

Health Care Flexible Spending Account (FSA) Eligible Expense Worksheet

The Health Care FSA allows an employee to set aside pre-tax dollars to pay for medical, dental, and vision expenses that are not paid by insurance, as well as eligible Over the Counter Drugs. You can include out-of-pocket expenses incurred by you, your spouse, and your qualified dependents.

The following is a partial list of eligible expenses. These include expenses related to the diagnosis, care, treatment, or prevention of disease. Eligible expenses are generally those permitted by Section 213(d) of the Internal Revenue Code.

EXAMPLES OF REIMBURSABLE HEALTH CARE EXPENSES

Abortion – if legal	repainting
Acupuncture – to treat a specific medical condition	Lodging for medical care – \$50 per night for outpatient, essential medical care, up to \$100 if companion required
Adoption – medical expenses incurred before adoption is finalized	Mastectomy-related specialty bras
Alcoholism or drug dependency treatment and treatment centers	Medic-alert bracelet or necklace (only to treat a medical condition)
Ambulance	Medical conference admission and transportation to/from – expenses for admission and transportation to medical conference relating to chronic disease of participant or dependent, includes transportation to city where conference is held and local transportation to conference. Cost of meals and lodging is not allowed
Artificial limbs and teeth	Medical information plan – expenses charged for storing and retrieving medical records from a computer data bank
Automobile modifications for physically handicapped person	Medical monitoring and testing devices (ex: blood pressure monitor, glucose kits, etc.)
Birth control pills	Medical records charges
Blood pressure monitoring devices	Medical supplies – (ex: bandages, gauze, carpal tunnel wrist supports etc.) excludes personal comfort items
Body scan (ex: MRI, CT scan)	Mental institution or special home-care for mentally ill or mentally disabled person who is unsafe when left alone
Braille books and magazines – only amount paid ABOVE the cost of regular printed materials	Norplant insertion or removal
Breast pumps and related lactation supplies.	Nursing services – nurse expenses, board and care for a specific medical condition, excludes nursing services for a healthy baby
Childbirth preparation classes for mother, excludes cost for “coach”	Nutritionist’s professional expenses – if to treat a specific medical condition, excludes expense for general health Obstetrical expenses
Chiropractors	Organ transplants or donation
Christian Science practitioners for specific medical care	Orthodontia
Contact lenses and contact lens solutions	Orthopedic shoes, only the cost over what normal shoes would cost
Contraceptives – including condoms	Osteopathy
Counseling – to treat a specific medical condition, excludes marriage counseling	Over-the-counter items (see the OTC Expense Worksheet for information about eligible OTC items)
Crutches	Oxygen and equipment
Deductible, coinsurance, and co-pay amounts if underlying expense is eligible	Patterning exercises for a mentally disabled child
Dental treatment, including dentures, orthodontia (braces and retainers), and occlusal guards to prevent teeth grinding	Physical exams – excluding employment related physicals & sports physicals
Diabetic insulin, syringes and glucose monitoring equipment	Pregnancy test (includes over-the-counter tests)
Diagnostic services	Prescription medications – excludes medication to stimulate hair growth or prescriptions for cosmetic purposes
Eye examination	Psychiatric care – includes cost of supporting mentally ill dependent at a special center which provides medical care
Eyeglasses, prescription sunglasses, reading glasses, and eyeglass cleaner	Psychologist – medical care if to treat a specific medical condition
Fertility treatments – if treatment impacts the participant or dependent of participant, includes shots, treatment, surgery, IVF, GIFT, ovulation monitor, fees for storage of sperm or embryo (short-term)	Reconstructive surgery following mastectomy
Flu shots	Screening tests (e.g. hearing, vision, cholesterol)
Guide dog or other animal aide – purchase, training, and veterinary care of animal	Sleep deprivation testing and treatment
Hearing aids and batteries	Smoking cessation program – includes programs and
Home modifications to accommodate handicapped person	
Hospital services	
Immunizations	
Incontinence supplies	
Laboratory fees	
Language training for child with dyslexia or disabled child	
Laser eye surgery, radial keratotomy, LASIK, corneal ring segments	
Lead-based paint removal – to prevent a child, who has or has had lead poisoning from eating the paint, excludes cost of	

