

## Health Reimbursement Account - List of Products and Services

**Please remember that just because an expense is included on this list, it does not mean that it is automatically reimbursable from the Health Reimbursement Account. All the applicable requirements described in the SPD must be met for your claim to be eligible for reimbursement. In addition, the Fund reserves the right to request more information that is not included below to determine whether a particular expense is reimbursable.**

Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
AA Meeting Transportation		X			
Abdominoplasty		X			
Acetaminophen	X				
Acid Controller	X				
Acne Medicine	X				
Activated Charcoal		X			
Acupressure	X		X		
Acupressure Mat	X				
Acupressure Wrist Band	X				
Acupuncture	X				X
Adaptive Equipment		X			
Adoption Fees		X			
Adult Day Care		X			
After School Care/Extended Day Care		X			
Air Filter		X			
Air Purifier		X			
Airfare Related to Medical Treatment	X		X		
Alcoholism/Substance Abuse Treatment	X				
Allergy Medicine	X				
Allergy Products & Treatment (non-Drug)	X		X		
Allergy Testing	X				
Aloe Vera	X		X		
Alopecia Treatment	X				X
Alternative Healers	X		X		
Ambulance and Emergency Room	X				X
Analgesics(OTC)	X				
Anesthesia	X				X
Ankle Brace	X		X		
Antacids	X				
Anti-Bacterial Hand Sanitizer	X				
Anti-Diarrheal	X				
Anti- Embolism Socks, Stockings	X		X		
Anti- Fungal Treatments	X				
Anti- Gas Medicine	X				
Anti- Inflammatories	X				
Anti Itch Cream or Lotion	X				

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Anti-Snore Guards	X				
Antibiotic Ointments	X			X	
Antibiotics	X			X	
Antidepressants	X			X	
Antihistamines	X				
Antipyretics(Fever Reducer)	X				
Antiseptics	X				
Arch Support	X		X		
Arm Sling	X				
Aromatherapy		X			
Arthritis Gloves	X		X		
Arthritis Medications	X				
Artificial Insemination	X				X
Artificial Limbs	X				X
Aspirin	X				
Assisted Living		X			
Asthma Medicine	X				
Asthma Oxygen Flow Monitor	X		X		
At Home COVID-19 Test	X				
At Home Drug Test					
Athletic Bandages and Braces	X				
Athletic Mouth Guard		X			
Athletic Treatments	X		X		X
Automated External Defibrillator	X		X		
Automobile Modifications		X			
Autopsy		X			
Baby Bottles		X			
Baby Breathing Monitor	X		X		
Baby Formula - Specialized / Prescribed by Doctor	X		X	X	
Baby Oil		X			
Baby Powder		X			
Baby Rash Ointment and Cream	X				
Baby Sunscreen	X				
Babysitting and Child Care		X			
Back Brace	X		X		
Band-Aids™	X				

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Bandage Clips	X				
Bandages	X				
Bandages(Elastic)	X				
Bariatric Surgery	X				X
Bed Wetting Aid					
Bed Pan	X		X		
Benadryl	X				
Bifocals	X				
Bio Freeze	X				
Biotin Supplements		X			
Birth Control Rx	X			X	
Birth Control (OTC)	X				
Birthing Classes		X			
Birthing Coach		X			
Bleaching, Teeth Whitening		X			
Blepharoplasty	X		X		X
Blood Donation		X			
Blood Pressure Monitor or Unit	X				
Blood Storage		X			
Blood-Sugar Test Kits and strips	X				
Body Scan	X		X		
Bonding of the Teeth		X			
Books, Health-Related		X			
Botox - Non-Cosmetic	X		X		X
Boutique Practice Fees		X			
Brac analysis Testing	X		X		X
Braces(Dental)	X				
Breast Augmentation - Cosmetic		X			
Breast Implant Removal	X		X		X
Breast Milk Storage bottles or bags	X				
Breast MRI	X				X
Breast Pump	X				
Breast Reconstruction Surgery	X		X		X
Breast Reduction	X		X		
Bug Spray		X			
Bridges(Dental)	X				X

