

HEALTH CARE FLEXIBLE SPENDING ACCOUNT

Examples of Eligible and Ineligible Expenses under a Health Care Flexible Spending Account*

*The following lists give you a general overview of qualified and non-qualified medical expenses. These lists are not all-inclusive and are subject to change by the IRS. The IRS defines qualified medical expenses as amounts paid for the "diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." Qualified medical expenses are eligible for reimbursement through your FSA as long as they are not reimbursed through insurance or any other source.

Dental Services/Vision Services

- ✓ Artificial Teeth
- ✓ Contact Lenses
- ✓ Crowns/Bridges
- ✓ Dental Implants
- ✓ Dental Sealants
- ✓ Dental X-rays
- ✓ Dentures
- ✓ Exams/Teeth Cleaning
- ✓ Extractions
- ✓ Eye Exam
- ✓ Fillings
- ✓ Glasses
- ✓ Occlusal Guards
- ✓ Oral Surgery
- ✓ Orthodontia***
- ✓ Prescription Sunglasses
- ✓ Reading Glasses

Lab Exams/Tests

- ✓ Blood Tests
- ✓ Body Scan
- ✓ Cardiograph
- ✓ Colonoscopy
- ✓ CT Scan
- ✓ Diagnostic
- ✓ Echocardiogram
- ✓ EKG
- ✓ Endoscopy
- ✓ Fluoroscopy
- ✓ Laboratory Fees
- ✓ Metabolism Tests
- ✓ MRI
- ✓ PET Scan
- ✓ Sweat Tests
- ✓ Ultrasound
- ✓ Urine/Stool Analyses
- ✓ X-rays

Medications

- ✓ Prescription Drugs

Obstetric Services

- ✓ Childbirth Classes (Lamaze)
- ✓ Lactation Consultant
- ✓ Midwife Expenses
- ✓ OB/GYN Exams
- ✓ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- ✓ Pre-natal Medical Ultrasound
- ✓ Pre-natal and Post-Natal Treatment

Other Medical Treatments or Procedures

- ✓ Abortion (legal)
- ✓ Acupuncture
- ✓ Alcoholism (inpatient treatment)
- ✓ Ambulance Services
- ✓ Anesthesiology
- ✓ Breast Reconstruction Surgery
- ✓ Cancer Screening
- ✓ Clinical Trials
- ✓ Counseling (individual)
- ✓ Dialysis
- ✓ Drug Addiction Treatment
- ✓ Gastric Bypass Surgery
- ✓ Genetic Testing
- ✓ Hearing Exams
- ✓ Hospital Services
- ✓ Infertility
- ✓ In-vitro Fertilization
- ✓ Lasik/Laser and Vision Correction
- ✓ Norplant Insertion or Removal
- ✓ Patterning Exercises
- ✓ Physical Examination (if not employment/sports related)
- ✓ Physical /Occupational Therapy
- ✓ Roling
- ✓ Smoking Cessation Programs
- ✓ Speech Therapy
- ✓ Sterilization
- ✓ Transplants (including organ donor)
- ✓ Tubal Ligation
- ✓ Vaccinations/Immunizations
- ✓ Vasectomy
- ✓ Well Baby Care

Practitioners

- ✓ Allergist
- ✓ Cardiologist
- ✓ Chiropractor
- ✓ Dermatologist
- ✓ Endocrinologist
- ✓ Gastroenterologist
- ✓ Genetic Counselor
- ✓ Homeopath
- ✓ Naturopath
- ✓ Nephrologist
- ✓ Nurse Practitioner
- ✓ Oncologist
- ✓ Ophthalmologist/Optomtrist
- ✓ Osteopath
- ✓ Physician (licensed medical professional)
- ✓ Physician Assistant
- ✓ Psychiatrist / Psychologist

