improvements motivated by medical consideration  
Hospital bills/hospitalization insurance  
Insulin  
Laboratory fees  
Laetrile by prescription  
Lead-base paint removal for children with lead poisoning  
Membership fee in association with furnishing medical services, hospitalization, and clinical care  
Needed medical supplies, prescribed by doctor  
Nurses' fees  
Obstetrical expenses  
Operations  
Orthodontia  
Orthopedic shoes  
Osteopaths  
Oxygen  
Prescribed medicines **\*\*\***(over the counter products need to be prescribed as of 1-1-2011)**\*\*\***  
Psychiatric care  
Psychologist fees  
Routine physicals and other  
non-diagnostic services and treatments  
"Seeing Eye" dog and its upkeep  
Sterilization fees  
Surgical fees  
Therapeutic care for drug/alcohol addiction  
Therapy treatments  
Transportation expenses primarily for rendition of medical services (.13 per mile)  
Tuition at special school for handicapped  
Wheelchair  
Wigs (prescribed by a physician)  
X-rays

**\*\*\* Consult your Flex Plan administrator (TASC) if you are uncertain as to products compliance...however it is your sole responsibility to follow the plans guidelines.**