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Bus Fare for Medical Treatment	X				
Butterfly Bandages	X				
Caffeine Pills		X			
Calamine Lotion(Itch Relief)	X				
Calcium Scoring	X				X
Calcium Supplements	X		X		
Callus Remover (Medicated)	X				
Camps Overnight		X			
Camps (Soccer, Football, Ballet, Etc. day camps)		X			
Camps( Summer or Holiday)		X			
Cancer Screening	X				X
Cane	X		X		
Canker Sore Treatment	X				X
Capital Expenditures		X			
Car Changes for Health Reasons		X			
Car Modifications for Health Reasons		X			
Car Rental(Related to medical Care)		X			
Car Seats		X			
Cardiac Calcium Scoring	X				
Cardiac Treatment	X				
Carpal Tunnel Support	X		X		
Cast Cover	X				
Cataract Surgery	X				X
Catheter	X				X
Cayenne Pepper		X			
CBD		X			
Cervical Pillow	X		X		
Chair, Specialized or Ergonomic		X			
Chelation Therapy	X		X		
Chemical Peel		X			
Chest Rub(Ointment)	X				
Child Care		X			
Child Birth Classes		X			
Children's Sunscreen	X				
Chinese Herbal Practitioners		X			
Chiroprapist Treatment(Foot Ankle Care)	X				X

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Chiropractor Treatment	X				X
Chondroitin	X		X		
Christian Science Practitioner		X			
Circumcision	X				X
Classes(Health Related)		X			
Club / Membership Dues		X			
Co- Insurance	X				X
Co-Payments	X				X
Cocoa Butter		X			
Coconut Oil		X			
Cold Compress, Pain Relief	X				
Cold Cream		X			
Cold Medicine	X				
Cold Packs	X				
Cold Sore Treatment	X				
Colic Relief	X		X		
Cologne		X			
Colon Therapy, Colon Hydrotherapy, Colonics	X		X		
Companion Animals		X			
Compression Hosiery	X		X		
Compression Sleeves	X		X		
Compression Socks	X		X		
Concierge Fees( Up Front)		X			
Concierge Medicine		X			
Condoms	X				
Constipation Medication	X				
Contact Cleaning Solution	X				
Contact Lens Case	X				
Contact Lenses	X				
Contact Solution	X				
Contraceptives (OTC)	X				
Contraceptives (Rx)	X			X	
Controlled Substances in violation to fed law		X			
Convalescent Home		X			
CoolSculpting		X			
Cooling Gel, Sheets for Fever Reduction	X		X		

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Cord Blood Storage		X			
Corn Remover	X		X		
Corneal Keratotomy	X				
Corneal Ring Segments	X				
Cosmetic Procedures		X			
Cosmetics		X			
Cotton Balls		X			
Cotton Swabs		X			
Cough Drops	X				
Cough Meds	X				
Cough Syrup	X				
Counseling	X				
COVID-19 Test	X				
CPAP Cleaning Products					
CPAP Hose Holder	X				
CPAP Machine	X				
CPAP Mask and Headgear	X				
CPAP Pillow	X				
CPR Class		X			
Cranberry Pills		X			
Cranial Sacral Therapy	X		X		X
Crowns (Dental)	X				X
Crutches	X		X		
Crystalens	X		X		X
CT Scan	X				X
Day Care		X			
Decongestant	X				
Deductible Cost	X				X
Defibrillator	X				
Dehumidifier		X			
Dehydration Treatment		X			
Dental Care	X				X
Dental Cleaning	X				X
Dental Dam(Oral Condom)	X				
Dental Floss		X			
Dental Implants	X				X
Dental Insurance Premiums	X				
Dental Maintenance Organization		X			
Dental Procedures	X				X

