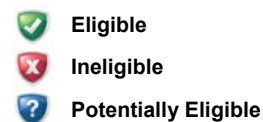


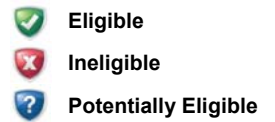
Expense	Covered?	More Details
<b>Acne products</b> — Products specifically marketed for and used to treat acne		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Acne products</b> — Products used for general hygiene such as facial wash, cleansers, toners, and medicated makeup		
<b>Acupuncture</b> — Treatment for a medical condition		
<b>Advance payments</b> — Nonrefundable advance payments to a private institution for lifetime care, treatment, and training of a physically or mentally impaired dependent after the death or disability of a legal guardian		You must provide a statement of medical necessity from a licensed health care professional documenting the disability or mental impairment.
<b>Alcohol or drug addiction</b> — Payments to a treatment center for alcohol or drug addiction, including meals and lodging		
<b>Allergy prevention products</b> — Products purchased or used to alleviate allergies, such as a pillow, mattress, or vacuum		You must provide a statement of medical necessity from a licensed health care professional documenting the diagnosed allergy and that the product will help alleviate the allergy symptoms.
<b>Allergy testing and shots</b>		
<b>Ambulance service</b>		
<b>Arch support</b> — Supportive foot products prescribed by a doctor to treat a medical condition.		
<b>Artificial limbs</b>		
<b>Automobile insurance premiums</b>		



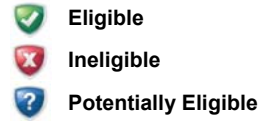
Expense	Covered?	More Details
<b>Automobile modifications</b> – Modifications include special hand controls and other equipment installed in an automobile for a person with a disability		You must provide a statement of medical necessity from a licensed health care professional documenting the disability.
<b>Birth control pills</b> – Prescribed birth control pills		
<b>Birth control products</b> – Over-the-counter items such as gels and foams		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Birth control products</b> – Over-the-counter items such as home pregnancy tests, condoms, and ovulation monitors		
<b>Birth control products</b> – Prescribed devices such as diaphragms, IUDs, and Norplant		
<b>Blood donation</b> – Costs associated with blood donation, including self-administered blood donations, storage fees, and processing fees		
<b>Blood pressure monitors</b> – Costs include electronic monitors and replacement blood pressure cuffs		
<b>Body scans</b>		
<b>Bottled water</b>		
<b>Braille books and magazines</b> – Costs are limited to those that exceed regular printed editions		You must provide a receipt or advertisement with the price of the regular printed version of the book or magazine and a receipt of the Braille material.
<b>Breast augmentation</b> – Elective procedures that do not promote proper functioning of the body or prevent or treat an illness or disease. Examples include implants and injections		

# Your Spending Account™

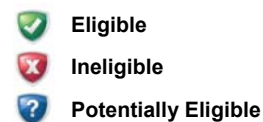
## Health Care Spending Account



Expense	Covered?	More Details
<b>Breast feeding classes</b>		
<b>Breast pumps</b> – Pump prescribed by a doctor for a medical reason		
<b>Chelation therapy</b> – Therapy used to treat a medical condition, such as lead poisoning		
<b>Childbirth classes</b> – Classes necessary to reduce pain during labor and delivery (Lamaze, for example)		Expenses related to parenting techniques, infant CPR, and breast feeding aren't eligible.
<b>Chiropractor</b> – Treatment for a medical condition		
<b>Christian Science practitioner</b> – Expenses paid to a practitioner for medical care		
<b>COBRA premiums</b> – Premiums paid on an after tax basis for continuation of group medical, dental, or vision coverage		
<b>Contact lenses</b> – Including cases and enzyme cleaners		
<b>Cosmetic services and products</b> – Surgery that isn't medically necessary. Examples include liposuction, hair transplants, electrolysis, laser treatments, and face-lifts		
<b>Cosmetic services and products</b> – Those necessary to improve a deformity related to a congenital abnormality or an injury resulting from an accident, trauma, or disfiguring disease (post-mastectomy reconstructive surgery, for example)		You must provide a statement of medical necessity from a licensed health care professional documenting the deformity, disfigurement, or injury. The services and products must promote the proper functioning of the body or prevent or treat an illness, injury, or disease.
<b>Counseling</b> – Marriage or family counseling		Other types of counseling, such as mental health and psychiatric services, are eligible.
<b>Crutches</b>		