Over the Counter Drugs

- ✓ Acid Controllers
- ✓ Acne Medications
- ✓ Allergy & Sinus Medications
- ✓ Antacids
- ✓ Analgesics
- ✓ Anti-Diarrheal Medication
- ✓ Anti-Gas Products
- ✓ Anti-Itch & Insect Bite Creams
- ✓ Antihistamines
- ✓ Antibiotic Ointments
- ✓ Aspirin
- ✓ Baby Rash Ointments & Creams
- ✓ Birth Control & Contraceptive Pills
- ✓ Cold Sore Remedies
- ✓ Cough, Cold & Flu Medicines
- ✓ Decongestants
- ✓ Digestive Aids
- ✓ Eczema Treatments
- ✓ Expectorants
- ✓ Feminine Anti-Fungal Treatments
- ✓ Fever Reducing medications
- ✓ First Aid Creams
- ✓ Glucosamine & Chondroitin
- ✓ Headache medications
- ✓ Hemorrhoidal Preparations
- ✓ Laxatives
- ✓ Lip Products, medicated
- ✓ Menstrual Pain Relievers
- ✓ Motion Sickness Medications
- ✓ Pain Relievers
- ✓ Prenatal Vitamins
- ✓ Respiratory Treatments
- ✓ Sleep Aids and Sedatives
- ✓ Stomach Remedies
- ✓ Throat Lozenges
- ✓ Toothache Relievers
- ✓ Visine and other Eye Drops
- ✓ Wart Removal
- ✓ Yeast Infection Medications

Other Medical Equipment,

Supplies and Services

- ✓ Abdominal/Back Supports
- ✓ Automated External Defibrillator
- ✓ Blood Pressure Monitoring devices
- ✓ Blood Sugar Test Kits and supplies
- ✓ Braille Books and Magazines
- ✓ Breast Pumps and Lactation supplies
- ✓ Carpal Tunnel Wrist supports
- ✓ Compression Hose/Stockings
- ✓ Contact Lens Supplies

Other Medical Equipment, Supplies and Services (cont'd)

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| ✓ Cold/hot packs for injuries | ✓ Heart Rate Monitor | ✓ Oxygen Equipment |
| ✓ Condoms | ✓ Heating Pads | ✓ Pedialyte/Rehydration solutions |
| ✓ CPAP Devices | ✓ Hospital Bed | ✓ Pregnancy test kits |
| ✓ Crutches | ✓ Incontinence supplies | ✓ Prosthesis |
| ✓ Denture Adhesives | ✓ Insulin | ✓ Rubbing alcohol |
| ✓ Diabetic Supplies | ✓ Learning Disability (special school/teacher) | ✓ Splints/Casts |
| ✓ Durable Medical Equipment | ✓ Lodging for Medical Care (limited) | ✓ Sunscreen (SPF 15 or higher) |
| ✓ Ear Wax Removal Treatments | ✓ Mastectomy related bra | ✓ Support Braces |
| ✓ Elastic Bandages | ✓ Medic Alert Bracelet or Necklace | ✓ Syringes |
| ✓ Erectile Dysfunction Treatment | ✓ Medical Records Charges | ✓ Thermometers |
| ✓ Feminine Hygiene Products | ✓ Menstrual Products | ✓ Transportation Expenses (essential to medical care) |
| ✓ First aid kits | ✓ Motion Sickness Wristbands | ✓ Tuition Fee at Special School for Disabled Child |
| ✓ Flu Shots | ✓ Nasal strips or sprays | ✓ Walkers |
| ✓ Glucose monitoring Equipment | ✓ Neti Pot | ✓ Wheelchair |
| ✓ Guide Dog (for visually/hearing impaired person), Care and Training | ✓ Nicotine gum, lozenges or patches for smoking cessation purposes | |
| ✓ Hearing Aids and Batteries | ✓ Ostomy, Colostomy Supplies | |
| | ✓ Ovulation Monitor | |

Other items that may be covered when accompanied by a medical practitioner's note or prescription. Items must be used to treat a specific medical condition of limited duration:

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| ✓ Capital Expenses | ✓ Hormone Replacement Therapy | ✓ Probiotics |
| ✓ Cosmetic Surgery-covered only when treating a congenital abnormality, a personal injury resulting from an accident or trauma or disfiguring disease | ✓ Humidifier | ✓ Supplements treating a medical condition |
| ✓ Dietary or herbal medicines to treat a specific medical condition | ✓ Massage Therapy | ✓ Temporary Cord Blood Storage (when used) |
| ✓ Ear Plugs | ✓ Medicated shampoos and soaps, for a specific scalp/skin infection | ✓ Temporary Egg and Sperm Storage |
| ✓ Equipment related to physical/mental handicaps. | ✓ Nutritionist | ✓ Toothpaste (prescription only) |
| ✓ Fiber supplements to treat a specific medical condition | ✓ Orthopedic shoes, Arch Supports and inserts (for orthopedic shoes, you can only be reimbursed for the extra cost over buying non-orthopedic shoes) | ✓ Varicose Vein Treatment |
| ✓ Gym or Health club monthly fee | ✓ Personal Trainer | ✓ WaterPik/Electric Flosser |
| | ✓ Pills for persons who are lactose intolerant | ✓ Weight loss drugs to treat a specific disease |
| | | ✓ Weight loss program fees |
| | | ✓ Wigs (hair loss due to disease) |

Claims substantiation: The participant must submit adequate claim substantiation. The receipt must state the name of the medicine or drug, the purchase date and the amount paid. The participant must sign the reimbursement form indicating that the claim was for the individual, their spouse, or eligible dependent. Where a physician's note is required, it must state the precise medical condition.

