

# Allowable Over the Counter Expenses

The following guide has been created to provide guidance on the type of items that are reimbursable. Please check your specific plan enrollment and your company's plan documents for specific exclusions. To verify if a certain expense is covered based on your personal enrollment or if the item is not listed below, please call 1-800-532-3327.

Acceptable Over-The-Counter (OTC) Items (Reimbursable without a prescription)		
<ul style="list-style-type: none"> <li>Insulin</li> <li>Saline</li> <li>Bandages/Band-Aids</li> <li>Rubbing Alcohol</li> <li>Thermometers</li> <li>Cold/Hot Packs</li> <li>First Aid Kits</li> <li>Oxygen</li> </ul>	<ul style="list-style-type: none"> <li>Ovulation Indicators</li> <li>Pedialyte</li> <li>Blood Pressure Monitor</li> <li>Cholesterol Test</li> <li>Pregnancy Test</li> <li>Condoms</li> <li>Flu Shots</li> <li>Reading Glasses</li> </ul>	<ul style="list-style-type: none"> <li>Gauze and Tape</li> <li>Incontinence Supplies</li> <li>Diabetic Supplies</li> <li>Glucose Meters</li> <li>Sunscreen SPF 15+</li> <li>Crutches</li> <li>Orthopedic Shoe Inserts</li> <li>Breast Pumps/Lactation Supplies</li> </ul>
Dual Purpose Over-The-Counter Items (Written Physician Prescription required to be reimbursable)		
<ul style="list-style-type: none"> <li>Acid Controllers</li> <li>Acne Medications</li> <li>Allergy &amp; Sinus</li> <li>Antibiotic Products</li> <li>Anti-Diarrheals, Anti-Gas</li> <li>Anti-Itch &amp; Insect Bite</li> <li>Asthma devices and Medication</li> <li>Ear Wax Removal</li> <li>Smoking Cessation Medication</li> </ul>	<ul style="list-style-type: none"> <li>Antiparasitic Treatments</li> <li>Baby Rash Ointments/Creams</li> <li>Cold Sore Remedies</li> <li>Cough, Cold &amp; Flu</li> <li>Digestive Aids</li> <li>Feminine Anti-Fungal/Anti-Itch</li> <li>Contraceptive Pills</li> <li>Humidifier</li> </ul>	<ul style="list-style-type: none"> <li>Laxatives</li> <li>Motion Sickness</li> <li>Pain Relief</li> <li>Sleep Aids &amp; Sedatives</li> <li>Stomach Remedies</li> <li>Vitamins, Supplements, Herbs</li> <li>Compression Hose Medicated</li> <li>Sunburn Creams</li> </ul>
Non-Acceptable Over-The-Counter Items (Not reimbursable)		
<ul style="list-style-type: none"> <li>Aromatherapy</li> <li>Baby bottles and cups</li> <li>Baby oil</li> <li>Baby wipes</li> <li>Cosmetics</li> <li>Dental floss</li> <li>Facial care</li> </ul>	<ul style="list-style-type: none"> <li>Feminine care</li> <li>Fragrances</li> <li>Hair regrowth</li> <li>Oral care</li> <li>Petroleum jelly</li> <li>Shampoo &amp; conditioner</li> <li>Skin care</li> </ul>	<ul style="list-style-type: none"> <li>Spa salts</li> <li>Sunscreen/tanning products</li> <li>Teeth Whitening Products</li> <li>Tooth brushes</li> <li>Toiletries (i.e. Deodorants, Fragrances, and Tissues)</li> </ul>