

## Eligible Expenses for Health Care FSAs



### Eligible Health Care FSA Expense Examples:

#### ■ Dental Services

Crowns/Bridges  
Dental X-Rays  
Dentures  
Exams/Teeth Cleanings  
Extractions  
Fillings  
Gum Treatments  
Oral Surgery  
Orthodontia/Braces

#### ■ Insurance-Related Items

Copays  
Coinsurance  
Deductibles

#### ■ Lab Exams/Tests

Blood Tests  
Cardiographs  
Diagnostic Fees  
Laboratory Fees  
Spinal Fluid Tests  
Urine/Stool Analyses  
X-Rays

#### ■ Medication

Insulin  
Prescribed Birth Control  
Prescribed Vitamins\*  
Prescription Drugs\*

#### ■ Vision Expenses

Contact Lenses  
Contact Lens Solution and Cleaners  
Eye Examinations  
Eyeglasses  
Laser Eye Surgeries  
Prescription Sunglasses  
Radial Keratotomy/LASIK  
Reading Glasses

#### ■ Other Medical Treatments/Procedures

Acupuncture  
Alcoholism (*inpatient treatment*)  
Chiropractor Services  
Drug Addiction (*inpatient treatment*)  
Hearing Exams  
Hospital Services  
Infertility  
In-vitro Fertilization  
Norplant Insertion or Removal  
Patterning Exercises

Physical Examination (*not employment related*)  
Physical Therapy  
Speech Therapy  
Sterilization  
Vaccinations and Immunizations  
Vasectomy and Vasectomy Reversals  
Well Baby Care

#### ■ Other Medical Supplies and Services

Abdominal/Back Supports  
Ambulance Services  
Arch Supports/Orthopedic Insoles  
Blood Pressure Monitors  
Breast Pumps and Lactation Supplies  
Compression Hosiery Above 30 mmHg  
Contraceptives  
Counseling (*except for Marriage and Family*)  
Crutches  
Guide Dog (*for visually/hearing impaired person*)  
Hearing Aids & Batteries  
Hospital Bed  
Ice Pack  
Insulin Supplies  
Learning Disability (*special school/teacher*)  
Mastectomy Bras  
Medic Alert Bracelet or Necklace

Medical Miles, Tolls, and Parking  
 Orthopedic Shoes\*\*  
 Oxygen Equipment  
 Pregnancy Tests  
 Pre-natal Vitamins  
 Prosthesis  
 Rubbing Alcohol

Splints/Casts  
 Sunscreen greater than SPF 14  
 Syringes  
 Transportation Expenses (*essential to medical care*)  
 Wheelchair  
 Wigs (*hair loss due to disease*)

*This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll-free Participant Services line at 800 346 2126.*

## Eligible with Doctor's Prescription:

**Important note about over-the-counter (OTC) drug reimbursement:** Due to health care reform regulations, the Health Care FSA only reimburses OTC drug expenses if you have and provide a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Make sure you plan your annual election accordingly.

Allergy Medicines  
 Antihistamines  
 Analgesics  
 Antacids  
 Anti-Diarrhea Medications

Anti-Itch Medications  
 Anti-Nausea Medications  
 Aspirin  
 Athletes Foot Creams and Powders  
 Cold Sore Remedies  
 Cough Drops  
 Cough Syrups  
 Decongestants  
 Eye Drops  
 Fever Reducers  
 First Aid Cream (*Bactine, diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments*)  
 Digestive Tract Relief Medications  
 Flu and Cold Medications  
 Hemorrhoidal Medications  
 Laxatives  
 Lice and Scabies Treatments

Menstrual Cycle Products (*medication for pain and cramp relief*)  
 Motion Sickness Pills  
 Muscle/Joint Pain Relievers  
 Nasal Sinus Sprays  
 Nicotine Gum/Patches  
 Pain Relievers  
 Pedialyte  
 Retin A (*non-cosmetic*)  
 Rogaine\*\*\*  
 Sinus Medications  
 Sleeping Aids  
 Smoking Cessation Products  
 Sore Throat Sprays  
 Special Ointments/Burn Ointments  
 Throat Lozenges  
 Vapor Rubs  
 Weight Loss Drugs (*to treat specific disease*)\*\*\*  
 Yeast Infection Treatments

## Ineligible Health Care FSA Expense Examples:

Baby-Sitting  
 Canceled Appointment Fees  
 Chapstick/Lip Balm  
 Contact Lens Insurance  
 Cosmetics  
 Cosmetic Surgery/Procedures  
 Dance/Exercise/Fitness Programs  
 Diaper Service  
 Electrolysis/Hair Removal  
 Exercise Equipment  
 Eyeglass Insurance/Eyewear Protection Plans  
 Face Cream

Feminine Hygiene Products  
 Hair Loss Medications  
 Hair Transplant  
 Health Club Dues/Gym Memberships  
 Illegal Operation or Treatments  
 Insurance Premiums  
 Long Term Care Premiums  
 Marriage or Family Counseling  
 Massage Therapy\*\*\*  
 Maternity Clothes  
 Mattresses  
 Meals that are not part of inpatient care  
 Moisturizers  
 Nutritional Supplements\*\*\*  
 Personal Trainer

Prescription Drug Discount Programs  
 Prescription Drugs for Hair Loss\*\*\*  
 Provider Discounts  
 Shampoos/Soaps  
 Special Foods\*\*\*  
 Suntan Lotion/Sunscreen less than SPF 15  
 Supplements\*\*\* (*for general health*)  
 Teeth Whitening/Bleaching  
 Toiletries  
 Toothbrushes (*including battery operated*)  
 Toothpaste  
 Vision Discount Program Premiums  
 Vitamins\*\*\* (*for general health*)  
 Weight Loss Programs\*\*\* (*for general health*)

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\*Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

\*\*Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

\*\*\*Requires documentation from the doctor or care provider indicating use to treat a medical condition. A Letter of Medical Necessity template is available.