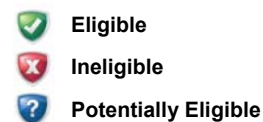
Expense	Covered?	More Details
<b>Dental coinsurance</b> — Amounts not covered by your or your spouse's dental plans		
<b>Dental copayments</b>		
<b>Dental deductibles</b> — Deductibles under your or your spouse's dental plans		
<b>Dental expenses</b> — Examples include fees for X rays, fillings, braces, extractions, crowns, and orthodontia		
<b>Dental implants</b> — Fees for insertion of artificial tooth, bone grafting, and follow-up care		
<b>Dental reasonable/customary</b> — Amounts not paid by a dental plan that exceed reasonable and customary limits		
<b>Dentures</b> — Costs include dental fees, cleaning products, and adhesives		
<b>Diabetic supplies</b> — Examples include insulin, needles, and testing strips		
<b>Diaper service</b> — Cost for an agency that delivers and picks up cloth diapers		
<b>Diapers (adult)</b> --Diapers necessary as a result of a medical condition		
<b>Diapers (child)</b>		
<b>Dietician services</b> — Fees paid to a dietician when referred by a doctor for treatment of a medical condition		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service prescribed, and the length of treatment. Services for general health purposes aren't eligible.



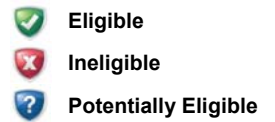
Expense	Covered?	More Details
<b>Disability construction costs</b> – Examples include constructing entrance or exit ramps, adding handrails, or modifying stairways at a personal residence for disability of an employee or dependent		You must provide a statement of medical necessity from a licensed health care professional documenting the disability.
<b>Disability equipment</b> – Equipment installed in the home or car for use by a disabled employee or dependent		You must provide a statement of medical necessity from a licensed health care professional documenting the disability.
<b>DNA testing</b> – DNA testing for paternal responsibility		
<b>Ear wax removal materials</b> – Kits and ear drops prescribed by a doctor for a medical condition		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Earplugs</b> – Plugs prescribed by a doctor for a medical condition		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the product prescribed, and the length of treatment. Products for general health purposes aren't eligible.
<b>Erectile dysfunction</b> – Nonprescription medication, herbal remedies, and nutritional supplements		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Erectile dysfunction</b> – Prescription medication to treat a medical condition		
<b>Exercise equipment</b> – Equipment prescribed by a doctor for the treatment of a medical condition		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, such as a cardiac condition. Products for general health purposes aren't eligible.
<b>Exercise equipment</b> – Equipment used for general health purposes or prevention of an undiagnosed disease		
<b>Eye examinations</b>		
<b>Eye surgery</b> – Surgery to correct defective vision		

# Your Spending Account™

## Health Care Spending Account



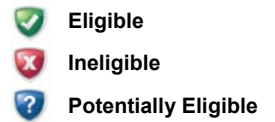
Expense	Covered?	More Details
<b>Eyeglass tinting and coating</b>		
<b>Eyeglasses</b> — Costs include prescription glasses and nonprescription reading glasses		
<b>Flu shots</b>		
<b>Fluoride treatment</b> — Costs include installation and monthly rental charges of a home fluoride water unit, when recommended by a dentist		Products for general health or cosmetic purposes (such as mouthwash or toothpaste) aren't eligible.
<b>Food (prescribed)</b> — Foods prescribed by a doctor to treat a medical condition. Examples are specialty baby formula and lactose-free foods. Costs are limited to those that exceed common versions of the product		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. You must also provide a receipt or advertisement with the price of the commonly available version of the food and a receipt for the prescribed food.
<b>Funeral and burial expenses</b>		
<b>Future payments</b> — Down payments or payments for services that have not been rendered or products not received		Lump-sum payments for future orthodontia services are an eligible exception. Once the service is rendered, an itemized bill indicating the service date is required for the expenses to be eligible.
<b>Hair regrowth treatment</b> — Prescription and nonprescription medication used for cosmetic purposes. Examples include products to treat male pattern baldness and the effects of aging		
<b>Hair regrowth treatment</b> — Prescription and nonprescription medication used to improve a deformity related to a congenital abnormality or an injury resulting from an accident, trauma, or disfiguring disease		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Health care supplies</b> — Examples include band aids, gauze, elastic wraps and bandages, braces, and supports		