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Dental Reconstruction	X				X
Dental Sealants	X				X
Dental Services and Procedures	X				X
Dental Veneers		X			
Denture Adhesive	X				
Denture Cleaning Supplies		X			
Denture Stain Cleaner		X			
Dentures	X				X
Denturist		X			
Deodorant		X			
Dependent Care		X			
Dermabrasion		X			
Dermatology Treatment	X		X		X
DEXA Scan	X				X
Diabetic Socks	X		X		
Diabetic Supplies	X				
Diabetic Test Kit	X				
Diabetic Test Strips	X				
Diagnostic Services	X				X
Diaper Rash Cream and Ointment	X				
Diapers(Infant)		X			
Diarrhea Medication	X				
Diathermy		X			
Diet Foods		X			
Dietary Supplements		X			
Dietitian / Nutritionist	X		X		X
Digestive Aids	X		X		
Digital Thermometer	X				
Dilator	X				
Disability Premiums		X			
Disposable Bra pads for Nursing	X				
Disposable Face Mask to prevent COVID-19	X				
Diuretics	X		X	X	
DNA Storage		X			
Douche		X			
Doula		X			
Drug Addiction Treatment and Counselling	X				X
Drug Overdose Treatment - Over the Counter	X				
Drug Testing Kits for Home use	X				
Durable Medical Equipment	X		X		X
Dyslexia Treatment	X		X		X
Ear Drops and Wax Removal	X				
Ear Plugs	X		X		
Ear Syringe	X				
Ear Thermometer	X				
Ear Wax Removal	X				

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Eczema Treatment	X				
Egg and Embryo Storage Fees	X		X		
Egg Donor Fees		X			
Egg Recipient Fees		X			
Elastics For Athletes		X			
Electrolyte Replacements(Non-Baby)		X			
Electrolyte Replacements(Baby)		X			
Electrotherapy Pain Relief Device	X		X		
Elevated Toilet Seats	X		X		
Elevator in Home		X			
Enema	X				
Epinephrine	X			X	
Epsom Salt	X				
Erectile Dysfunction Treatment	X				
Ergonomic Items					
Essential Oils(For medical Care)	X		X		
Exercise Ball		X			
Exercise Equipment		X			
Expectorants	X				
Expenses not Incurred During Coverage Period		X			
Expenses previously reimbursed under another Plan		X			
Experimental Drugs	X		X		X
Experimental Medical Services	X		X		X
Eye Drops(OTC)	X				
Eye Drops(Rx)	X				
Eye Equipment	X				
Eye Exams	X				
Eye Mask for Pain Relief	X				
Eye Pressure Monitor	X				
Eye Surgery	X				X
Eye Treatment Medications	X				
Eyeglass Accessories		X			
Eyeglasses - Prescription Only	X				
Eyewear Repair Kit	X				
Face Cream With Medication	X				
Feminine Hygiene Products	X				
Feminine Pain Relief	X				
Fertility Monitor		X			
Fertility Treatment	X				X
Fever Reducing Medication	X				
Fiber Laxatives	X				
First Aid Adhesive	X				
First Aid Cream	X				
First Aid Drugs and Medicines	X				
First Aid Kit	X				
First Aid Supplies	X				

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Fish Oil Supplements	X		X		
Fitness Programs		X			
Fitness Tracker		X			
Flu Shot	X				X
Fluoride Treatment - In Office	X				X
Fluoride Rinse	X				X
Formulas		X			
Forehead Thermometer	X				
Foreign Medical Care	X		X		X
Fuel, Gasoline for Medical Care	X		X		X
Funeral Expenses		X			
Gait Belt	X		X		
Gas Relievers	X				
Gastric Bypass Surgery	X				X
Gastrointestinal Medication	X				
Gauze	X				
Gel Breast Pads	X		X		
Genetic Testing	X		X		X
Glucosamine	X		X		
Glucose Gel	X				
Glucose Monitor	X				
Glucose Monitoring Supplies	X				
Glucose Tablets	X				
Grab Bars for Bathrooms	X		X		
Guards for Teeth Grinding	X				
Guide Dog		X			
Gynecologist	X				X
Hand Lotion Containing a Medicine	X		X	X	
Hand Sanitizer	X				
Hand Sanitizing wipes	X				
Handicap, Disability License Plates		X			
Headache Medications	X				
Health Screenings	X				X
Hearing Aid Batteries	X				
Hearing Aids	X				X
Heart Rate Monitor	X		X		
Heart Scan	X				X
Heated Neck Rest	X		X		
Heating Pads	X		X		
Hemorrhoid Treatment	X				X
Holistic Healers		X			
Home Defibrillator	X				
Home Diagnostic Kt	X				
Home Health Care	X		X		X
Home Improvements		X			
Hospital Care	X				X

