



Planned
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Healthcare FSA Eligible Over-the-Counter Products Quick Reference Guide

Over-the-counter (OTC) medicines and products are reimbursable under a Flexible Spending Account (FSA) when the OTC product is used for medical purposes. Below is a description of the three IRS-defined over-the-counter categories, followed by product examples for each category.

Eligible OTC Medical Care Expenses

Eligible items include medicines or products that alleviate or treat injuries or illness for you and your dependents. These drugs and products are not cosmetic in nature, or merely beneficial to your general health.

Dual-Purpose Products

Certain OTC products are called dual-purpose. That's because for some individuals, the product is used to alleviate a medical condition, while others use the product for general health and well-being. These products may be reimbursed through your FSA when a Certification of Medical Necessity form has been provided by your licensed health care professional. A Certificate of Medical Necessity must include the following information: a specific diagnosis or medical condition, a recommendation to take the specific OTC medicine to treat your condition, and documentation of the product and cost.

Excluded Items

OTC products that are not medicines (e.g. herbal supplements) or that merely benefit your general health are NOT reimbursable under your Healthcare FSA.

Reimbursement for OTC medicines must follow the existing rules regarding Healthcare FSAs.

The expense(s) must:

- Have been incurred during your period of coverage
- Not have been reimbursed through any other plan
- Be substantiated through a detailed receipt

How can I submit my request for reimbursement?

- Fax your claim to: 303-221-2785
- E-Mail your claim to: claims@cci-pbs.com

You can access your account online anytime at www.mbicard.com or call Customer Service at 1-800-800-0133. A Customer Service Representative is available to assist you Monday through Friday, from 8:00 A.M. until 4:30 P.M., Mountain Standard Time.

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Healthcare FSA Eligible Over-the-Counter Products

Eligible OTC expenses include medicines or products that alleviate or treat injuries or illness for you and your dependents. You do not need to provide Certification of Medical Necessity form or indicate a diagnosis in order to receive reimbursement.

Type/Class of Drug or Product	Examples
Allergy Prevention and Treatment	Actifed, Allerest, Benadryl, Claritin, Contac, Sudafed
Analgesics/Antipyretics	Aspirin, Advil, Alleve, Ibuprofen, Naprosyn, Tylenol, Pamprin
Antacids and Acid Reducers	Maalox, Mylanta, Tums, Pepcid AC, Prilosec, Zantac
Antibiotics (topical)	Bacitracin, Triple antibiotic ointment
Anticandial (yeast)	Femstat 3, Gynelotrimin, Mycelex-7, Monistat 3, Vagistat-1
Antidiarrheal and Laxatives	Ex-Lax, Immodium AD, Kaopectate, Pepto-Bismol
Antifungal	Lamisil AT, Lotramin AF, Micatin
Antihistamines	Actifed, Allerest, Benadryl, Claritin, Contac, Sudafed, Tavist
Anti-itch Lotions and Creams	Bactine, Benadryl, Calamine, Cortaid, Lamisil AT, Lotramin AF
Asthma Medicines	Bronitin Mist, Bronkaid, Bronkolyser, Primatene
Cold Sore/Fever Blister	Abreva Cream
Cold, Flu, Decongestant and Sinus Remedies	Actifed, Afrin, Contac, Dayquil, Drixoral, Sudafed, Tavist-D, Thera-flu, Triaminic, Cough Drops, Nasal Sprays, Throat Lozenges
Contraceptive / Family Planning	Ovulation kits, Pregnancy tests, Spermicides/Condoms
Cough Suppressants or Expectorants	Robitussin, Vicks 44, Chloraspetic, Cough drops, Lozenges
Dental/Denture Care	Orajel, Anbesol, Poligrip
Diaper Rash	Balmax, Desitin
Ear Care	Ear drops, Ear wax removal, Ear plugs
Eye Care	Contact lens supplies, Eye drops, Reading glasses, Eye patches
First Aid / Medical Supplies	Antiseptics, Bandages, First aid kits, Cold/hot packs, Joint supports (ankle, elbow, knee, wrist), Rubbing alcohol, Ace wraps, Thermometers
Foot Care	Arch supports, Callous removers, Foot antifungal products, Bunion, blister and corn treatments
Hemorrhoid Preparations	Preparation H, Hemorrhoid, Tronolane
Home Diagnostic Tests or Kits	Blood pressure monitors, Cholesterol, Diabetic equipment and supplies, Colorectal screenings, HIV test
Lactose Intolerance	DairyCare, Dairy Relief, Lactaid, Lacteeze, Lactrase
Menstrual Cycle	Midol, Pamprin, Premysyn PMS
Migraine Relief	Advil Migraine, Motrin Migraine, Excedrin
Motion Sickness	Dramamine, Marizine
Pain Relievers	Advil, Alleve, Ibuprofen, Motrin, Naprosyn, Naproxen
Pediculicide	Nix, Rid
Skin Care	Sunscreen, Sunburn relief
Sleeping Aids	Tylenol PM
Smoking Cessation	Commit, Nicoderm CQ, Nicorette, Nicotrol
Teething/Toothaches	Orajel, Anbesol
Topical Steroids	Hydrocortisone
Wart Removal	Compound W, Dr. Scholl's Clear Away, Wart-Off

