## **Extra Bucks Eligible Expense List**

## **Eligible Expenses -**

Eligible expenses for health care are those items or services which treat, mitigate, prevent or cure specific injury, illness or disease. Extra bucks cannot be used to pay for health insurance, life insurance, long term care insurance or any other insurance premiums, or costs for continuation of coverage.

## **Pre-deductible/Post-deductible expenses**

| Eligible   | Additional<br>Information  | Pre<br>deductible-<br>100% of<br>the cost | Post deductible-<br>coinsurance amounts |
|--|--|---|---|
| Contact Lenses- including cases and enzyme cleaners  |  | Х   | X                                       |
| Dental coinsurance – amounts not covered by your or your spouse's dental plans   |  | Х   | X                                       |
| Dental copayments  |  | X   | X                                       |
| Dental deductibles – deductibles under your or your spouse's dental plans.   |  | Х   | X                                       |
| Dental expenses – includes fees for x-rays, fillings, braces, extractions, crowns, and orthodontia                                     |  | Х   | X                                       |
| Dental implants – fees for insertion of artificial tooth, bone grafting, and follow up care  |  | Х   | Х                                       |
| Dental reasonable/customary – amounts not paid by a dental plan that exceed R&C amts.  |  | Х   | X                                       |
| Dentures   |  | Х   | X                                       |
| Eye examinations   |  | Х   | X                                       |
| Eye surgery- surgery to correct defective vision   |  | X   | X                                       |
| Eyeglass tinting and coating   |  | Х   | X                                       |
| Eyeglasses- Costs include prescription glasses and nonprescription reading glasses   |  | Х   | X                                       |
| Fluoride treatment – 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 are not eligible. | Х   | Х                                       |
| Lasik surgery  |  | Х   | X                                       |
| Orthodontic fees- Orthodontic fees paid in a lump sum and in monthly installments  |  | Х   | X                                       |
| Reading glasses – nonprescription reading glasses  |  | Х   | X                                       |
| Vision coinsurance – Amounts not covered by your or your spouse's vision plans.  |  | Х   | X                                       |
| Vision copayments  |  | Х   | X                                       |
| Vision deductibles- deductibles under your or your spouse's vision plans.  |  | Х   | X                                       |
| Vision expense – costs not covered by a vision plan  |  | Х   | X                                       |
| Vision reasonable/customary- amounts not paid by a vision plan that exceed reasonable and customary limits.                            |  | Х   | Х                                       |

## Post deductible expenses

| Eligible  | Additional<br>Information | Post deductible-<br>coinsurance amounts |
|---|---------------------------|---|
| Abortion  |                           | X                                       |
| Acupuncture- Treatment for medical condition                  |                           | X                                       |
| Alcohol or drug addiction- Payments to a treatment center for |                           | X                                       |