prescription drugs
 Special schooling for physically or mentally handicapped – main reason for using school is its resources for relieving the disability
 Speech therapy
 Sterilization procedures
 Support or corrective devices (such as orthopedic shoes)
 Surgery to improve deformity from congenital abnormality, personal injury from accident or trauma, or disfiguring disease
 Taxes imposed on reimbursable medical care or products,

along with shipping or handling fees
 Telephone – purchase and repair for special telephone equipment for hearing impaired person
 Television for hearing-impaired person – equipment which displays the audio part of TV programs (costs of specially equipped television that exceed the cost of regular models only)
 Transportation – expenses for essential medical care (23.5 cents per mile, rate subject to IRS changes), parking and tolls
 Wheelchair – purchase, operation, and upkeep
 X-rays

EXAMPLES OF REIMBURSABLE HEALTH CARE EXPENSES THAT REQUIRE A DOCTOR'S NOTE OF MEDICAL CONDITION

The following are examples of expenses that require a physician's letter of medical necessity. Please include, with claim, a physician's statement or prescription indicating the specific medical condition requiring the item or service being submitted for reimbursement, the specific items or services prescribed and the timeframe the items or services are to be used. Doctor's note is required each calendar year.

Remember: All over-the-counter medications require a physician's prescription to be eligible for reimbursement (excluding diabetic insulin)

Air purifier
 Chelation (EDTA) therapy
 Chinese Herbal Doctor/herbs
 Ear plugs
 Exercise equipment
 Genetic testing - (if done to determine possible defects)
 Health institute treatment
 Holistic or naturopathic remedies
 Learning disability (amount paid to special school or specially

trained teacher for severe learning disability caused by mental or physical impairments)
 Massage therapy - for specific injury or trauma, **excludes** treatment to relieve stress. (Note must include medical condition, length of time treatment will be needed, and number of sessions during stated time.)
 Vitamins (**excludes** multi or one a day vitamins)
 Weight loss program or drugs prescribed to induce weight loss
 Wigs –for a patient who has lost all of their hair from disease or treatment

EXAMPLES OF NON-REIMBURSABLE HEALTH CARE EXPENSES

Air Conditioners (units or central air systems)
 Allergy treatment products and household improvements to treat allergies – examples – filters, pillows, and special vacuums –products that would be owned even without allergies
 Any charges incurred outside the plan year, even if paid for during the current plan year
 Baby-sitting, child care and nursing services for a healthy baby
 Cosmetic surgery, electrolysis, and/or hair transplants
 Cost of remedial classes for non-handicapped child
 Dance or ballet lessons for improvement of general health
 Diapers or diaper service unless for specific medical condition
 DNA collection and storage
 Employment related physicals
 Fees/dues for exercise, fitness programs, athletic, or health club membership, even if prescribed by physician
 Finance or interest charges
 Funeral expenses
 Illegal operations or treatments

Insurance premiums
 Laser hair removal, even when prescribed by a physician
 Marriage counseling
 Maternity clothes
 Mattresses
 Over the counter medications or vitamins for general well being – even with physician's prescription
 Propecia and/or Rogaine – prescription drugs to stimulate hair growth
 Safety Glasses (unless prescribed)
 Sperm or embryo storage fees for future conception
 Student health fees
 Sunglass clips
 Swimming lessons for improvement of general health
 Teeth whitening
 TEFRA/Parental fees
 Veneers
 Warranty and protection plans
 Weight reduction program for general well being
 Whirlpools

ESTIMATE YOUR REIMBURSABLE COSTS FOR:

<u>Medical</u>	_____	\$ _____
	_____	_____
<u>Dental/</u>	_____	\$ _____
<u>Vision/</u>	_____	_____
<u>OTC</u>	_____	_____
	_____	_____
	Total estimated reimbursable health care expenses	\$ _____

Per paycheck amount
 \$ _____ / _____ = \$ _____ /paycheck
 Total reimbursable expenses / Pay periods/year