

Know Your Health Care FSA/HRA Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account - Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Account (HRA) 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 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).
- HRA dollars can only be used to pay for eligible medical expenses incurred by employees and their dependents enrolled in the HRA.

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 or HRA plan. If you are unsure of what your Health Care FSA and/or HRA 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.

For a complete up-to-date list of FSA Eligible Products & Services please reference the FSAStore.com [Eligibility Checker Tool](#).

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

HEARING

- ⊕ Hearing Aids and Batteries
- ⊕ Hearing Exams

LAB EXAMS/TESTS

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

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*

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.

Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs or HRAs, 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
- ⊕ Marriage or Career Counseling
- ⊕ Swimming Lessons
- ⊕ Personal Trainers
- ⊕ Sunscreen (spf less than 30)

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

Please Note: Currently, the IRS does not allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA 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.

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

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

•As of January 1, 2011 eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will **only** be eligible for reimbursement from your Health Care FSA with a physician's prescription that includes his or her address and license number, as stated in [IRS Notice 2010-59](#). The only exception is insulin - which will not require a prescription.

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

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

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