



## Know Your Health Care Eligible and Ineligible Expenses

*Maximize the Value of Your Reimbursement Account* - Your Health Care Flexible Spending Account (FSA) and Health Savings Account (HSA) 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 and HSA 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. If you are unsure of what your Health Care FSA dollars may be used for, please contact your Plan Administrator.

Here is a sample list of expenses currently eligible and not eligible by the Internal Revenue Service ("IRS") as deductible medical expenses. This list is 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 (Cont.) **HEARING** MEDICAL PROCEDURES/SERVICES THERAPY Alcohol and Drug Addiction Hearing Aids and Batteries Acupuncture Hearing Exams Alcohol and Drug/Substance Abuse Counseling (not marital or career) (inpatient treatment and outpatient care) Exercise Programs\* LAB EXAMS/TESTS Ambulance Hypnosis Blood Tests and Metabolism Tests Fertility Enhancement and Treatment Massage\* Body Scans Hair Loss Treatment\* Occupational Cardiograms Hospital Services Physical Laboratory Fees Immunization Smoking Cessation Programs\* X-Rays In Vitro Fertilization Speech **Physical Examination** Weight Loss Programs\* (not employment-related) Reconstructive Surgery (due to a congenital defect, accident, or medical treatment) Service Animals Sterilization/Sterilization Reversal Transplants (including organ donor) Transportation\*

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 may 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.

<u>Please Note</u>: As of January 1, 2020 eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will be eligible for reimbursement from your Health Care FSA and Health Savings Account.

### Sample List of Eligible Over-the-Counter (OTC) Medicines and Drugs

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiphrastic treatments
- Antiseptics & wound cleansers
- Anti-diarrhea's
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives

- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products

- Laxatives (non-fiber)
- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Menstrual care products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated vapor products

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

- Baby Electrolytes and Dehydration Pedialyte, Enfalyte
- Contraceptives
   Unmedicated condoms
- Denture Adhesives, Repair, and Cleansers
   PoliGrip, Benzodent, Plate Weld, Efferdent
- Diabetes Testing and 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, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- Eye Care
   Contact lens care
   Family Planning
- Pregnancy and ovulation kits
- First Aid Dressings and Supplies Band Aid, 3M Nexcare, non-sport tapes
- Foot Care Treatment
   Unmedicated corn and callus treatments
   (e.g., callus cushions), devices,
   therapeutic insoles
- Glucosamine &/or Chondroitin
   Osteo-Bi-Flex, Cosamin D,
   Flex-a-min Nutritional Supplements
- Hearing Aid/Medical Batteries

- Home Health Care (limited segments) 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
- 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 and Maintenance Accessories

<u>Please Note</u>: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HSAs 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

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

For a complete up-to-date list of FSA Eligible Products & Services please reference the FSAStore.com.