| alcohol or drug addiction, including meals and lodging  |   |   |
|---|---|---|
| Allergy testing and shots   |   | X |
| Ambulance service   |   | X |
| Arch support- Supportive foot products prescribed by a doctor   |   | × |
| to treat a medical condition  |   | ^ |
| Artificial limbs  |   | X |
| Birth control pill- Prescribed birth control pills  |   | X |
| Birth control products – Over the counter items such as home pregnancy tests, condoms, and ovulation monitors. Prescribed devices such as diaphragms, IUD's and Norplant.   |   | Х |
| Blood donation – Costs associated with blood donation, including self-administered blood donations, storage fees, and processing fees.  |   | Х |
| Blood pressure monitors – Costs include electronic monitors and replacement blood pressure cuffs.   |   | Х |
| Body scans  |   | X |
| Breast pumps – pump prescribed by a doctor for a medical reason   |   | X |
| Chelation therapy- Therapy used to treat a medical condition, such as lead poisoning  |   | Х |
| Childbirth classes – Classes necessary to reduce pain during labor and delivery.  |   | X |
| Chiropractor – Treatment for a medical condition  |   | Х |
| Christian Science practitioner – Expenses paid to a practitioner for medical care   |   | Х |
| Diabetic suppliers  |   | X |
|   |   | X |
| Crutches  |   | X |
| Erectile dysfunctional – Prescription medication to treat a medical condition.  |   | X |
| Genetic testing- the analysis of an individual's DNA to gather information about an individual's ancestry, likelihood of passing along inherited health conditions, likely response to commonly prescribed medications, and genetic predisposition to a range of health conditions. |   | X |
| Health care supplies – band aids, gauze, elastic wraps and bandages, braces and supports  |   | Х |
| Hearing aids  |   | X |
| Hearing coinsurance- amounts not covered by your or your spouse's hearing plans.  |   | Х |
| Hearing copayments  |   | Х |
| Hearing deductibles   |   | X |
| Hearing expenses- costs include examinations and hearing aid  |   | Α |
| batteries   |   | X |
| Hearing reasonable/customary—amounts not paid by a hearing plan that exceed reasonable and customary limits   |   | X |
| Hearing-impaired phone tools- telephone equipment that allows a hearing-impaired person to communicate over a regular telephone   |   | Х |
| Hearing-impaired TV equipment- equipment that displays the audio part of television programs as subtitles for a hearing-impaired person.  |   | Х |
| Hospital care- Inpatient care, including the cost of a private room   | Fees for personal convenience items, such as a television, telephone, and concierge services are not eligible | X |
| Hypnosis- Hypnosis prescribed by a doctor for medical reasons   |   | X |
| Immunizations   |   | X |
| Infertility- treatments for infertility, including artificial insemination, invivo or in-vitro fertilization, embryo placement, egg and sperm storage, and ovulation monitors   |   | Х |