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



Healthcare FSA Dual Purpose and Excluded Over-the-Counter Products

Dual-Purpose OTC Medicines and Products may be reimbursed under an FSA as long as a Certification of Medical Necessity form is completed by your licensed health care provider.

Type/Class of Drug or Product	Examples	Reimbursable Use	Excluded Use
Acne	Retin A	Chronic acne under treatment by a physician	Occasional outbreak or blemish
Feminine Hygiene	Pads	Post-surgery, or childbirth	
Incontinence	Depends, Feminine pads	Post-surgery	Infants and toddlers
Joint Supplements	Glucosamine, Chondroitin	Diagnosis of arthritis	Routine use for general health
Massage Therapy		Diagnosis of specific illness based on a physician note	
OTC Hormonal Therapy		Peri-menopausal or menopausal symptoms	Routine use for general health
Vitamins	Calcium, Vitamin B	Diagnosis of specific illness based on a physician note	Routine use for general health
Weight Loss		Diagnosis of obesity	

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

Excluded OTC Products (non-eligible expenses)

Type/Class of Drug or Product	Examples
Cosmetic Products	Face soaps, Creams, Make-up, Perfumes, Hair removal
Dental Products	Dental floss, Toothpaste, Toothbrushes, Teeth whitening kits
Dietary/Nutritional Supplements	Ensure, Glucerna, Slimfast
Herbal Supplements and Vitamins	
Toiletries	Deodorant, Shampoo, Body sprays, Soaps, Moisturizers

The products listed here are examples and do not constitute an endorsement or an exhaustive listing or reimbursable OTC Products.



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CERTIFICATION OF MEDICAL NECESSITY

Under Internal Revenue Service (IRS) rules, some health care services and products are only eligible for reimbursement from your Health Care Flexible Spending Account when your doctor or other licensed health care provider certifies that they are medically necessary.

PBS has developed this certification to assist you and your health care provider in supplying the information we need in order to process your claim. Your provider can also submit a statement on his or her letterhead, as long as the letter includes all the information on this form.

PLAN INFORMATION

EMPLOYER NAME

PARTICIPANT INFORMATION

FIRST NAME

MI

LAST NAME

SOCIAL SECURITY NUMBER

DAYTIME PHONE NUMBER

E-MAIL ADDRESS

CERTIFICATION DETAIL* – To be completed by your doctor or other licensed health care professional

PATIENT NAME

DIAGNOSIS

RECOMMENDED TREATMENT

LENGTH OF RECOMMENDED TREATMENT

HOW TREATMENT WILL ALLEVIATE THE DIAGNOSIS OR SYMPTOMS

**PBS's role is to ensure that the proper documentation is submitted for reimbursement under the Plan, and not to determine whether the treatment prescribed by your doctor or other licensed health care provider is medically necessary. PBS will review this letter of medical necessity only for completeness.*

HEALTH CARE PROVIDER DETAIL

PROVIDER NAME

PROVIDER SIGNATURE

PROVIDER ADDRESS & TELEPHONE NUMBER

DATE

PLEASE RETURN COMPLETED FORMS TO PBS, INC.
FAX 303.221.2785 • E-MAIL help@cci-pbs.com

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