

Over-the-counter (OTC) medical supplies and doctor-prescribed OTC medicines are reimbursable under a Health Care Flexible Spending Account (HCFSA) **when the OTC product is used for medical purposes**. Tri-Star allows the same expenses as those allowed by the IRS. Below is a description of the three IRS-defined categories, followed by product examples for each.

Hospital Sisters Health Systems participants: Contraceptives are not an allowed expense under the Plan.

Eligible OTC Medical Supplies

- Qualifying expenses include medical supplies that alleviate or treat injuries or illness for you and your dependents. These drugs and products cannot be simply cosmetic in nature, or merely beneficial to your general health. Claims for OTC medical supplies must include an adequate receipt accompanied by the Tri-Star claim form. An adequate receipt must include the name of the medicine or product, the date, and the amount paid. You do not need to provide a letter of medical necessity from a medical provider in order to receive reimbursement.
- *If your employer offers an FSA debit card with your HCFSA, items on the Eligible OTC Medical Supplies list below should qualify for purchase using the card (not dual-purpose or excluded lists).*

Dual-Purpose OTC Medicines (items you can purchase without a doctor's prescription) & OTC Products

- Qualifying expenses include medicines that alleviate or treat injuries or illness for you and your dependents that are prescribed by a physician for a condition that already exists. Claims for OTC non-prescription medicines must include an adequate receipt accompanied by the Tri-Star claim form. An adequate receipt must include the name of the medicine or product, the date, and the amount paid. **You must provide a letter of medical necessity from a medical provider in order to receive reimbursement indicating the medical condition and prescribing this item as treatment for that condition. You can use Tri-Star's sample Letter of Medical Necessity to assist you in obtaining this information from your physician.**
- If you have a condition that requires a specialized general purpose item (i.e. special laundry detergent due to allergies) and you have a letter of medical necessity, you can claim the difference in cost between the specialized detergent and the regular detergent. You must also submit a statement or printout showing the cost of a "comparable" non-medicated product.

Excluded Items

- OTC products that are not medical supplies, are purchased without a doctor's diagnosis and supporting prescription or that merely benefit your general health are NOT reimbursable.

Reimbursement for qualifying OTC medical supplies still must follow the existing rules regarding FSAs. The expense(s) must:

- *Be incurred during your period of coverage*
- *Not be reimbursed through another plan*
- *Be substantiated by a detailed receipt*

Please note that stockpiling OTC supplies (purchasing more than a 12 month supply) is not allowed and that requests for quantities deemed to be stockpiling will be denied.

Eligible OTC Medical Supplies include medical supplies that alleviate or treat an illness or injury for you and your qualified dependents. You do not need to provide a statement from your physician in order to receive reimbursement. Note: Some items on this list do not qualify due to restrictions in your Plan. (See exception noted above for Hospital Sisters Health System.) Please refer to your employer's Plan Document for more information.

Item or Product	Examples
Contact Lens Supplies	Cleaning and soaking solutions, Lens storage cases
Contraceptive/Family Planning	Ovulation predictor kits, Pregnancy tests, Spermicides, Condoms
Dental/Denture Care	Denture Adhesive, Poligrip
Eye Care	Reading glasses, Eye patches
First Aid/Medical Supplies	Bandages, First aid kits, Cold/hot packs for injuries, Joint supports (ankle, elbow, knee, wrist), Ace wraps, Splints, Thermometers, Liquid adhesives
Foot Care	Arch and insole supports
Hand Sanitizer (some)	Purell, Germ-X, Nexcare This does not include soaps, lotions or other personal hygiene items that include sanitizing ingredients; they are not eligible. Note: You need to submit a detailed receipt (preferably showing the product name), If your receipt does <u>not</u> show the product name, you cannot claim this through your health care FSA.
Home Diagnostic Tests or Kits	Blood pressure (monitor and related equipment), Cholesterol tests, Diabetic equipment and supplies, Colorectal screenings, HIV test, Pregnancy tests

Dual-Purpose OTC Medicines and Products may be reimbursed under a HCFSA only if prescribed by your physician to treat an existing medical condition. A Letter of Medical Necessity from your physician must be filed with the claim and supporting documentation.

