

Know Your Health Care FSA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account

Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

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

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

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

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*

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*

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

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.

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.

Ineligible Expenses

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| ■ Contact Lens or Eyeglass Insurance | ■ Insurance Premiums and Interest (FSA Ineligible Only) | ■ Personal Trainers |
| ■ Cosmetic Surgery/Procedures | ■ Long Term Care Premiums (FSA Ineligible Only) | ■ Sunscreen (spf less than 30) |
| ■ Electrolysis | ■ Marriage or Career Counseling | ■ Swimming Lessons |

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

Please Note: 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.

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

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| ■ Acid controllers | ■ Cough, cold & flu | ■ Medicated nasal sprays, drops, & inhalers |
| ■ Acne medications | ■ Denture pain relief | ■ Medicated respiratory treatments & vapor products |
| ■ Allergy & sinus | ■ Digestive aids | ■ Motion sickness |
| ■ Antibiotic products | ■ Ear care | ■ Oral remedies or treatments |
| ■ Antifungal (Foot) | ■ Eye care | ■ Pain relief (includes aspirin) |
| ■ Antiparasitic treatments | ■ Feminine antifungal & anti-itch | ■ Skin treatments |
| ■ Antiseptics & wound cleansers | ■ Fiber laxatives (bulk forming) | ■ Sleep aids & sedatives |
| ■ Anti-diarrheals | ■ First aid burn remedies | ■ Smoking deterrents |
| ■ Anti-gas | ■ Foot care treatment | ■ Stomach remedies |
| ■ Anti-itch & insect bite | ■ Hemorrhoidal preps | ■ Unmedicated nasal sprays, drops & inhalers |
| ■ Baby rash ointments & creams | ■ Homeopathic remedies | ■ Unmedicated vapor products |
| ■ Baby teething pain | ■ Incontinence protection & treatment products | |
| ■ Cold sore remedies | ■ Laxatives (non-fiber) | |
| ■ Contraceptives | | |

OTC items that are not medicines or drugs remain eligible for purchase with FSAs. You can use your benefits card for these items.

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

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| ■ Baby Electrolytes and Dehydration
Pedialyte, Enfalyte | ■ Elastics/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts | ■ Hearing Aid/Medical Batteries |
| ■ Contraceptives
Unmedicated condoms | ■ Eye Care
Contact lens care | ■ Home Health Care (limited segments)
Ostomy, walking aids, decubitus/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs |
| ■ Denture Adhesives, Repair, and Cleansers
PoliGrip, Benzodent, Plate Weld, Efferdent | ■ Family Planning
Pregnancy and ovulation kits | ■ Incontinence Products
Attends, Depend, GoodNites for juvenile incontinence, Prevail |
| ■ Diabetes Testing and Aids
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products | ■ First Aid Dressings and Supplies
Band Aid, 3M Nexcare, non-sport tapes | ■ Prenatal Vitamins
Stuart Prenatal, Nature's Bounty Prenatal Vitamins |
| ■ Diagnostic Products
Thermometers, blood pressure monitors, cholesterol testing | ■ Foot Care Treatment
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles | ■ Reading Glasses and Maintenance Accessories |
| ■ Ear Care
Unmedicated ear drops, syringes, ear wax removal | ■ Glucosamine &/or Chondroitin
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements | |

For additional information, please contact your Plan Administrator.

Know Your FSA Dependent Care Eligible and Ineligible Expenses

Eligible Services (Services listed below as eligible (or that meet the "potentially eligible" requirements) are eligible for reimbursement if the services are: 1. For an individual you claim as a dependent on your Federal Tax return who is under 13 or is incapable of self care; and 2) necessary to allow you and your spouse, if married, to work, look for work, or attend school full time.)

■ **Au Pairs**

If the expense, such as a placement fee is necessary in order to obtain care it may be reimbursable. However you must only apply the expense proportionately over the duration of the agreement to employ the au pair.

■ **Before and After-School Care**

Child must be under age 13 or one who is incapable of self-care and can be claimed on your Federal Income Tax return.

■ **Camps – Summer or Holiday (Day)**

Children under age 13, or any individual who is incapable of self-care and can be claimed on your Federal Tax return. Payment in advance is NOT covered. Reimbursement is for expenses that have been incurred.

■ **Day Care**

Non-Medical day care as well as in-home babysitters for children under age 13, and/or for any individual who is incapable of self-care and can be claimed on your Federal Tax return. You (and your spouse if married) must be working, looking for work (income must be earned during the year), or attending school full-time. Activities (such as swimming lessons or arts and crafts) are not eligible expenses. Payment in advance is NOT covered. Reimbursement is for expenses that have been incurred. You must provide SSN or TIN with your claim.

■ **Elder Care**

Adult must live with you at least 8 hours a day and be claimed as a dependent on your Federal Tax return. See Day Care.

■ **Late Pick Up Fees**

■ **Placement Services**

The up-front fee may qualify if it is an expense that must be paid in order to obtain care. However, if the fee can only be reimbursed proportionately over the duration of the agreement to employ the care provider, such as an au pair or a registration fee for a summer camp program. The weekly stipend, as well as other work-related expenses, may also qualify as an expense for the care of a qualifying individual.

Ineligible Services

■ **Camps – Summer or Holiday (overnight)**

Overnight camps are not eligible expenses. Camps that include both day and overnight stays are not eligible even if the provider can separate out the day and night expenses. Day care provided during evening/night hours is an eligible expense if you and your spouse, look for work or attend a school full-time during the evenings and nights, such that you need care for your eligible children. However, your children must return to your home during the day (the evening /night day care cannot be 24 hours).

■ **Finance Charges**

■ **Late Payment Fees**

■ **Transportation**

Transportation to and from the day care or elder care location is not eligible.

How to Plan For FSA Account Needs

HEALTH CARE ACCOUNT

Estimate for yourself and your eligible dependents how much you expect to spend on each of the following eligible health care expenses:

- Medical and dental deductibles \$ _____
 - Medical and dental coinsurance _____
 - Health copayments _____
 - Eye exams, eyeglasses, and/or contact lenses _____
 - Orthodontia _____
 - Other health expenses not covered by your insurance such as:
 - Routine physical examinations _____
 - Health expenses (crutches, hearing aid batteries, wheelchair, etc.) _____
 - Prescription drugs _____
 - Other IRS tax deductible health expenses _____
- TOTAL** _____

Your total may be the amount that you want to deposit into your Health Care FSA for the current plan year. Divide the TOTAL by the number of plan year pay periods to determine your Health Care FSA deduction per pay period.

DEPENDENT DAY CARE ACCOUNT

$$\frac{\text{_____}}{\text{Weekly amount for dependent care}} \times \frac{\text{_____}}{\text{Number of weeks of care}} = \frac{\text{_____}}{\text{TOTAL}}$$

Your total may be the amount that you want to deposit into your Dependent Care FSA for the current plan year. Divide the TOTAL by the number of plan year pay periods to determine your Dependent Care FSA deduction per pay period.