Expense	Covered?	More Details
<b>Health club or YMCA dues</b> — Individual membership and personal trainer fees when prescribed by a doctor to treat a specific medical condition		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Family memberships must be itemized to represent the portion for the individual requiring the membership or personal trainer. Fees for annual contracts may be submitted after all service has been received.
<b>Health club or YMCA dues</b> — Membership and personal trainer fees for general health or to relieve mental or physical stress not related to a specific medical condition		
<b>Hearing aids</b>		
<b>Hearing coinsurance</b> — Amounts not covered by your or your spouse's hearing plans		
<b>Hearing copayments</b>		
<b>Hearing deductible</b> — Deductibles under your or your spouse's hearing plans		
<b>Hearing expenses</b> — Costs include examinations and hearing aid batteries		
<b>Hearing reasonable/customary</b> — Amounts not paid by a hearing plan that exceed reasonable and customary limits		
<b>Hearing-impaired phone tools</b> — Telephone equipment that allows a hearing-impaired person to communicate over a regular telephone		
<b>Hearing-impaired TV equipment</b> — Equipment that displays the audio part of television programs as subtitles for a hearing-impaired person		
<b>Herbal remedies</b> — Remedies prescribed by a doctor for a medical condition		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.

# Your Spending Account™

## Health Care Spending Account

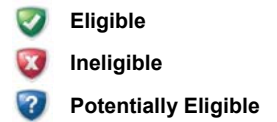


Expense	Covered?	More Details
<b>Hospital care</b> – Inpatient care, including the cost of a private room		Fees for personal convenience items, such as a television, telephone, and concierge services, aren't eligible.
<b>Household help</b> – Expenses for help with physical housework, even if recommended by a doctor, due to an inability of the employee, dependent, or retiree		
<b>Human guide</b> – Cost of a human guide to assist a physically, mentally, visually, or hearing impaired person		You must provide a statement of medical necessity from a licensed health care professional documenting the disability.
<b>Humidifiers</b> – Cost of portable units prescribed by a doctor for treatment of a medical condition		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services and products for general health purposes aren't eligible.
<b>Hypnosis</b> – Hypnosis prescribed by a doctor for medical reasons		
<b>Illegal medical treatment</b> – Including surgery		
<b>Immunizations</b>		
<b>Infertility</b> – Treatments for infertility, including artificial insemination, in-vivo or in-vitro fertilization, embryo placement, egg and sperm storage, and ovulation monitors		
<b>Laboratory and X ray fees</b>		
<b>Laetrile</b> – Anti-cancer drug		
<b>Language training</b> – Training for a child with dyslexia or other learning disabilities. Fees for regular schooling aren't eligible		
<b>LASIK surgery</b>		

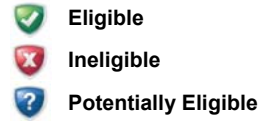


# Your Spending Account™

## Health Care Spending Account






Expense	Covered?	More Details
<b>Lead-based paint removal</b> – Costs for residences with children who have or had lead poisoning		
<b>Legal fees</b> – Fees paid to authorize treatment for mental illness, excluding guardianship or estate management fees		
<b>Lens replacement insurance</b> – Insurance to replace eyeglass or contact lenses		
<b>Life insurance premiums</b> – Premiums paid for the following policies: life insurance, repayment for loss of earnings, and accidental loss of life, limbs, or sight		
<b>Lodging</b> – Cost of lodging not provided in a hospital or similar institution while away from home if primarily for and essential to medical care (limited to \$50 per person per night)		The \$50 limit is only applicable to the patient and caregiver (\$100 max per night). You must provide a statement of medical necessity from a licensed health care professional documenting the medical condition.
<b>Long-term care facility fees</b> – Fees for room and board at a long-term care facility		
<b>Massage therapy</b> – Therapy prescribed by a doctor to treat an injury or trauma		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services and products for general health purposes aren't eligible.
<b>Massage therapy</b> – Therapy to relieve stress or general health purposes		
<b>Mastectomy-related products</b> – Examples include breast prosthesis and specialty bras		
<b>Maternity care</b> – Service and supplies from doctors, midwives, clinics, hospitals, and laboratories		3D and 4D ultrasounds aren't eligible.
<b>Maternity clothes</b>		