Item or Product	Examples
Acne	Proactiv
Allergy Medications/Antihistamines	Actifed, Alavert, Benadryl, Chlor-Trimeton, Claritin, Drixoral, NasalCrom, Sudafed, Triaminic, Zyrtec
Analgesics/Antipyretics (pain relief)	Aspirin, Arthritis Pain Relievers, Back Pain Relievers, Ibuprofen, Menstrual & PMS Relief, Naproxen, Sodium, Urinary Pain Relievers
Antacids and Acid Reducers	Alka-Seltzer, Gas-X, Maalox, Mylanta, Pepcid AC, Pepto-Bismol, Prilosec OTC, Rolaids, Tums
Anti-arthritis	Arthritis Pain Relievers, Glucosamine Chondroitin
Antibiotics (topical)	Campho-phenique, Neosporin, Polysporin, Tincture First Aid
Anticandidal (yeast)	Clotrimazole, Gyne-Lotrimin, Monistat, Vagistat-1
Antidiarrheal and Laxatives	Dulcolax, Ex-Lax, Immodium A-D, Kaopectate, Pepto-Bismol
Antifungal (jock itch, athletes foot)	Lamisil AT, Lotramin AF, Micatin, Tinactin
Anti-itch Lotions and Creams	Benadryl, Caladryl, Calamine, Cortaid, Hydrocortisone, Ivarest, Lanacane, Lamisil AT, Lotramin AF
Asthma Medicines	Bronchial Asthma Relief, Primatene
Calcium	Caltrate, Tricalcium Phosphate, Calcium Carbonate, Citrate, Lactate, or Gluconate
Canker or Cold Sore/Fever Blister	Abreva Cream, Medicated Carmex
Cold, Flu, Decongestant and Sinus Remedies	Actifed, Advil Cold and Sinus, Afrin, Alka Seltzer Cold and Flu, Aleve Cold and Sinus, Children's Advil Cold, Contac, Dayquil, Dimetane, Dristan Long-Lasting, Mucinex, Neo-Synephrine 12-Hour, Nyquil, Sudafed, TheraFlu, Triaminic, Tylenol Cold and Flu, Cough suppressants, Nasal Sprays, Medicated Lozenges
Cough Suppressants or Expectorants	Robitussin, Vicks, Chloraseptic, Mucinex, Cough suppressants, Medicated Lozenges
Diaper Rash	Balmax, Desitin
Dietary Supplements	Protein bars, Power drinks, Ensure, Glucerna
Ear Care	Ear drops, Ear drying aid
Fiber Supplements	Benefiber, Metamucil
First Aid/Medical Supplies	Antiseptics, Witch Hazel, Peroxide, First aid kits, Rubbing alcohol
Foot Care	Callous removers (some), Athlete's Foot products (see anti-fungal), Bunion, blister and corn treatments

The products listed here are examples, and do NOT constitute an endorsement or an exhaustive listing of reimbursable OTC products.

Healing Ointment	Aquaphor, Eucerin
Hemorrhoidal Preparations	Preparation H, Tronolane
Homeopathic Remedies	
Incontinence Supplies	
Joint Supplements	Chondroitin
Lactose Intolerance	Lactaid, Lactase Enzymes, Lactose Relief
Medicated Lip Products	Abreva Cold Sore, Campho-phenique antiseptic gel, Carmex Medicated Lip Balm
Menstrual Cycle	Midol, Pamprin, Premysyn PMS
Migraine Relief	Advil Migraine, Motrin Migraine, Excedrin
Minerals	Calcium, Caltrate, Ferrous Sulfate, Feosol, Slow FE, Folic Acid, Magnesium, Potassium
Motion Sickness	Dramamine
NSAIDS	Advil, Aleve, Ibuprofen, Motrin, Naprosyn, Naproxen
OTC Hormone Therapy	
Pediculicide (lice treatment)	Medicated Shampoo, Nix, Rid
Skin Care	Sunburn relief, Aloe Vera
Sleeping Aids	Tylenol PM
Smoking Cessation	Commit, Nicoderm CQ, Nicorette, Nicotrol
Sunscreen	Note: Lotions or cosmetics that contain ingredients to protect you from the sun and/or list a SPF are not eligible
Teething/Toothaches	Orajel, Anbesol, Teething Gel
Topical Steroids	Hydrocortisone
Vitamins	Vitamin C, Multi-Vitamins
Wart Removal	Compound W, Dr. Scholls Clear Away, Wart-Off
Weight Loss	

Excluded Items

Item or Product	Examples
Cosmetic Products	Face soaps, Creams, Make-up, Perfumes, Hair removal
Dental Products	Dental floss, Toothpaste, Toothbrushes, Teethwhitening kits, Mouthwash, Tongue scrapers, Water Pik
Dual Purpose Items Listed Above	Excluded if Not Accompanied by a Letter of Medical Necessity
Ear Care	Ear plugs, Ear wax remover
Toiletries	Deodorant, Shampoo, Body sprays, Soaps, Moisturizers

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