



**Limited OTC (Over-the-Counter)
Health Care Reimbursement**

Send completed form and documentation to:
Aetna
PO Box 4000
Richmond, KY 40476-4000
Fax to: 1-888-238-3539 (1-888-AET-FLEX)

For the hearing impaired, call 1-877-703-5572 TDD/TTY

Preparing Your Claim Form

- Complete all sections below. Include an itemized purchase receipt for each OTC item.
- Retain copies for your files. Claim information cannot be returned.
- Do not highlight the form or enclosed information. Highlighting makes scanned and faxed documents difficult to read.
- As a participant, you have been assigned a unique **Identification Number** – 9 digits preceded with a “W”. If you do not know your W#, you can locate it on any of these sources – Explanation of Payment (EOP); Activity Statement (you may receive an activity statement at least once a year); Aetna Medical ID Card (if you have Aetna medical coverage); Member Services (call Member Services). **Note:** If you prefer, you can use your Social Security number in this field.
- We recommend that your **Total Amount Submitted** be a *minimum* request of **\$25**.

1. Employee Information

| | | | | |
|--|----------------------|-------|-------|---|
| Employee's Identification Number W | Employee's Last Name | First | MI | Daytime Telephone Number () - |
| Street Address | | City | State | Zip Code |

2. Employer Information

| | |
|---------------|----------------|
| Employer Name | Control Number |
|---------------|----------------|

3. Expense Information

| OTC Product Name (e.g., contact lens solution) | Date of Purchase (date each product was purchased) | Amount Submitted (amount paid for each product) |
|---|---|--|
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| Sales Tax (where applicable) | | \$ |
| Total Amount Submitted | | \$ |

4. Employee Certification

I certify that the expenses for which I am seeking reimbursement from the account have been incurred by me, or by an individual who qualifies as my spouse or my dependent under IRS guidelines. I further certify that these expenses have not been reimbursed, nor shall reimbursement be sought, from any other health plan coverage, including a Health Savings Account (HSA). I also certify that I have not, and will not, claim a tax deduction or credit for these expenses on my federal income tax return, or on my state or local income tax returns in violation of state or local law. I agree to submit and retain sufficient documentation for any expense for which I seek reimbursement.

Any person who knowingly, and with intent to defraud, files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime.

Sign Here ► Employee Signature _____ **Date** _____

See reverse side for examples of eligible expenses.

Over-the-Counter (OTC) Medical Expense Reimbursements

The list below is not intended to be all-inclusive, but is rather to answer frequently asked questions regarding OTC expenses for a Limited Spending Account. With a Limited account, only vision, dental and preventive care expenses are reimbursable while meeting your health plan deductible. Once you have met your deductible, your account may reimburse for all eligible expenses. Check your plan documents for any plan-specific limitations.

This list is subject to change per IRS rulings or interpretation changes. If you have questions about a claim, call Aetna toll free at the number on the front of this form.

| I. Eligible for Reimbursement While Meeting Your Deductible (i.e., Pre-Deductible Phase) |
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| Dental care (toothache relief, temporary filling, denture adhesive, etc.) |
| Eye care (contact lens solution, lubricant eye drops, eye patches, reading glasses, etc.) |
| Home diagnostic tests or kits (blood pressure, cholesterol screening, diabetes, colorectal cancer, HIV, urine test, thermometers, etc.) |
| Pre-natal vitamins – with doctor's note of medical necessity |
| Smoking-cessation relief (patches, gum, etc.) |
| Weight-loss products – with doctor's note of medical necessity |

| II. Post Deductible Phase - Eligible Medical Expenses reimbursable without prescription. |
|---|
| Bandages |
| Eye Care (contact lens solution, lubricant drops, patches) |
| Family planning (condoms, contraceptive creams, pregnancy test, ovulation predictor kits, etc.) |
| Home diagnostic tests or kits (blood pressure, cholesterol, diabetes, colorectal cancer, HIV, urine test, thermometers, etc.) |
| Incontinence products (Depends, Serenity pads, etc) |
| Joint-support bandages and hosiery, e.g., knee or elbow supports |
| Vaporizers and humidifiers |

| III. Post Deductible Phase- Eligible Medical Expenses for Reimbursement when prescribed by a licensed health care professional. <i><u>A Prescription is required with each request for reimbursement. The prescription must include the patient's name and be written, signed and dated by the licensed health care professional.</u></i> |
|--|
| Acid Controllers |
| Allergy & Sinus |
| Antibiotic Products |
| Anti-Diarrheals |
| Anti-Gas |
| Anti-Itch & Insect Bite |
| Antiparasitic Treatments |
| Baby Rash Ointments/Creams |
| Cold Sore Remedies |
| Cough, Cold & Flu |
| Digestive Aids |
| Feminine Anti-Fungal/Anti-Itch |
| Hemorrhoidal Preps |
| Laxatives |
| Motion Sickness |
| Pain Relief |
| Respiratory Treatments |
| Sleep Aids & Sedatives |
| Smoking Cessation Products |
| Stomach Remedies |

| IV. Not Reimbursable (merely beneficial to good health) |
|--|
| Cosmetics (makeup, lipstick, cotton swabs, cotton balls, baby oil, etc.) |
| Denture care (e.g., cleansers) |
| Hair care (color, shampoo, conditioner, brushes, hair-loss products e.g., Rogaine) |
| Nail care and personal grooming items (scissors, nail files, etc.) |
| Personal hygiene products (deodorant, soap, body powder, shaving cream, razors, feminine care, etc.) |
| Routine dental care (toothpaste, toothbrush, electric toothbrush, floss, mouthwash including antibacterial mouthwash and fluoride rinse, breath strips, teeth-whitening, etc.) |
| Vitamins and Supplements or other homeopathic medicines (may be eligible with evidence of medical necessity) |
| Skin care (facial cleanser, skin and body moisturizing lotion, etc.) |