| Laboratam and constructions   | I                      | V                |
|---|------------------------|------------------|
| Laboratory and x ray fees   |                        | X                |
| Language training- training for a child with dyslexia or other learning disabilities. Fees for regular schooling aren't eligible  |                        | X                |
| Flu shots   |                        | X                |
|   |                        | ^                |
| Legal fees- fees paid to authorize treatment for mental illness, excluding guardianship or estate management fees   |                        | X                |
| Mastectomy- related products – examples include breast  |                        |                  |
| prosthesis and specialty bras.  |                        | Х                |
| Maternity care – service and supplies from doctors, midwives,   | 3D and 4D ultrasounds  |                  |
| clinics, hospitals, and laboratories  | are not eligible       | Х                |
| Medic alert identifications- bracelet or necklace prescribed by   | are not engine         |                  |
| a doctor in connection with treating a medical condition  |                        | X                |
| Medical coinsurance – amounts not covered by your medical   |                        |                  |
| plans   |                        | X                |
| Medical conference – admission and transportation costs   |                        | Х                |
| Medical equipment – cost to buy or rent durable equipment   |                        |                  |
| prescribed by a medical practitioner to alleviate or treat a  |                        | V                |
| medical condition. Includes medical beds, nebulizers, and   |                        | Х                |
| sleep therapy devices.  |                        |                  |
| Medical information- Amounts paid to a medical information  |                        | Х                |
| plan for storage and retrieval of medical information.  |                        | ^                |
| Medical reasonable/customary- amounts not paid by a medical   |                        | Χ                |
| plan that exceed reasonable and customary limits  |                        | ^                |
| Medical services – services provided by doctors, surgeons,  |                        | X                |
| specialists or other medical practitioners.   |                        | ^                |
| Medical suppliers- Over-the-counter items such as bandages,   |                        | X                |
| thermometers, and heating pads.   |                        | ^                |
| Mental health – includes psychoanalysis or amounts paid to a  |                        |                  |
| psychiatrist, psychologist, hospital, clinic, or mental health  |                        | X                |
| facility for medical care   |                        |                  |
| Nursing or retirement home fee- Fees for medical services.  |                        | V                |
| Example include fees for doctors, therapists, and other   |                        | Х                |
| medical practitioners.  | Home health care and   |                  |
| Nursing services – wages and other amounts paid for nursing services to a patient at home or in a facility, such as a nursing   | private duty nursing   |                  |
| home or rehabilitation center   | are eligible. Fees for |                  |
| nome of renablication center  | personal and           | X                |
|   | household services are |                  |
|   | not eligible.          |                  |
| Occupational therapy – therapy received as medical treatment  | Ĭ                      | Х                |
| Organ donor- surgical, hospital, laboratory, and transportation   |                        |                  |
| expenses for an organ donor, if you paid the donor's  |                        | X                |
| expenses.   |                        |                  |
| Oxygen or oxygen equipment – Costs for rental or purchased  |                        |                  |
| equipment to relieve breathing problems caused by a medical   |                        | X                |
|   |                        |                  |
| condition.  |                        |                  |
| Physical examinations- Routine physical examinations and  |                        | X                |
| Physical examinations- Routine physical examinations and related charges.   |                        | Х                |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment  |                        |                  |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.   |                        | X<br>X           |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use   |                        |                  |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  |                        | Х                |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed  |                        | Х                |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  |                        | X<br>X<br>X      |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  Prosthetics   |                        | X<br>X<br>X      |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  Prosthetics  Psychiatric care – medical costs for psychiatric care  |                        | X<br>X<br>X      |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  Prosthetics  Psychiatric care – medical costs for psychiatric care  Psychiatric expenses- Includes psychoanalysis or amounts  |                        | X<br>X<br>X      |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  Prosthetics  Psychiatric care – medical costs for psychiatric care  Psychiatric expenses- Includes psychoanalysis or amounts paid to a psychologist for medical care  |                        | X<br>X<br>X<br>X |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  Prosthetics  Psychiatric care – medical costs for psychiatric care  Psychiatric expenses- Includes psychoanalysis or amounts paid to a psychologist for medical care  Sales taxes- sales and service taxes on eligible medical care or          |                        | X<br>X<br>X<br>X |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  Prosthetics  Psychiatric care – medical costs for psychiatric care  Psychiatric expenses- Includes psychoanalysis or amounts paid to a psychologist for medical care  Sales taxes- sales and service taxes on eligible medical care or products |                        | X X X X X X X X  |
| Physical examinations- Routine physical examinations and related charges.  Physical therapy- therapy prescribed by a doctor as treatment for a medical condition.  Prenatal vitamins- Vitamins prescribed by a doctor for use during pregnancy  Prescription drugs- Exceptions may apply to drugs prescribed for cosmetic or general health purposes  Prosthetics  Psychiatric care – medical costs for psychiatric care  Psychiatric expenses- Includes psychoanalysis or amounts paid to a psychologist for medical care  Sales taxes- sales and service taxes on eligible medical care or          |                        | X X X X X X      |

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| treatment for a specific medical condition (such as autism,  |     |
| dyslexia, developmental delays, and rehabilitation   |     |
| Sterilization – Costs of sterilization (vasectomy or tubal   |     |
| ligation) and reversal of sterilization operations)  | X   |
| Stop-smoking program- prescription drugs and medical   |     |
| services to stop smoking.  | X   |
| , š  |     |
| Taxes – Social security and Medicare taxes paid for a nurse,   | X   |
| attendant, or other person who provides medical care.  | Λ   |
| UVR treatments – Ultraviolet radiation treatments  |     |
| recommended by a doctor for a medical condition, such as   | X   |
| chronic psoriasis  | ~   |
|  |     |
| Vaccinations- Amounts paid for vaccination or immunizations  | Y   |
| against disease.   | Λ   |
| Wheelchair   | X   |
| Work related medical expenses- costs for an accident or illness  |     |
| not covered by workers' compensation or another medical  | X   |
| plan.  | • • |
| pian.  |     |