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Hospital Services and Fees	X				X
Hot and Cold Compress	X				
Hot Packs	X				
Human Growth Hormones	X		X		
Humidifier		X			
Hydrocortisone	X				
Hydrogen Peroxide	X				
Hydrotherapy	X				X
Hyperbaric Oxygen Therapy	X				X
Hyperbaric Treatment	X				X
Hypnosis		X			
Hysterectomy	X				X
Ibuprofen	X				
Ileostomy Supplies	X				
Immunizations	X				X
Immunotherapy	X				X
Impotence Medicines and Treatments	X			X	
In Vitro Fertilization (IVF)	X				X
Inclinator		X			
Incontinence Supplies	X		X		
Indigestion Treatment	X				X
Infertility Treatment	X				X
Injection Snoreplasty		X			
Impatient hospitalization services	X				X
Insect Bite Creams and Ointments	X				
Insoles(OTC)	X				
Instant Ear Thermometer	X				
Insulin	X				X
Insulin Supplies	X				X
Insurance Premiums	X				
Inversion Table		X			
Investigational Surgery	X				X
Invisalign Orthodontics	X				X
Iron Supplements	X		X		
Isopropyl Alcohol	X				
IV Equipment and Stands	X		X		
Joint Pain Relievers	X				
Joint Supplement(Glucosamine Main Ingredient)	X		X		
Kenalog Injections	X		X		X
Ketone Test Strips	X				
Kids Training Pants		X			
Kinesiology	X				X
Kinesiology Tape	X		X		
Knee Wraps and Support	X		X		
Laboratory Fees	X				X
Lactation Aids	X		X		

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Lactation Consultant	X				
Lamaze Classes		X			
Lancet	X				
Lanolin	X				
Lap Band Surgery	X				X
Laser Eye Surgery	X				X
Lasik	X				X
Laxatives	X				
Lead-Based Paint Removal		X			
Legal Fees		X			
Lessons		X			
Lice Treatment	X				
Life Alert System	X		X		
Light Therapy	X		X		
Lip Balm (SPF 15+)	X				
Liquid Adhesive for Small Cuts	X				
Lodging for Medical Care	X		X		
Long Term Care Premiums		X			
Lubricants	X		X		
Lumbar Support	X		X		
Makeup		X			
Mammogram	X				X
Marriage Counseling		X			
Massage Chair		X			
Massage Gun for Pain Relief	X		X		
Massage Therapy	X		X		
Mastectomy-related Bras	X				
Maternity Clothes		X			
Maternity Support Belt	X		X		
Mattress		X			
Meals at a Conference		X			
Meals of a Companion		X			
Meals Outside of a Hospital		X			
Medical Alert Bracelet	X				
Medical, Dental or Vision Office Visits	X				X
Medical Marijuana		X			
Medical Records Charge		X			
Medicare Premiums	X				
Medicated Body or Face Wash	X				
Medicated Hand Cream	X				
Medicated Lip Treatments	X				
Medicated Shampoo	X				
Medicated Toothpaste	X				
Medicine Droppers	X				
Medicines, Prescription	X			X	
Medicines Purchased From Other Countries		X			

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Medi scope	X		X		
Melatonin	X		X		
Membership Fees		X			
Menopause Treatment	X				X
Menstrual Pain Relievers	X				
Micro-Dermabrasion		X			
Midwife Treatment	X				X
Migraine Cooling Headache Pads	X		X		
Mileage for Travel for Medical Care	X		X		
Milk of Magnesia	X				
Mineral Supplements	X		X		
Missed Appointment Fee		X			
Mobility Scooter	X		X		X
Moisturizer		X			
Moleskin		X			
Morning After Pill	X				
Motion Sickness Medicine	X				
Mouth Wash		X			
MRI	X				X
Multivitamins	X		X		
Muscle Pain Relievers	X				
Nail Polish		X			
Nanny		X			
Nasal Aspirator	X				
Nasal Spray	X				
Nasal Strips	X				
Natural Lens Replacement	X		X		
Naturopathic Healers	X		X		X
Nausea Medicine	X				
Nebulizer	X		X		
Needle Container	X		X		
Neti Pots	X		X		
Neurologist	X				X
Newborn Care	X				X
Newborn Nursing Care	X				X
Nicotine Gum	X				
Nicotine Patches	X				X
Night Mouth Guards	X				
Nitrile Gloves		X			
No Show Fee By Provider		X			
Norplant Insertion or Removal	X				X
Nose/Nasal Strips	X				
Nursing Bra	X				
Nursing Home		X			
Nursing Services	X				X
Nutritional Supplements	X		X		

