PERSONAL CHOICE ACCOUNT

Flexible Benefits Administration

800-979-8987- Toll Free Fax
pca@regence.com - Email

## SAMPLE OF REIMBURSABLE EXPENSES

**Please see our website at www.personalchoiceaccount.com for additional information**

### Premium Conversion Account

- Employer sponsored group insurance premiums.
  *Individual insurance premiums are not eligible*

### Dependent Care Reimbursement Account

*Expenses necessary for you and your spouse (if married) to be gainfully employed.*

- Nanny Expenses for services provided in your home, are eligible to the extent they are attributable to the dependant care expense and expenses of incidental household services.
- Dependent Care expenses for services outside your home, providing they are incurred for the care of a qualifying dependent.
- Nursery school expenses are eligible, even if the school also furnishes lunch and educational services. Food and incidental expenses may be eligible as part of the dependent care charge. Education expenses for Kindergarten and above are not covered.
- Expenses paid to a relative (child, parent, or grandparent of participant) are eligible however the relative cannot be under age 19 or tax dependent of the participant.
- FICA and FUTA payroll taxes of the daycare provider are eligible.
- Dependent care expenses incurred to enable the employee to find work are eligible.

### Health Care Spending Account

- Acupuncture
- Ambulance Hire
- Artificial limbs/ Prosthesis
- Birth Control Pills
- Birth Prevention Surgery
- Braces
- Chiropractor
- Co-pay
- Crutches
- Deductibles
- Dental Fees
- Dentures
- Diabetic Supplies
- Diagnostic Fees
- Elective Surgery (non-cosmetic)
- Fee of Practical Nurse
- Hearing Devices and Batteries
- Home Improvements Motivated by Medical Consideration
- Hospital Charges
- Insulin
- Laboratory Fees
- Massage Therapy (some limitations)
- Medical Monitoring and Testing Devices
- Mental Health Costs
- Naturopathic Doctor Fees
- Obstetrical Expenses (some limits)
- Orthodontia (special limits)
- Oxygen
- Physician Fees
- Prescribed Medicines
- Psychiatric Care and Fees
- Routine Physical and Non-Diagnostic Services and Treatments
- Seeing-eye Dog and Upkeep (some limits)
- Hearing Impaired Equipment (some limits)
- Vision Impaired Equipment (some limits)
- Surgical Fees
- Therapeutic Care for Drug and Alcohol Treatment
- Therapy Treatments
- Transportation Expenses for Rendition of Medical Services
- Vision Care (Eyeglasses, Contact Lenses and Solution, Prescription Sunglasses)
- Wheelchair
- Wigs
- X-rays

Over The Counter Expenses:

- Allergy Medications
- Antacids
- Antibiotic Ointments
- Arthritis Cream
- Anti-itch Cream/Lotion
- Anti-diarrhea Medication
- Anti-gas Medication
- Aspirin
- Cold Sore and Fever Blister
- Cold and Cough Medications
- Contact Lens Solution
- Decongestant
- Diaper Rash Ointment
- Enemas-Medicated
- Eye Drops
- Foot Powders-Medicated
- Flu Medications
- Hemorrhoid Creams
- Laxative
- Nasal Spray
- Pain Relievers
- Smoking Cessation
- Patches/ Gums
- Sunburn Ointment
- Toothache and Teething Pain