



## Know Your Health Care FSA Eligible and Ineligible Expenses

**Maximize the Value of Your Reimbursement Account** - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

### Eligible Expenses

#### BABY/CHILD TO AGE 13

- Lactation Consultant\*
- Lead-Based Paint Removal
- Special Formula\*
- Tuition: Special School/Teacher for Disability or Learning Disability\*
- Well Baby /Well Child Care

#### DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

#### EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

#### HEARING

- Hearing Aids and Batteries
- Hearing Exams

#### LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

#### MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment\*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment\*
- Hospital Beds\*
- Mattresses\*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs\*

#### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment\*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation\*

#### MEDICATIONS

- Insulin
- Prescription Drugs

#### OBSTETRICS

- Breast Pumps and Lactation Supplies
- Doulas\*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

#### PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

#### THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs\*
- Hypnosis
- Massage\*
- Occupational
- Physical
- Smoking Cessation Programs\*
- Speech
- Weight Loss Programs\*

**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Letter of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

#### Ineligible Expenses

- |                                      |   |                                |
|--------------------------------------|---|--------------------------------|
| ■ Contact Lens or Eyeglass Insurance | ■ Insurance Premiums and Interest (FSA Ineligible Only) | ■ Personal Trainers            |
| ■ Cosmetic Surgery/Procedures        | ■ Long Term Care Premiums (FSA Ineligible Only)         | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis                       | ■ Marriage or Career Counseling                         | ■ Swimming Lessons             |

*Note: This list is not meant to be all-inclusive.*

**Please Note:** The IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

#### Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- |                                 |  |   |
|---------------------------------|--|---|
| ■ Acid controllers              | ■ Cough, cold & flu                            | ■ Laxatives (non-fiber)                             |
| ■ Acne medications              | ■ Denture pain relief                          | ■ Medicated nasal sprays, drops, & inhalers         |
| ■ Allergy & sinus               | ■ Digestive aids                               | ■ Medicated respiratory treatments & vapor products |
| ■ Antibiotic products           | ■ Ear care                                     | ■ Motion sickness                                   |
| ■ Antifungal (Foot)             | ■ Eye care                                     | ■ Oral remedies or treatments                       |
| ■ Antiparasitic treatments      | ■ Feminine antifungal & anti-itch              | ■ Pain relief (includes aspirin)                    |
| ■ Antiseptics & wound cleansers | ■ Fiber laxatives (bulk forming)               | ■ Skin treatments                                   |
| ■ Anti-diarrheals               | ■ First aid burn remedies                      | ■ Sleep aids & sedatives                            |
| ■ Anti-gas                      | ■ Foot care treatment                          | ■ Smoking deterrents                                |
| ■ Anti-itch & insect bite       | ■ Hemorrhoidal preps                           | ■ Stomach remedies                                  |
| ■ Baby rash ointments & creams  | ■ Homeopathic remedies                         | ■ Unmedicated vapor products                        |
| ■ Baby teething pain            | ■ Incontinence protection & treatment products |   |
| ■ Cold sore remedies            |  |   |
| ■ Contraceptives                |  |   |

OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

#### Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- |  |  |   |
|--|--|---|
| ■ <b>Baby Electrolytes and Dehydration</b><br>Pedialyte, Enfalyte  | ■ <b>Elastics/Athletic Treatments</b><br>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts | ■ <b>Home Health Care (limited segments)</b><br>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs |
| ■ <b>Contraceptives</b><br>Unmedicated condoms   | ■ <b>Eye Care</b><br>Contact lens care   | ■ <b>Incontinence Products</b><br>Attends, Depend, GoodNites for juvenile incontinence, Prevail   |
| ■ <b>Denture Adhesives, Repair, and Cleansers</b><br>PoliGrip, Benzodent, Plate Weld, Efferdent                | ■ <b>Family Planning</b><br>Pregnancy and ovulation kits   | ■ <b>Nasal Care</b><br>Saline Nasal Spray   |
| ■ <b>Diabetes Testing and Aids</b><br>Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products | ■ <b>First Aid Dressings and Supplies</b><br>Band Aid, 3M Nexcare, non-sport tapes   | ■ <b>Prenatal Vitamins</b><br>Stuart Prenatal, Nature's Bounty Prenatal Vitamins  |
| ■ <b>Diagnostic Products</b><br>Thermometers, blood pressure monitors, cholesterol testing                     | ■ <b>Foot Care Treatment</b><br>Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles     | ■ <b>Reading Glasses and Maintenance Accessories</b>  |
| ■ <b>Ear Care</b><br>Unmedicated ear drops, syringes, ear wax removal  | ■ <b>Glucosamine &amp;/or Chondroitin</b><br>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements                        |   |
|  | ■ <b>Hearing Aid/Medical Batteries</b>   |   |

For additional information, please contact your Plan Administrator.