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Nutritionist	X				X
OB/GYN	X				X
Obstetrical Care	X				X
Occlusal Guards	X				
Occupational Therapy	X				X
Omega-3 Supplements	X		X		
Oncologist	X				X
Online or Telephone Consultation Fee	X				X
Operations	X				X
Ophthalmologist	X				X
Optometrist	X				X
Oral Glucose Gel	X				
Organ Donation	X				X
Organ Transplant	X				X
Organic Food		X			
Ortho Keratotomy or Orthokeratology	X				X
Orthodontia	X				X
Orthodontia Wax	X				
Orthopedic & Surgical Supports	X		X		
Orthopedic Neck Support		X			
Orthopedic Shoe Inserts	X		X		
Orthopedic Shoes	X		X		
Orthotics	X		X		X
Osteopath Fees	X				X
Ostomy, Colostomy Supplies	X		X		
Oura Ring		X			
Out-of-Network Provider	X				X
Over-The-Counter Drugs	X				
Oxygen Equipment	X				X
Pads, Menstrual	X				
Pain Relief Eye Mask	X				
Pain Relievers	X				
Paraffin Wax		X			
Particulate Respirator Mask to Prevent COVID-19	X				
Pastoral Counseling		X			
Paternity Testing		X			
Patterning Exercises	X		X		X
Peak Flow Meter	X		X		
Pedicure		X			
Pedometer		X			
Perfume		X			
Peroxide	X				
PPE to Prevent COVID-19	X				
Personal Trainer		X			
PET Scan	X				X
Petroleum Jelly	X				

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Phototherapy	X		X		
Physical Exams	X				X
Physical Exams for Caregiver		X			
Physical Therapy	X				X
Physician Retainer Fee		X			
Pillow for Lumbar Support		X			
Pregnancy & Fertility Kits	X				
Pregnancy Tests	X				
Premiums (Group Employer Plans & Medicare Only)	X				
Prenatal Vitamins	X		X		
Prenatal Ultrasound	X				X
Prepayment of Medical Expenses		X			
Preschool or Nursery School		X			
Prescription Drug Discount Program		X			
Prescription Drugs & Medicines	X			X	
Prescription Drugs from Other Countries		X			
Preventative Care Screenings	X				X
Private Hospital Room		X			
Probiotics	X		X		
Progesterone & Testosterone Hormones	X			X	
Prosthesis	X				X
Protein Bars/Powders/Shakes		X			
Psychiatric Care	X				X
Psychoanalysis	X				X
Psychologist	X				X
Pulse Oximeter	X		X		
Pumice Stone		X			
Q-tips		X			
Radial Keratotomy	X				X
Reading Glasses - Non Prescription		X			
Reasonable & Customary Charges	X				X
Recliner Chairs		X			
Reflexology		X			
Rehabilitation Center	X				X
Rehydration Solution		X			
Retainer	X				X
Rhinoplasty		X			
Rubbing Alcohol	X				
Safety Glasses (Rx only)	X				X
Sales Tax - Associated with Eligible Expenses	X				
Saline Nasal Spray	X				
Sanitary Pads (Maxi-Pads)	X				
Sanitizing Wipes for Surfaces to Prevent COVID-19		X			
Scale for Food or Weight		X			
Schools & Education, residential		X			
Schools & Education, Special		X			

