

# Know Your Health Care FSA Eligible and Ineligible Expenses

Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses that qualify as federal income tax deductions under Section 213(d) of the Internal Revenue Code ("IRC").

Health Care FSA dollars can be used to reimburse you for medical and dental expenses incurred by you, your spouse
or eligible dependents (children, siblings, parents and other dependents which are defined in your Plan
Documents).

IMPORTANT: The IRS defines which medical expenses are eligible under a tax-deferred account. Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Health Care FSA plan. If you are unsure of what your Health Care FSA dollars may be used for, please contact your Plan Administrator.

Here are two sample lists of expenses currently **eligible** and **not eligible** by the Internal Revenue Service ("IRS"). These lists are not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.

# **Sample List of 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

#### **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\*

#### **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



# **Sample List of Eligible Expenses**

#### **HEARING**

- Hearing Aids and Batteries
- Hearing Exams

## LAB EXAMS/TESTS

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

#### **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\*

#### **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 Note 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.

# Sample List of Eligible Over-the-Counter Items

# **BABY ELECTROLYTES & DEHYDRATION**

- Pedialyte
- Enfalyte

# **CONTRACEPTIVES**

Unmedicated condoms

#### **DENTURE ADHESIVES, REPAIR, & CLEANSERS**

- PoliGrip
- Benzodent
- Plate Weld
- Efferdent

# **DIABETES TESTING & AIDS**

- Ascencia
- One Touch
- Diabetic Tussin
- Insulin Syringes
- Glucose Products

### **DIAGNOSTIC PRODUCTS**

- Thermometers
- Blood Pressure Monitors
- Cholesterol Testing

# **EAR CARE**

- Unmedicated Ear Drops
- Syringes
- Ear Wax Removal

# **ELASTICS/ATHLETIC TREATMENTS**

- ACE
- Elastic Bandages
- Braces
- Hot/Cold Therapy
- Orthopedic Supports
- Rib Belts

# **EYE CARE**

Contact Lens Care

## **FAMILY PLANNING**

- Pregnancy Test
- Ovulation Kits

### **FIRST AID DRESSINGS & SUPPLIES**

- Band Aid
- 3M Nexcare
- Non-Sport Tapes

### **FOOT CARE TREATMENT**

- Unmedicated Corn/Callus Treatments
- Devices
- Therapeutic Insoles

# **GLUCOSAMINE AND/OR CHONDROITIN**

- Osteo-Bi-Flex
- Cosamin D
- Flex-a-min Nutritional Supplements

# **HEARING AID/ MEDICAL BATTERIES**

#### **HOME HEALTH CARE (limited segments)**

- Walking Aids
- Ecubitis/Pressure Relief
- Enteral/Parenteral Feeding Supplies
- Patient Lifting Aid
- Orthopedic Braces/Supports
- Splints & Casts
- Hydrocollators
- Nebulizers
- Unmedicated Wound Care
- Wheel Chairs

#### **INCONTINENCE PRODUCTS**

- Attends
- Depend
- GoodNites for Juvenile Incontinence
- Prevail

## **NASAL CARE**

Saline Nasal Spray

## **PRENATAL VITAMINS**

- Stuart Prenatal
- Nature's Bounty
- Prenatal Vitamins

# READING GLASSES & MAINTENANCE ACCESSORIES



**Please Note:** Currently, 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.

Sample List of Ineligible Expenses							
:	Contact Lens or Eyeglass Insurance Cosmetic Surgery/Procedures Electrolysis	:	Marriage or Career Counseling Swimming Lessons	i	Personal Trainers Sunscreen (spf less than 30)		

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

**Please Note:** Currently, 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.

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

Sa	mpie List of meligible Over-the-Cou	nte	r Medicines and Drugs (unless presc	ribe	d 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 &
	Antibiotic Products		Ear Care		Vapor Products
	Antifungal (Foot)		Eye Care		Motion Sickness
	Antiphrastic Treatments		Feminine Antifungal & Anti-itch		Oral Remedies or Treatments
	Antiseptics & Wound Cleansers		Fiber Laxatives (bulk forming)		Pain Relief (includes aspirin)
	Anti-diarrhea's	•	First Aid Burn Remedies		Skin Treatments
	Anti-gas	•	Foot Care Treatment		Sleep Aids & Sedatives
	Anti-itch & Insect Bite	•	Hemorrhoidal Preps		Smoking Deterrents
	Baby Rash Ointments & Creams	-	Homeopathic Remedies		Stomach Remedies
	Baby Teething Pain		Incontinence Protection & Treatment		Unmedicated Vapor Products
	Cold Sore Remedies		Products		
	Contraceptives				
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As of January 1, 2011 eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will **only** be eligible for reimbursement from your Health Care FSA with a physician's prescription that includes his or her address and license number, as stated in <u>IRS Notice 2010-59</u>. The only exception is insulin - which will not require a prescription.