

PERSONAL CHOICE ACCOUNT

Flexible Benefits Administration

PO Box 3199
Portland, Oregon 97208-3199
503-412-5688 – Local
800-334-4340 – Toll-Free
503-225-5353 – 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 | • Insulin | • Vision Impaired Equipment (some limits) | • Anti-gas Medication |
| • Ambulance Hire | • Laboratory Fees | • Surgical Fees | • Aspirin |
| • Artificial limbs/ Prosthesis | • Massage Therapy (some limitations) | • Therapeutic Care for Drug and Alcohol Treatment | • Cold Sore and Fever Blister |
| • Birth Control Pills | • Medical Monitoring and Testing Devices | • Therapy Treatments | • Cold and Cough Medications |
| • Birth Prevention Surgery | • Mental Health Costs | • Transportation Expenses for Rendition of Medical Services | • Contact Lens Solution |
| • Braces | • Naturopathic Doctor Fees | • Vision Care (Eyeglasses, Contact Lenses and Solution, Prescription Sunglasses) | • Decongestant |
| • Chiropractor | • Obstetrical Expenses (some limits) | • Wheelchair | • Diaper Rash Ointment |
| • Co-pay | • Orthodontia (special limits) | • Wigs | • Enemas-Medicated |
| • Crutches | • Oxygen | • X-rays | • Eye Drops |
| • Deductibles | • Physician Fees | | • Foot Powders-Medicated |
| • Dental Fees | • Prescribed Medicines | | • Flu Medications |
| • Dentures | • Psychiatric Care and Fees | | • Hemorrhoid Creams |
| • Diabetic Supplies | • Routine Physical and Non-Diagnostic Services and Treatments | Over The Counter Expenses: | • Laxative |
| • Diagnostic Fees | • Seeing-eye Dog and Upkeep (some limits) | • Allergy Medications | • Nasal Spray |
| • Elective Surgery (non-cosmetic) | • Hearing Impaired Equipment (some limits) | • Antacids | • Pain Relievers |
| • Fee of Practical Nurse | | • Antibiotic Ointments | • Smoking Cessation |
| • Hearing Devices and Batteries | | • Arthritis Cream | • Patches/ Gums |
| • Home Improvements Motivated by Medical Consideration | | • Anti-itch Cream/Lotion | • Sunburn Ointment |
| • Hospital Charges | | • Anti-diarrhea Medication | • Toothache and Teething Pain |