Expense	Covered?	More Details
<b>Mattresses</b> — Mattresses prescribed by a doctor to treat a medical condition		You must provide a statement of medical necessity from a licensed health care professional documenting that the mattress is necessary to treat a medical condition, injury, or illness and isn't for general health purposes.
<b>Medic alert identifications</b> — Bracelet or necklace prescribed by a doctor in connection with treating a medical condition		
<b>Medical alert programs</b> — Expenses include installation of equipment and monthly monitoring fees		You must provide a statement of medical necessity from a licensed health care professional documenting that the medical alert program is necessary to treat a medical condition, injury, or illness and isn't for general health purposes.
<b>Medical coinsurance</b> — Amounts not covered by your or your spouse's medical plans		
<b>Medical conference</b> — Admission and transportation costs		
<b>Medical contract fees</b> — Fees paid for exclusive provider care (examples include concierge services, boutique fees, and retainer fees)		Once service is rendered, the expense is eligible. You must provide an itemized bill indicating the patient name, date of service, and description of service. Fees for future service aren't eligible.
<b>Medical copayments</b>		
<b>Medical deductibles</b> — Deductibles under your or your spouse's medical plans		
<b>Medical equipment</b> — Costs to buy or rent durable equipment prescribed by a medical practitioner to alleviate or treat a medical condition. Examples include medical beds, nebulizers, and sleep therapy devices		
<b>Medical information</b> — Amounts paid to a medical information plan for storage and retrieval of medical information		
<b>Medical reasonable/customary</b> — Amounts not paid by a medical plan that exceed reasonable and customary limits		

# Your Spending Account™

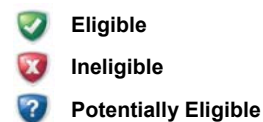
## Health Care Spending Account












-  Eligible
-  Ineligible
-  Potentially Eligible

Expense	Covered?	More Details
<b>Medical services</b> — Services provided by doctors, surgeons, specialists, or other medical practitioners		
<b>Medical supplies</b> — Over-the-counter items such as bandages, thermometers, and heating pads		
<b>Medicare Part B Premiums</b>		
<b>Medicare Part D Premiums</b>		
<b>Mental health</b> — Includes psychoanalysis or amounts paid to a psychiatrist, psychologist, hospital, clinic, or mental health facility for medical care		
<b>Mentally handicapped home</b> — Costs of keeping a mentally handicapped person in a special home, as recommended by a psychiatrist, to help the person adjust from life in a mental hospital to community living		You must provide a statement of medical necessity from a licensed health care professional documenting that the special home or facility is necessary to assist the person in adjusting from life in a mental hospital to community living.
<b>Nursing or retirement home fee</b> — Fees for custodial services. Examples include room and board		
<b>Nursing or retirement home fee</b> — Fees for medical services. Examples include fees for doctors, therapists, and other medical practitioners		
<b>Nursing services for newborns</b> — Services by a nurse or attendant to care for a normal and healthy newborn at a hospital or at home		
<b>Nursing services</b> — Wages and other amounts paid for nursing services to a patient at home or in a facility, such as a nursing home or rehabilitation center		Home health care and private duty nursing are eligible. Fees for personal and household services aren't eligible.
<b>Nutritional supplements</b> — Supplements prescribed by a doctor to treat a diagnosed medical condition		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.

