## FLEXIBLE SPENDING ACCOUNTS

Examples of Eligible and Ineligible Expenses under a Healthcare Reimbursement Account

<table>
<thead>
<tr>
<th>Dental Services/Vision Services</th>
<th>Other Medical Treatments or Procedures</th>
<th>Other Medical Equipment Supplies, and Services</th>
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<tr>
<td>Artic...</td>
<td>Abortion (legal)</td>
<td>Abdominal/Back Supports</td>
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<td>Contact Lenses</td>
<td>Acupuncture</td>
<td>Artificial Limbs</td>
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<tr>
<td>Crowns/Bridges</td>
<td>Alcoholism (inpatient treatment)</td>
<td>Automated External Defibrillator</td>
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<tr>
<td>Dental Implants</td>
<td>Ambulance Services</td>
<td>Blood Pressure Monitoring devices</td>
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<tr>
<td>Dental Sealants</td>
<td>Anesthesiology</td>
<td>Blood Sugar Test Kits and supplies</td>
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<tr>
<td>Dental X-rays</td>
<td>Breast Reconstruction Surgery</td>
<td>Braille Books and Magazines</td>
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<td>Dentures</td>
<td>Cancer Screening</td>
<td>Breast Pumps and Lactation supplies</td>
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<tr>
<td>Exams/Teeth Cleaning</td>
<td>Clinical Trials</td>
<td>Carpal Tunnel Wrist supports</td>
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<td>Extractions</td>
<td>Counseling</td>
<td>Compression Hose/Stockings</td>
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<td>Eye Exam</td>
<td>Dialysis</td>
<td>Contact Lens Material and Equipment</td>
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<td>Fillings</td>
<td>Drug Addiction Treatment</td>
<td>Cold/hot packs for injuries</td>
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<td>Glasses</td>
<td>Gastric Bypass Surgery</td>
<td>Condoms</td>
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<td>Oculusal Guards</td>
<td>Genetic Testing</td>
<td>CPAP Devices</td>
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<tr>
<td>Oral Surgery</td>
<td>Hearing Exams</td>
<td>Crutches</td>
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<tr>
<td>Orthodontia***</td>
<td>Hospital Services</td>
<td>Denture Adhesives</td>
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<td>Prescription Sunglasses</td>
<td>Infertility</td>
<td>Diabetic Supplies</td>
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<td>Reading Glasses</td>
<td>In-vitro Fertilization</td>
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<td><strong>Copay Amounts</strong></td>
<td>Lasik/Laser and Vision Correction</td>
<td>Ear Plugs</td>
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<td><strong>Deductibles</strong></td>
<td>Norplant Insertion or Removal</td>
<td>Elastic Bandages</td>
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<td><strong>Pre-existing Condition Expenses (medical)</strong></td>
<td>Patterning Exercises</td>
<td>Erectile Dysfunction Treatment</td>
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<tr>
<td><strong>Private Hospital Room Differential</strong></td>
<td>Physical Examination (if not employment related)</td>
<td>First aid kits</td>
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<td><strong>Blood Tests</strong></td>
<td>Physical/Occupational Therapy</td>
<td>Flu Shots</td>
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<tr>
<td><strong>Body Scan</strong></td>
<td>Rolfing</td>
<td>Glucose monitoring Equipment</td>
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<tr>
<td><strong>Cardiograph</strong></td>
<td>Smoking Cessation Programs</td>
<td>Guide Dog (for visually/hearing impaired person), Care and Training</td>
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<tr>
<td><strong>Colonoscopy</strong></td>
<td>Speech Therapy</td>
<td>Hearing Aids and Batteries</td>
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<tr>
<td><strong>CT Scan</strong></td>
<td>Sterilization</td>
<td>Hearing Pads</td>