Items that are NOT eligible for reimbursement under a Health Care Flexible Spending Account:

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| ✓ Baby Formula | ✓ Exercise Equipment for General Health | ✓ Newborn Care Classes |
| ✓ Breast implants (cosmetic) | ✓ Facial Creams and Cleansers | ✓ Nursing Pillows |
| ✓ Burial Expenses | ✓ Finance Charges | ✓ Personal hygiene products |
| ✓ CBD Products | ✓ Home Drug Testing Kits | ✓ Prepayments for Services |
| ✓ COBRA Premiums | ✓ Hot Tubs/Jacuzzis | ✓ Propecia and Rogaine for cosmetic hair growth |
| ✓ Concierge, Boutique or Practice Fees | ✓ Household Help | ✓ Special foods |
| ✓ Cosmetic Surgery | ✓ Illegal operations, treatments and medications, including medications obtained illegally | ✓ Sports Drinks |
| ✓ Cosmetics | ✓ Items paid or payable by insurance | ✓ Suntan lotion |
| ✓ CPR Classes | ✓ Insurance Premiums | ✓ Tanning Salon |
| ✓ Dehumidifier | ✓ Lactation Food Items | ✓ Toiletries |
| ✓ Dental Whitening or Bleaching | ✓ Late Fees | ✓ Toothpaste |
| ✓ Diet Foods | ✓ Marriage/Relationship Counseling | ✓ Toothbrushes (electric or otherwise) |
| ✓ Dietary supplements | ✓ Maternity Clothes | ✓ Ultrasound, Voluntary Pre-Natal |
| ✓ Discount Plan Expenses | ✓ Mattresses | ✓ Veneers |
| ✓ Ear Piercing | ✓ Medical Marijuana | ✓ Vision Discount Program Cost |
| ✓ Educational Classes | ✓ Missed Appointment Fees | ✓ Warranties for glasses or other medical devices |
| ✓ Electrolysis and other Hair Removal | ✓ Moisturizers | |

*Updated 11/29/2023. For the most up-to-date information, please visit: <https://www.irs.gov/publications/p969> for rules regarding Flexible Spending Arrangements and <https://www.irs.gov/pub/irs-pdf/p502.pdf> for Qualifying Medical Expenses

Whose Medical Expenses can I Reimburse?

You can generally include medical expenses you pay for yourself as well as those you pay for someone who was your spouse, qualifying child or qualifying relative when the product or services were acquired. ***Domestic partners do not qualify for reimbursement unless they are a qualifying relative.***

- A *qualifying child* is an individual who (a) bears a specified relationship to the employee (relationship test); (b) has the same principal abode as the employee for more than half of the year (residency test); (c) meets certain age requirements (age test); (d) has not provided more than half of his or her own support for the year (limited self-support test); and (5) has not filed a joint tax return (other than only for claim of refund) with his or her spouse for the year (marital/tax filing status test).
- A *qualifying relative* is an individual (a) who bears a specified relationship to the employee (relationship test); (b) whose gross income is less than the exemption amount in Code §151(d) (income test); (c) with respect to whom the employee provides over half of the individual's support (support test); and (d) who is not anyone's qualifying child.
- *Individuals Who Generally Are Ineligible Under Code §152.* An individual generally will not be a Code §152 dependent if he or she is a dependent of a Code §152 dependent, a married dependent filing a joint tax return, or a citizen or national of a country other than the United States.

Orthodontia Special Note:

As orthodontia treatment typically spans over a period of years, individuals are often charged an initial, up-front payment and then must make periodic payments over the rest of the treatment period. FSA reimbursement is based on service date(s), therefore **the expense must be claimed within the active treatment period**. The contract Start Date and estimated Length of Treatment are required to determine the amount eligible for reimbursement within the FSA plan year.

If orthodontic contract does not indicate insurance information, we will require you to submit the lifetime maximum for orthodontia from insurance carrier.