## Health Reimbursement Account - List of Products and Services

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Sclerotherapy (vein treatment)		X			
Scooter, Electric	X		X		
Sedatives	X			X	
Seeing-eye Dog		X			
Service Animals		X			
Shampoo		X			
Sharps Container	X				
Shaving Cream or Lotion		X			
Shipping & Handling Fees		X			
Sinus Medicine	X				
Sinus Rinse	X				
Sitz Bath	X				
Skin Moisturizer		X			
Skin Tag Removal		X			
Sleep Aids (OTC)	X				
Sleep Deprivation Treatment	X				X
Smoke Detector		X			
Smoking Cessation Products	X				
Soap		X			
Somnoplasty	X				X
Special School		X			
Speech Therapy	X				X
Sperm Storage Fees (12 months or less)	X				X
Spermicides	X				
Splints	X				
St John's Wort		X			
Stair Lift		X			
Standing Desk		X			
Sterilization	X				X
Stethoscope	X				
Stool Softeners	X				
Stop Smoking Program	X				
Student Health Fees		X			
Sublingual Immunotherapy (Allergy Treatment)	X				
Substance Abuse Treatment	X				X
Summer Camps (Day Camp)		X			
Summer Camps (Overnight)		X			
Summer School		X			
Sun Protective (SPF) Clothing		X			
Sunburn Creams & Ointments	X				
Sunglasses, Prescription	X				
Sunscreen - SPF15 or higher	X				
Suntan Lotion Without Sunscreen		X			
Support Braces	X		X		
Support Hose	X		X		
Suppositories	X				

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
Surgery	X				X
Surrogate Mother		X			
Swimming Lessons		X			
Swimming Pool		X			
Syringes	X			X	
Tampons	X				
Tanning Salons & Equipment		X			
Tattoo Removal		X			
Taxes on Medical Services & Products	X				
Teeth Grinding Prevention	X				
Teeth Whitening		X			
Teething Pain Reliever	X				
Telehealth	X				X
Telephone Consultation (Healthcare Professional Fee)	X				X
TENS Machine	X		X		
Testosterone	X			X	
Therapy, Mental Health	X				X
Thermography		X			
Thermometer	X				
Throat Lozenges	X				
Toenail Fungus Treatment	X				
Tooth Extraction	X				X
Toothache Pain Relievers	X				
Toothbrush		X			
Toothpaste		X			
Topical Analgesics	X				
Topical Steroids	X				
Tourniquet	X				
Transgender Counseling or Surgery	X				X
Transition Lenses	X				X
Transplant	X				X
Treadmill		X			
Tricare Insurance Fees		X			
Tubal Litigation	X				X
Tuition		X			
Tuition For Special Needs Schooling		X			
Tuition, Medical Charges Included		X			
Tutoring		X			
Tylenol	X				
Ultrasound	X				X
Ultrasound, Prenatal	X				X
Umbilical Cord Blood Storage	X		X		
Upset Stomach Relief	X				
Urinalysis	X				X
Usual & Customary Charges, Excess	X				X
UV Protective Clothing		X			

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Item or Service	Eligible Item or Service	Ineligible Item or Service	Letter of Medical Necessity Required	Prescription Required	Explanation of Benefits from Insurance Required
UVR Treatments	X		X		
Vacation		X			
Vaccinations	X				X
Vapor Rub	X				
Varicose Vein Surgery	X				X
Vasectomy or Vasectomy Reversal	X				X
Veneers		X			
Veterinary Fees		X			
Viagra	X			X	
Vision Discount Programs		X			
Vitamins	X		X		
Walker	X		X		
Walking Aids	X		X		
Warranties		X			
Wart Removal	X				
Water Fluoridation		X			
Waterpik	X		X		
Wax for Braces	X				
Weight Loss Counseling	X				X
Weight Loss Drugs	X		X	X	X
Weight Loss Supplements		X			
Weight Loss Surgery	X				X
Weighted Blanket		X			
Wheelchair	X		X		
Whirlpool Baths		X			
Wig	X		X		
Wipes for Glasses		X			
Wisdom Teeth Extraction	X				X
Wound Seal Powder	X				
Wrinkle Cream		X			
Wrist Support	X		X		
X-Rays	X				X
X-Ray Fees	X				X
Yeast Infection Medications	X				
Yoga		X			
Zinc Supplements	X		X		