# Your Spending Account™

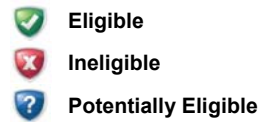
## Health Care Spending Account



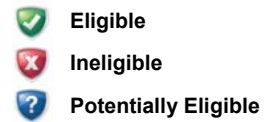
Expense	Covered?	More Details
<b>Nutritional supplements</b> — Supplements taken for general health purposes. Examples include protein supplements, energy bars, and sports drinks		
<b>Occupational therapy</b> — Therapy received as medical treatment		
<b>Organ donor</b> — Surgical, hospital, laboratory, and transportation expenses for an organ donor, if you paid the donor's expenses		
<b>Orthodontic fees</b> — Orthodontic fees paid in a lump sum and in monthly installments		
<b>Orthopedic shoes and inserts</b> — Shoes and inserts prescribed by a doctor for a medical condition. Costs are limited to those that exceed the cost of regular footwear		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. You must also provide a receipt or advertisement with the price of the commonly available version of the product.
<b>Over-the-counter medicine</b> — Medications taken for general health purposes		
<b>Over-the-counter medicine</b> — Medications taken to relieve pain, colds, and medical conditions		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Oxygen or oxygen equipment</b> — Costs for rental or purchased equipment to relieve breathing problems caused by a medical condition		
<b>Pain relievers</b>		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Personal-use items</b> — Includes toiletries and cosmetics		
<b>Personal-use items</b> — Personal-use item used to prevent or ease a physical or mental defect or illness. Costs are limited to those that exceed common versions of the product		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. You must also provide a receipt or advertisement with the price of the commonly available version of the product.

# Your Spending Account™

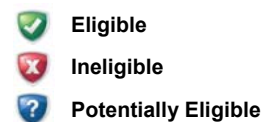
## Health Care Spending Account



Expense	Covered?	More Details
<b>Physical examinations</b> – Routine physical examinations and related charges		
<b>Physical therapy</b> – Therapy prescribed by a doctor as treatment for a medical condition		
<b>Premiums for medical insurance</b> – Premiums paid on an after-tax basis for any type of medical, dental, or vision insurance coverage, including premiums for private insurance not provided by an employer		
<b>Prenatal vitamins</b> – Vitamins prescribed by a doctor for use during pregnancy		
<b>Prescription drugs</b> – Exceptions may apply to drugs prescribed for cosmetic or general health purposes		
<b>Prosthetics</b>		
<b>Psychiatric care</b> – Medical costs for psychiatric care		
<b>Psychiatric expenses</b> – Includes psychoanalysis or amounts paid to a psychologist for medical care		
<b>Reading glasses</b> – Nonprescription reading glasses		
<b>Sales taxes</b> – Sales and service taxes on eligible medical care or products		
<b>Saline solution</b> – Including solutions for eyes, ears, and nose		
<b>School (alternative)</b> – Costs of sending a problem child to an alternative school for benefits the child may receive from the course of study and disciplinary methods. Examples include court-ordered programs		






Expense	Covered?	More Details
<b>School payments for disabled</b> – Expenses paid to an alternative school for a child with a severe learning disability if the main reason is using the school's resources to relieve the disability		You must provide a statement of medical necessity from a licensed health care professional documenting that the school is necessary to relieve the child's learning disability.
<b>Service animals</b> – Costs of obtaining and training a guide dog or other animal to provide assistance to a person with a disability		You must provide a statement of medical necessity from a licensed health care professional documenting the disability.
<b>Shipping</b> – Charges to ship an eligible medical product		The shipping charges must be related to an eligible product. You may be required to provide a statement of medical necessity from a licensed health care professional describing the medical condition, the product prescribed, and the length of treatment. Shipping related to products for general health purposes aren't eligible.
<b>Social activities</b> – Activities such as dancing or swimming lessons, even if recommended by a doctor for general health improvement		
<b>Speech therapy</b> – Speech therapy costs when prescribed as treatment for a specific medical condition (such as autism, dyslexia, developmental delays, and rehabilitation)		
<b>Sterilization</b> – Costs of sterilization (vasectomy or tubal ligation) and reversal of sterilization operations		
<b>Stop-smoking program</b> – Over the counter products used to stop smoking		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Stop-smoking program</b> – Prescription drugs and medical services to stop smoking		
<b>Sunglasses</b> – Non prescription sunglasses prescribed by an eye doctor for light sensitivity		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the product prescribed, and the length of treatment. Products for general health purposes aren't eligible.



