

# PERSONAL CHOICE ACCOUNT

Flexible Benefits Administration

*This is not an exhaustive list. The presence of an item on this list does not guarantee reimbursement. This list is not legally binding. Please contact PCA for clarification if necessary. Regarding over the counter items, quantities must be reasonably used by the participant and their family within the plan year.*

	Generally Yes	Generally No	Notes	Requires <u>Letter of Medical Necessity</u> ( See more information in our Knowledge Center )
Acne Treatment	x		To treat a medical condition	Yes
Adaptive Equipment	x		Some Limits - <u>Contact PCA</u>	Yes
Air Conditioner		x	Some Limits - <u>Contact PCA</u>	Yes
Air Purifier		x	Some Limits - <u>Contact PCA</u>	Yes
Breast Pump		x	Some Limits - <u>Contact PCA</u>	Yes
Dietary Substitutes		x	Some Limits - <u>Contact PCA</u>	Yes
Dietary Supplements		x	Some Limits - <u>Contact PCA</u>	Yes
Home Improvements	x		Some Limits - <u>Contact PCA</u>	Yes
Humidifier	x		To treat a medical condition	Yes
Hypnosis	x		To treat a medical condition	Yes
Massage Therapy	x		To treat a medical condition	Yes
Supplements	x		Some Limits - <u>Contact PCA</u>	Yes
Weight Loss Programs	x		Some Limits - <u>Contact PCA</u>	Yes