

Eligible Expenses (LIST NOT ALL INCLUSIVE)

Consumer Driven Healthcare (CDH)



ELIGIBLE EXPENSES:		
• Acne Medication	• Diagnostic Fees	• Office Visits
• Acupuncture	• Durable Medical Equipment	• Obstetrics & Fertility
• Alcoholism Treatment	• Ear Wax Removal Drops	• Orthodontia
• Allergy and Sinus Medication	• Endodontic Fees	• Orthopedic Devices
• Ambulance	• Eyeglasses (prescribed)	• Osteopath Fees
• Antacids	• Eye Examination Fees	• Oxygen
• Anti-Itch Medications	• Eye Surgery (cataracts, LASIK, etc.)	• Pain Relievers
• Antiseptics	• First Aid Creams	• Periodontist Fees
• Artificial Limbs/Teeth	• First Aid Supplies	• Physical Therapy
• Birth Control Products	• Gastric Bypass Surgery	• Pill Boxes
• Bronchial Asthma Inhalers	• Health Monitors	• Podiatrist Fees
• Bunion and Blister Treatments	• Hearing Devices and Batteries	• Prescription Drugs
• Chiropractors	• Heat Wraps	• Psychiatric Care
• Cholesterol Tests and Monitors	• Home Drug Tests	• Psychologist & Psychiatrist Fees
• Christian Science Practitioner's Fees	• Home Blood Tests	• Radiology
• Cold Sore Medication	• Home Health Care	• Quit Smoking Programs and Patches
• Contact Lenses and Solution	• Insulin	• Routine Physicals
• Co-Payments	• Laboratory Fees	• Rx drug supplies (syringes, needles, etc.)
• Cost for Mental Illness Confinement	• Laxatives	• Sleeping Aids
• Cough, Flu and Cold Remedies	• Lice Treatment	• Smoking Cessation Programs
• Decongestants	• Medicine Dropper/Spoon	• Speech Therapy
• Deductibles	• Motion Sickness Devices	• Thermometers
• Dental Fees (medically necessary)	• Nausea Medication	• Travel to Doctor/Healthcare Facility
• Denture Adhesives	• Nasal Strips & Snore Relief	• Vaporizers/Humidifiers
• Dentures	• Nasal Spray	• X-Rays & MRI
• Diabetic Supplies	• Oral Surgery	• Wart Removers

ITEMS REQUIRING A PHYSICIAN'S LETTER OF MEDICAL NECESSITY AND/OR PRESCRIPTION:	
• Bedpans & Ring Cushions	• Personal Trainer
• Exercise Equipment	• Reconstructive Surgery in Connection with Birth Defects, Disease or Accident
• Hormone Therapy	• Special Schools for Disabled Children
• Hypnotism	• Weight Loss Programs and Fees Pertaining to a Specific Disease
• Massages	• Wigs for Hair Loss caused by Disease
• Massagers	• Vitamins, Minerals and Supplements

DEPENDENT CARE ELIGIBLE EXPENSES (Please read your Summary Plan Description (SPD) for information on dependent eligibility):		
• After School Camp	• Daycare (Child & Adult)	• Pre-School Tuition
• Adult Caregiver	• Nanny	• Summer Camp (not overnight)

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DEDUCTIBLES & CO-PAYS:	ESTIMATED ANNUAL EXPENSE:
Medical Plan Deductibles:	\$ _____
Dental Plan Deductibles:	\$ _____
Vision Plan Deductibles:	\$ _____
Office Visit Co-pays:	\$ _____
Prescription Drug Co-pays:	\$ _____
Dental / Vision Co-pays:	\$ _____
EXPENSES NOT FULLY COVERED BY INSURANCE:	
Physician's Services / Office Visits:	\$ _____
Surgery (<i>must be medically necessary</i>):	\$ _____
Prescription & OTC Drugs:	\$ _____
Diabetic Supplies:	\$ _____
Psychiatrists, Psychologists:	\$ _____
Physical or Speech Therapy:	\$ _____
Hearing Care (<i>hearing aids, batteries, etc.</i>):	\$ _____
Chiropractic:	\$ _____
Massage Therapy:	\$ _____
Acupuncture:	\$ _____
DENTAL, VISION & OTHER EXPENSES:	
Major & Basic (<i>fillings, root canals, crowns, etc.</i>):	\$ _____
Dentures:	\$ _____
Orthodontia:	\$ _____
Glasses:	\$ _____
Contact Lenses:	\$ _____
Contact Lens Solution:	\$ _____
LASIK Eye Surgery:	\$ _____
Other Eligible Expenses:	\$ _____
TOTAL ESTIMATED ANNUAL EXPENSES:	\$ _____
DIVIDE BY NUMBER OF ANNUAL PAY PERIODS:	_____
AMOUNT DEDUCTED PER PAY PERIOD:	\$ _____