Expense	Covered?	More Details
<b>Support hose</b> — Hose prescribed by a doctor for a medical condition		The hosiery must be primarily manufactured and marketed for the relief of a medical condition. However, hosiery primarily marketed for fashion isn't eligible. You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the product prescribed, and the length of treatment.
<b>Taxes</b> — Social Security and Medicare taxes paid for a nurse, attendant, or other person who provides medical care		
<b>Teeth whitening or bonding</b> — Costs include bleaching, special whitening toothpaste, and bonding of teeth. These expenses are always considered cosmetic and aren't eligible		
<b>Toothbrush</b> — Any type of toothbrush, even if recommended by a dentist or orthodontist		
<b>Transgender services</b> — Examples include hormone therapy, counseling, and surgery		
<b>Transportation expenses</b> — Costs to receive medical care, including airfare, parking, tolls, taxis, rental cars, buses, gas for your car, or mileage		You must provide a statement of medical necessity from a doctor documenting the medical condition for any expense over \$100 if no diagnosis has been submitted previously. Transportation expenses solely related to obtaining a prescription or purchasing over-the-counter items aren't eligible.
<b>Tutoring</b> — Tutoring fees, recommended by a doctor, for a child who has severe learning disabilities caused by a mental or physical impairment, including nervous system disorders		You must provide a statement of medical necessity from a licensed health care professional documenting the medical condition.
<b>Umbilical cord storage</b> — Costs to collect, freeze, and store umbilical cord blood only when a medical condition is present		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition. Fees for storing umbilical cords when no diagnosed medical condition is present are ineligible.
<b>Uniforms</b>		

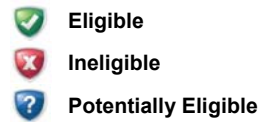
# Your Spending Account™

## Health Care Spending Account

-  Eligible
-  Ineligible
-  Potentially Eligible

Expense	Covered?	More Details
<b>UVR treatments</b> – Ultraviolet radiation treatments recommended by a doctor for a medical condition, such as chronic psoriasis		
<b>Vacation or travel</b> – Time off or travel for general health purposes		
<b>Vaccinations</b> – Amounts paid for vaccinations or immunizations against disease		
<b>Varicose vein surgery</b> – Expenses associated with the removal of varicose veins, when prescribed by a doctor for treatment of a medical condition		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services and products for general health or cosmetic purposes aren't eligible.
<b>Veneers</b> – Fees for veneers, when covered by an insurance plan or recommended by a dentist as the only course of treatment		You must provide a statement from a dentist indicating that the veneers are not for cosmetic or general health purposes and are the only suitable course of treatment.
<b>Vision coinsurance</b> – Amounts not covered by your or your spouse's vision plans		
<b>Vision copayments</b>		
<b>Vision deductibles</b> – Deductibles under your or your spouse's vision plans		
<b>Vision expense</b> – Costs not covered by a vision plan		
<b>Vision reasonable/customary</b> – Amounts not paid by a vision plan that exceed reasonable and customary limits		
<b>Vitamins</b> – If prescribed by a doctor to treat a diagnosed medical condition; not eligible if simply taken for general health purposes		You must provide a prescription from a licensed health care professional. Products for general health purposes aren't eligible.
<b>Vitamins</b> – Taken for general health purposes		





Expense	Covered?	More Details
<b>Walking aids</b> — Examples include canes, walkers, and crutches		
<b>Warranties</b> — Warranties purchased for health-related equipment		
<b>Weight loss</b> — Program for general health		
<b>Weight loss</b> — Program prescribed by a doctor to treat a diagnosed medical condition		Examples include medical costs and program fees for support groups and non-medically supervised programs such as Weight Watchers, NutriSystem, and Medifast. Food is often a part of these programs, however, the fees associated with food aren't eligible. You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services or products for general health purposes aren't eligible.
<b>Wheelchair</b>		
<b>Wigs</b> — Wigs purchased with a doctor's recommendation for the mental health of a patient who has lost all of his or her hair from disease		You must provide a statement of medical necessity from a licensed health care professional describing the medical condition, the product prescribed, and the length of treatment. Products for general health purposes aren't eligible.
<b>Work transportation expenses</b> — Transportation costs to and from work, even though a physical condition may require special means of transportation		
<b>Work-related medical expenses</b> — Costs for an accident or illness not covered by workers' compensation or another medical plan		