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<tr>
<td><strong>Diagnostic</strong></td>
<td>Temporary Cord Blood Storage (when used)</td>
<td>Incontinence supplies</td>
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<tr>
<td><strong>Echocardiogram</strong></td>
<td>Temporary Egg and Sperm Storage ([IVF)]</td>
<td>Insulin</td>
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<tr>
<td><strong>EKG</strong></td>
<td>Transplants (including organ donor)</td>
<td>Learning Disability (special school/teacher)</td>
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<tr>
<td><strong>Endoscopy</strong></td>
<td>Treatment for Handicapped</td>
<td>Lodging for Medical Care (limited)</td>
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<tr>
<td><strong>Fluoroscopy</strong></td>
<td>Tubal Ligation</td>
<td>Mastectomy related bra</td>
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<tr>
<td><strong>Laboratory Fees</strong></td>
<td>Vaccinations/Immunizations</td>
<td>Medic Alert Bracelet or Necklace</td>
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<tr>
<td><strong>Metabolism Tests</strong></td>
<td>Vasectomy</td>
<td>Medical Records Charges</td>
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<tr>
<td><strong>MRI</strong></td>
<td>Well Baby Care</td>
<td>Motion Sickness Wristbands</td>
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<tr>
<td><strong>PET Scan</strong></td>
<td>Well Baby Care</td>
<td>Neti Pot</td>
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<tr>
<td><strong>Sweat Tests</strong></td>
<td><strong>Practitioners</strong></td>
<td>Nicotine gum, lozenges or patches for smoking cessation purposes</td>
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<tr>
<td><strong>Ultrasound</strong></td>
<td>Allergist</td>
<td>Ostomy, Colostomy Supplies</td>
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<tr>
<td><strong>Urine/Stool Analyses</strong></td>
<td>Cardiologist</td>
<td>Ovulation Monitor</td>
</tr>
<tr>
<td><strong>X-rays</strong></td>
<td>Chiropractor</td>
<td>Oxygen Equipment</td>
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<tr>
<td><strong>Medications</strong></td>
<td>Dermatologist</td>
<td>Pedialyte/Rehydration solutions</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Endocrinologist</td>
<td>Pregnancy test kits</td>
</tr>
<tr>
<td><strong>Obstetric Services</strong></td>
<td>Gastroenterologist</td>
<td>Prosthesis</td>
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<tr>
<td><strong>Childbirth Classes (Lamaze)</strong></td>
<td>Genetic Counselor</td>
<td>Rubbing alcohol</td>
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<tr>
<td><strong>Lactation Consultant</strong></td>
<td>Homeopath</td>
<td>Splints/Casts</td>
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<tr>
<td><strong>Midwife Expenses</strong></td>
<td>Naturopath</td>
<td>Sunscreen (SPF 30 or higher)</td>
</tr>
<tr>
<td><strong>OB/GYN Exams</strong></td>
<td>Nephrologist</td>
<td>Support Braces</td>
</tr>
<tr>
<td><strong>OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)</strong></td>
<td>Nurse Practitioner</td>
<td>Syringes</td>
</tr>
<tr>
<td><strong>Pre-natal Medical Ultrasound</strong></td>
<td>Oncologist</td>
<td>Thermometers</td>
</tr>
<tr>
<td><strong>Post-natal Treatment/Pre-natal Treatment</strong></td>
<td>Ophthalmologist/Optomетrist</td>
<td>Transportation Expenses (essential to medical care)</td>
</tr>
<tr>
<td><strong>Over the Counter Drugs</strong></td>
<td>Osteopath</td>
<td>Tuition Fee at Special School for Disabled Child</td>
</tr>
<tr>
<td><strong>Please see below for more information regarding Over the Counter Drugs</strong></td>
<td>Physician (licensed medical professional)</td>
<td>Walkers</td>
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<tr>
<td></td>
<td>Physician Assistant</td>
<td>Wheelchair</td>
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</tbody>
</table>
**Over the Counter Medications may only be covered when accompanied by a medical practitioner’s note or prescription. Items must be used to treat a specific medical condition of limited duration:**

