

# Health Care FSA Eligible Expenses

<p><b>BABY/CHILD TO AGE 13</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lactation Consultant*</li> <li><input type="checkbox"/> Lead-Based Paint Removal</li> <li><input type="checkbox"/> Special Formula*</li> <li><input type="checkbox"/> Tuition: Special School/Teacher for Disability or Learning Disability*</li> <li><input type="checkbox"/> Well Baby /Well Child Care</li> </ul> <p><b>DENTAL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dental X-Rays</li> <li><input type="checkbox"/> Dentures and Bridges</li> <li><input type="checkbox"/> Exams and Teeth Cleaning</li> <li><input type="checkbox"/> Extractions and Fillings</li> <li><input type="checkbox"/> Oral Surgery</li> <li><input type="checkbox"/> Orthodontia (reimbursable after payment)</li> <li><input type="checkbox"/> Periodontal Services</li> </ul> <p><b>EYES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eye Exams</li> <li><input type="checkbox"/> Eyeglasses and Contact Lenses</li> <li><input type="checkbox"/> Laser Eye Surgeries</li> <li><input type="checkbox"/> Prescription Sunglasses</li> <li><input type="checkbox"/> Radial Keratotomy</li> </ul> <p><b>HEARING</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hearing Aids and Batteries</li> <li><input type="checkbox"/> Hearing Exams</li> </ul> <p><b>LAB EXAMS/TESTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Tests and Metabolism Tests</li> <li><input type="checkbox"/> Body Scans</li> <li><input type="checkbox"/> Cardiograms</li> <li><input type="checkbox"/> Laboratory Fees</li> <li><input type="checkbox"/> X-Rays</li> </ul>	<p><b>MEDICAL EQUIPMENT/SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air Purification Equipment*</li> <li><input type="checkbox"/> Arches and Orthotic Inserts</li> <li><input type="checkbox"/> Contraceptive Devices</li> <li><input type="checkbox"/> Crutches, Walkers, Wheel Chairs</li> <li><input type="checkbox"/> Exercise Equipment*</li> <li><input type="checkbox"/> Hospital Beds*</li> <li><input type="checkbox"/> Mattresses*</li> <li><input type="checkbox"/> Medic Alert Bracelet or Necklace</li> <li><input type="checkbox"/> Nebulizers</li> <li><input type="checkbox"/> Orthopedic Shoes*</li> <li><input type="checkbox"/> Oxygen*</li> <li><input type="checkbox"/> Post-Mastectomy Clothing</li> <li><input type="checkbox"/> Prosthetics</li> <li><input type="checkbox"/> Syringes</li> <li><input type="checkbox"/> Wigs*</li> </ul> <p><b>MEDICAL PROCEDURES/SERVICES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Acupuncture</li> <li><input type="checkbox"/> Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)</li> <li><input type="checkbox"/> Ambulance</li> <li><input type="checkbox"/> Fertility Enhancement and Treatment</li> <li><input type="checkbox"/> Hair Loss Treatment*</li> <li><input type="checkbox"/> Hospital Services</li> <li><input type="checkbox"/> Immunization</li> <li><input type="checkbox"/> In Vitro Fertilization</li> <li><input type="checkbox"/> Physical Examination (not employment-related)</li> <li><input type="checkbox"/> Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)</li> <li><input type="checkbox"/> Service Animals</li> <li><input type="checkbox"/> Sterilization/Sterilization Reversal</li> <li><input type="checkbox"/> Transplants (including organ donor)</li> <li><input type="checkbox"/> Transportation to Medical Facility</li> </ul>	<p><b>MEDICATIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insulin</li> <li><input type="checkbox"/> Prescription Drugs</li> </ul> <p><b>OBSTETRICS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Doulas*</li> <li><input type="checkbox"/> Lamaze Class</li> <li><input type="checkbox"/> OB/GYN Exams</li> <li><input type="checkbox"/> OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)</li> <li><input type="checkbox"/> Pre- and Postnatal Treatments</li> </ul> <p><b>PRACTITIONERS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Allergist</li> <li><input type="checkbox"/> Chiropractor</li> <li><input type="checkbox"/> Christian Science Practitioner</li> <li><input type="checkbox"/> Dermatologist</li> <li><input type="checkbox"/> Homeopath</li> <li><input type="checkbox"/> Naturopath*</li> <li><input type="checkbox"/> Optometrist</li> <li><input type="checkbox"/> Osteopath</li> <li><input type="checkbox"/> Physician</li> <li><input type="checkbox"/> Psychiatrist or Psychologist</li> </ul> <p><b>THERAPY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol and Drug Addiction</li> <li><input type="checkbox"/> Counseling (not marital or career)</li> <li><input type="checkbox"/> Exercise Programs*</li> <li><input type="checkbox"/> Hypnosis*</li> <li><input type="checkbox"/> Massage*</li> <li><input type="checkbox"/> Occupational</li> <li><input type="checkbox"/> Physical</li> <li><input type="checkbox"/> Smoking Cessation Programs*</li> <li><input type="checkbox"/> Speech</li> <li><input type="checkbox"/> Weight Loss Programs*</li> </ul>
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Please Note: **The IRS will not allow 'OTC medicines or drugs' to be purchased with Health Care FSA or HRA funds unless accompanied by a prescription.** The following is a high level list of Over-the-Counter (OTC) items that clearly are not medicine or drugs and **are eligible** for purchase with Health Care FSA Plans.

<p><b>Antiseptics, Wound Cleaners</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol, peroxide, Epsom salt,</li> </ul> <p><b>Baby Electrolytes</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pedialyte, Enfalyte</li> </ul> <p><b>Denture Adhesives, Repair, and Cleaners</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PoliGrip, Benzodent, Efferdent</li> </ul> <p><b>Diabetes Testing and Aids</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</li> </ul>	<p><b>Diagnostic Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Thermometers, blood pressure monitors, cholesterol testing</li> </ul> <p><b>Elastics/Athletic Treatments</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</li> </ul> <p><b>Eye Care</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Contact lens care</li> </ul> <p><b>Family Planning</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pregnancy and ovulation kits</li> </ul>	<p><b>First Aid Dressings and Supplies</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Band Aid, 3M Nexcare, non-sport tapes</li> </ul> <p><b>Hearing Aid/Medical Batteries</b></p> <p><b>Incontinence Products</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Attends, Depend, GoodNites for juvenile incontinence</li> </ul> <p><b>Reading Glasses and Maintenance Accessories</b></p>
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*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.*