| Potentially Eligible   | Additional Information  | Pre<br>deductible | Post deductible        |
|--|---|-------------------|------------------------|
| Acne products- products specifically marketed for and used to treat acne   | You must provide a prescription from a licenses health care professional. Products for general health purposes aren't eligible.   | deductible        | coinsurance amounts  X |
| Advance payments- 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                                      |                   | X                      |
| Allergy prevention products- Productions 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 symptoms. |                   | X                      |
| Automobile modifications – 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.  |                   | X                      |
| Birth control products – 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.   |                   | X                      |
| Braille books and magazines- 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                         |                   | X                      |
| Cosmetic services and products- those necessary to improve a deformity related to a congenital abnormality or an injury  | You must provide a statement of medical necessity from a licensed   |                   | X                      |

| resulting from an accident, trauma or disfiguring disease  | health care professional documenting the deformity, disfigurement or injury.   |   |
|--|--|---|
| Dietician services—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  | X |
| Disability construction costs – include constructing entrance or exit ramps, adding handrails or modifying stairways at a personal residence | You must provide a statement of medical necessity from a licensed health care professional documenting the disability  | Х |
| Disability equipment – 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  | Х |
| Ear wax removal materials- 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 a general health purposes are not eligible.   | X |
| Earplugs – 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 are not eligible. | X |
| Erectile dysfunction- nonprescription medication, herbal remedies, and nutritional supplements.  | You must provide a prescription from a licensed health care professional. Products for general health purposes are not eligible.   | X |
| Exercise equipment- 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 are not eligible.                        | X |
| Food (prescribed) – Foods prescribed by a doctor to treat a medical condition. Examples are specialty baby formula and lactose-free foods.   | You must provide a statement of medical necessity from a licenses health care professional describing the medical condition. You must also provide a receipt or advertisement with the process of the commonly                           | X |

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|---|---|---|
|   | available version of the food and a receipt for the prescribed food.  |   |
| Future payments- 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, and itemized bill indicating the service date is required for the expenses to be eligible.   | X |
| Health Club or YMCA dues- 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 prescribing 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. | X |
| Herbal remedies- 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 are not eligible.  | X |
| Human guide – 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   | X |
| Humidifiers- cost of portable units prescribed<br>by a doctor for treatment of a medical<br>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 are not eligible.  | X |
| Lodging- 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.   | X |
| Massage therapy- therapy prescribed by a doctor to treat an injury or trauma  | You must provide a statement of medical   | X |

| Mattresses- Mattresses prescribed by a   | 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 are not eligible.                       |   |
|--|--|---|
| doctor to treat a medical condition  | 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.                                      | X |
| Medical alert programs- 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.     | X |
| Mentally handicapped home- 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.    | X |
| Nursing services- 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   | You must provide a prescription from a licensed health care professional. Products for general health purposes are not eligible.   | X |
| Orthopedic shores and inserts- 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. | X |
| Over the counter medicine- 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 are not eligible.   | X |
| Pain relievers   | You must provide a prescription from a licensed health care  | Х |

|   | professional. Products for<br>general health purposes<br>aren't eligible.   |   |   |
|---|---|---|---|
| Personal use items- 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.  |   | X |
| School payments for disabled- 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.   |   | X |
| Service animals- 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   |   | X |
| Shipping – 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 are not eligible. |   | X |
| Stop-smoking program – Over the counter products used to stop smoking   | You must provide a prescription from a licensed health care professional. Products for general health purposes are not eligible.  |   | X |
| Sunglasses- nonprescription 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 are not eligible.   | X | X |

| Support hose- 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 described, and the length of treatment. | X |
|---|---|---|
| Transportation expenses – 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 are not eligible.  | X |
| Tutoring – 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.   | X |
| Umbilical cord storage – 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.  | X |
| Varicose vein surgery – Expenses associated with the removal of varicose veins, when prescribed by a doctor for treatment of a medical  | 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 are not eligible.  | X |
| Veneers – 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  | X |

|   | of treatment.  |   |
|---|--|---|
| Vitamins- 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 form a licensed health care professional. Products for general health purposes are not eligible.   | X |
| Weight Loss – 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 licenses health care professional describing the medical condition, the service or product prescribed, and the length of treatment. Services or products for general health purposes are not eligible. | X |
| Wigs – 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 cosmetic and general health purposes are not eligible.  | X |