# Flexible Spending Account Eligible Expenses

The IRS defines medical care expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

With that in mind, we have listed examples of the medical expenses eligible for payment under the Medical Reimbursement Account to the extent such expenses are not covered by your medical or dental benefit plan. This list is NOT all-inclusive and other expenses not listed may also qualify. For more information, please refer to IRS Publication 502 Medical and Dental Expenses. To be eligible for reimbursement, the purchase or service must be provided during the account plan year.

### Other Medical Treatment / Procedures

- Acupuncture
- Anesthetics
- Blood transfusion
- Cardiographs
- Cosmetic Surgery (if medically necessary)
- Hearing exams
- Infertility
- In-vitro fertilization
- Physical examination (not for employment)
- Physical therapy
- Smoking cessation programs
- Speech therapy
- Sterilization
- Surgery
- Treatment for handicapped
- Vaccinations/Immunizations
- Well baby care

### Obstetric Services

- Mid-wife expenses
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre-natal/Post-natal treatment
- Pre-natal vitamins

### Lab Exam/Tests

- Blood tests
- Cardiographs
- Diagnostic
- Laboratory fees
- Metabolism tests
- Spinal fluid tests
- Urine/stool analyses
- X-Rays

### Practitioners

- Allergist
- Anesthetist
- Chiropractor
- Christian Science
- Dentist
- Dermatologist
- Gynecologist
- Midwife
- Neurologist
- Obstetrician
- Ophthalmologist
- Optician
- Optometrist
- Osteopathic Physician
- Pediatrician
- Physician
- Podiatrist
- Psychiatrist
- Psychologist
- Surgeon

### Dental Services

- Crowns/bridges
- Dental Implants
- Dental X-Rays
- Dentures/False Teeth
- Exams/Teeth Cleaning
- Extractions
- Fillings
- Gum Treatment
- Oral Surgery
- Orthodontia/Braces

### Medications

- Insulin
- Over the counter medicine
- Prescribed Drugs
- Prescribed Vitamins (to treat specific disease)

### Other Medical Equipment, Supplies, and Services

- Arches/orthopedic shoes
- Blood glucose monitor
- Blood pressure equipment (with medical necessity letter)
- Counseling
- Crutches
- Hearing aids & batteries
- Home health
- Lamaze
- Learning disability (special school/teacher)
- Lifting devices
- Medic alert bracelet or necklace
- Menstrual products
- Oxygen equipment
- Prescribed medical & exercise equipment
- Splints/casts
- Telephone equipment (hearing impaired)
- Wheelchair
- Wigs (hair loss due to disease)

### Vision Services

- Artificial eyes
- Contact lenses
- Contact lens solution
- Eye examinations
- Eyeglasses
- Laser eye surgeries
- Prescription sunglasses

### Insurance Related Items

- Co-Pay amounts
- Deductibles
- medical expenses
- Pre-existing condition

## FSA Ineligible Expenses

While this is not an all-inclusive listing, the IRS does not allow the following expenses to be reimbursed by a Flexible Spending Account.

- Athletic club dues
- Babysitting
- Cancelled appointment fees
- Cemetery plots
- Child adoption expenses
- Contact lens insurance
- Cosmetic surgery/ procedures
- Dancing lessons
- Diaper services
- Discounted fees/write-offs
- Ear piercing
- Electrolysis
- Electronic toothbrush
- Exercise equipment
- Eyeglass insurance
- Funeral expenses
- Hair loss medication
- Hair transplant
- Health club dues
- Health insurance premiums
- Insurance premiums & interest charges
- Marriage counseling
- Massage therapy**
- Maternity clothes
- Swimming lessons
- Tattoo removal
- Teeth whitening/bleaching
- Toiletries, toothpaste, etc.
- Varicose vein treatment*
- Vitamins/supplements*
- Weight loss programs and/or drugs*

** Eligible only with Doctor's certification identifying the medical condition and length of treatment program.*

*** Eligible only with Doctor's certification identifying the physical nature of the medical condition and length of treatment program. Massage therapy for the sole purpose of tension/ stress relief or depression (even with a doctor's statement) does not qualify.*

*Please be aware that the IRS looks to the reasonableness of the cost of the treatment. For example: Physician recommends an exercise program for a specific medical condition. Can the same benefits be obtained by daily walking rather than purchasing a health club membership or exercise equipment?*

## Flexible Spending Account Worksheet

This worksheet is provided to help you determine how much to contribute to your Flexible Spending Account in the coming plan year.

### Health Care FSA

To estimate your expenses, review your health care expenses from last year and consider any new health care expenses that you, your spouse and your dependents may be anticipating.

| Type of Expense | Examples | Estimated Annual Cost |
|---|---|---|
| Deductibles | Medical, dental, vision | $ |
| Co-payments/co-insurance | The amount not paid by your health plan coverage | $ |
| Office visit and prescription drug co-pays | The amount not paid by your health plan coverage | $ |
| Amounts paid over plan limits | | $ |

| | | |
|---|---|---|
| Expenses not covered by insurance | | $ |
| Vision care | Glasses, contacts, solution, exams, etc. | $ |
| Dental care | Cleanings, orthodontics, crowns, etc. | $ |
| Treatment/therapies | | $ |
| Medical equipment | | $ |
| Health care related mileage | Trip to and from doctor, dentist, etc. | $ |
| Other anticipated health care expenses | | $ |
| Total Expenses for Health Care | | $ |

## Dependent Care FSA

To estimate your expenses, review dependent care expenses from last year and consider any anticipated new dependent care expenses.

| Type of Expense | Examples | Estimated Annual Cost |
|---|---|---|
| Annual childcare expenses | Childcare center | $ |
| In-home care | | $ |
| Nursery or preschool | | $ |
| After school care | | $ |
| Au pair services | | $ |
| Summer day camp | | $ |
| Annual elder care services | | $ |
| Total Expenses for Dependent Care | | $ |