- Acid Controllers
- Acne Medications
- Allergy & Sinus Medications
- Antacids
- Analgesics
- Anti-Diarrheal Medication
- Anti-Itch & Insect Bite Creams
- Antihistamines
- Antibiotic Ointments
- Aspirin
- Baby Rash Ointments & Creams
- Birth Control & Contraceptive Pills
- Cold Sore Remedies
- Cough, Cold & Flu Medicines
- Decongestants
- Digestive Aids
- Eczema Treatments
- Expectorants
- Feminine Anti-Fungal Treatments
- Fever Reducing medications
- First Aid Creams
- Glucosamine & Chondroitin
- Headache medications
- Hemorrhoidal Preparations
- Laxatives
- Lip Products, medicated
- Menstrual Pain Relievers
- Motion Sickness Medications
- Pain Relievers
- Respiratory Treatments
- Sleep Aids and Sedatives
- Stomach Remedies
- Throat Lozenges
- Toothache Relievers
- Visine and other Eye Drops
- Wart Removal
- Yeast Infection Medications

Other items that may be covered when accompanied by a medical practitioner’s note or prescription . Items must be used to treat a specific medical condition of limited duration:

- Capital Expenses
- Cosmetic Surgery-covered only when treating a congenital abnormality, a personal injury resulting from an accident or trauma or disfiguring disease
- Dietary or herbal medicines to treat a specific medical condition
- Ear Wax Removal Treatments
- Equipment, supplies and materials related to physical/mental handicap.
- Fiber supplements to treat a specific medical condition
- Gym or Health club monthly fee
- Hand Sanitizer
- Heart Rate Monitors
- Hormone Replacement Therapy
- Humidifier
- Marriage Counseling
- Massage Therapy
- Medicated shampoos and soaps, unless prescribed by a medical practitioner for a specific scalp/skin infection
- Nasal strips or sprays
- Nutritionist
- Orthopedic shoes, Arch Supports and inserts (for orthopedic shoes, you can only be reimbursed for the extra cost over buying non-orthopedic shoes)
- Personal Trainer
- Pills for persons who are lactose intolerant
- Prenatal vitamins
- Probiotics
- Sunscreen
- Supplements treating a medical condition
- Varicose Vein Treatment
- Weight loss drugs to treat a specific disease
- Wigs (hair loss due to disease)

**Claims substantiation:** The participant must submit adequate claim substantiation. The receipt must state the name of the medicine or drug, the purchase date and the amount paid. The participant must sign the reimbursement form indicating that the claim was for the individual, their spouse, or eligible dependent. Where a physician’s note is required, it must state the precise medical condition.

Items that are NOT eligible for reimbursement under a Health Care Spending Account:

- Baby Formula
- Breast implants (cosmetic)
- Burial Expenses
- Breast implants (cosmetic)
- Business Expenses
- COSRA Premiums
- Concierge, Boutique or Practice Fees
- Cosmetic Surgery
- Cosmetics
- CPR Classes
- Dehumidifier
- Dental bleaching or any other teeth whitening
- Diet Foods
- Dietary supplements
- Discount Plan Expenses
- Ear Piercing
- Educational Classes
- Electrolysis and other Hair Removal
- Electronic Cigarettes
- Exercise Equipment for General Health
- Feminine Hygiene Products
- Facial Creams and Cleansers
- Finance Charges
- Home Drug Testing Kits
- Hot Tubs/Jacuzzis
- Household Help
- Illegal operations, treatments and medications, including medications obtained illegally
- Items paid or payable by insurance
- Insurance Premiums
- Late Fees
- Maternity Clothes
- Mattresses
- Missed Appointment Fees
- Moisturizers
- Newborn Care Classes
- Nursing Pills
- Nursing Home
- Personal hygiene products
- Prepayments for Services
- Propecia and Rogaine for cosmetic hair growth
- Premiums for group health coverage
- Special foods
- Sports Drinks
- Sun tan lotion
- Tanning Salon
- Teeth whitening
- Toiletries
- Toothpaste or toothbrushes (electric or otherwise), even if a dentist recommends treating a condition
- Ultrasound, Voluntary Pre-Natal
- Veneers
- Vision Discount Program Cost
- Warranties for glasses or other medical devices
**Whose Medical Expenses can I Reimburse?**

You can generally include medical expenses you pay for yourself as well as those you pay for someone who was your spouse, qualifying child or qualifying relative when the product or services were acquired. **Domestic partners do not qualify for reimbursement unless they are a qualifying relative.**

- **A qualifying child** is an individual who (a) bears a specified relationship to the employee (relationship test); (b) has the same principal abode as the employee for more than half of the year (residency test); (c) meets certain age requirements (age test); (d) has not provided more than half of his or her own support for the year (limited self-support test); and (5) has not filed a joint tax return (other than only for claim of refund) with his or her spouse for the year (marital/tax filing status test).

- **A qualifying relative** is an individual (a) who bears a specified relationship to the employee (relationship test); (b) whose gross income is less than the exemption amount in Code §151(d) (income test); (c) with respect to whom the employee provides over half of the individual's support (support test); and (d) who is not anyone's qualifying child.

- **Individuals Who Generally Are Ineligible Under Code §152.** An individual generally will not be a Code §152 dependent if he or she is a dependent of a Code §152 dependent, a married dependent filing a joint tax return, or a citizen or national of a country other than the United States.

**Orthodontia Special Note:**

Due to recent IRS guidance, upfront payments for **Orthodontia** may be reimbursed even though the services for all treatments have not as of yet been incurred.

There are two options for the reimbursement of Orthodontia expenses:

- One time reimbursement, when proof of up-front payment is submitted
- Per the terms and length of your treatment contract, including initial payment and monthly payments after insurance coverage

If you choose to be reimbursed over your treatment contract, **pre-payments** of services will not be accepted and must be submitted for reimbursement over the course of treatment. With your reimbursement request you must submit the contract which specifies payment and total amount of the contract and the start date of the treatment or complete the orthodontia claim form including provider signature. **Please note, if orthodontic contract does not indicate insurance information, we will require you to submit the lifetime maximum for orthodontia from insurance carrier.**