

FLEXIBLE SPENDING ACCOUNTS

Examples of Eligible and Ineligible Expenses under a Healthcare Reimbursement Account

Dental Services/Vision Services

- ✓ Artificial Teeth
- ✓ Contact Lenses
- ✓ Crowns/Bridges
- ✓ Dental Implants
- ✓ Dental Sealants
- ✓ Dental X-rays
- ✓ Dentures
- ✓ Exams/Teeth Cleaning
- ✓ Extractions
- ✓ Eye Exam
- ✓ Fillings
- ✓ Glasses
- ✓ Occlusal Guards
- ✓ Oral Surgery
- ✓ Orthodontia***
- ✓ Prescription Sunglasses
- ✓ Reading Glasses

Insurance Related Items

- ✓ Copay Amounts
- ✓ Deductibles
- ✓ Pre-existing Condition Expenses (medical)
- ✓ Private Hospital Room Differential

Lab Exams/Tests

- ✓ Blood Tests
- ✓ Body Scan
- ✓ Cardiograph
- ✓ Colonoscopy
- ✓ CT Scan
- ✓ Diagnostic
- ✓ Echocardiogram
- ✓ EKG
- ✓ Endoscopy
- ✓ Fluoroscopy
- ✓ Laboratory Fees
- ✓ Metabolism Tests
- ✓ MRI
- ✓ PET Scan
- ✓ Sweat Tests
- ✓ Ultrasound
- ✓ Urine/Stool Analyses
- ✓ X-rays

Medications

- ✓ Prescription Drugs

Obstetric Services

- ✓ Childbirth Classes (Lamaze)
- ✓ Lactation Consultant
- ✓ Midwife Expenses
- ✓ OB/GYN Exams
- ✓ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- ✓ Pre-natal Medical Ultrasound
- ✓ Post-natal Treatment/Pre-natal Treatment

Other Medical Treatments or Procedures

- ✓ Abortion (legal)
- ✓ Acupuncture
- ✓ Alcoholism (inpatient treatment)
- ✓ Ambulance Services
- ✓ Anesthesiology
- ✓ Breast Reconstruction Surgery
- ✓ Cancer Screening
- ✓ Clinical Trials
- ✓ Counseling
- ✓ Dialysis
- ✓ Drug Addiction Treatment
- ✓ Gastric Bypass Surgery
- ✓ Genetic Testing
- ✓ Hearing Exams
- ✓ Hospital Services
- ✓ Infertility
- ✓ In-vitro Fertilization
- ✓ Lasik/Laser and Vision Correction
- ✓ Norplant Insertion or Removal
- ✓ Patterning Exercises
- ✓ Physical Examination (if not employment related)
- ✓ Physical /Occupational Therapy
- ✓ Rolfing
- ✓ Smoking Cessation Programs
- ✓ Speech Therapy
- ✓ Sterilization
- ✓ Temporary Cord Blood Storage (when used)
- ✓ Temporary Egg and Sperm Storage (IVF)
- ✓ Transplants (including organ donor)
- ✓ Treatment for Handicapped
- ✓ Tubal Ligation
- ✓ Vaccinations/Immunizations
- ✓ Vasectomy
- ✓ Well Baby Care

Practitioners

- ✓ Allergist
- ✓ Cardiologist
- ✓ Chiropractor
- ✓ Dermatologist
- ✓ Endocrinologist
- ✓ Gastroenterologist
- ✓ Genetic Counselor
- ✓ Homeopath
- ✓ Naturopath
- ✓ Nephrologist
- ✓ Nurse Practitioner
- ✓ Oncologist
- ✓ Ophthalmologist/Optomtrist
- ✓ Osteopath
- ✓ Physician (licensed medical professional)
- ✓ Physician Assistant
- ✓ Psychiatrist / Psychologist

Over the Counter Drugs

***Please see below for more information regarding Over the Counter Drugs*

Other Medical Equipment

Supplies, and Services

- ✓ Abdominal/Back Supports
- ✓ Artificial Limbs
- ✓ Automated External Defibrillator
- ✓ Blood Pressure Monitoring devices
- ✓ Blood Sugar Test Kits and supplies
- ✓ Braille Books and Magazines
- ✓ Breast Pumps and Lactation supplies
- ✓ Carpal Tunnel Wrist supports
- ✓ Compression Hose/Stockings
- ✓ Contact Lens Material and Equipment
- ✓ Cold/hot packs for injuries
- ✓ Condoms
- ✓ CPAP Devices
- ✓ Crutches
- ✓ Denture Adhesives
- ✓ Diabetic Supplies
- ✓ Durable Medical Equipment
- ✓ Ear Plugs
- ✓ Elastic Bandages
- ✓ Erectile Dysfunction Treatment
- ✓ First aid kits
- ✓ Flu Shots
- ✓ Glucose monitoring Equipment
- ✓ Guide Dog (for visually/hearing impaired person), Care and Training
- ✓ Hearing Aids and Batteries
- ✓ Heating Pads
- ✓ Hospital Bed
- ✓ Incontinence supplies
- ✓ Insulin
- ✓ Learning Disability (special school/teacher)
- ✓ Lodging for Medical Care (limited)
- ✓ Mastectomy related bra
- ✓ Medic Alert Bracelet or Necklace
- ✓ Medical Records Charges
- ✓ Motion Sickness Wristbands
- ✓ Neti Pot
- ✓ Nicotine gum, lozenges or patches for smoking cessation purposes
- ✓ Ostomy, Colostomy Supplies
- ✓ Ovulation Monitor
- ✓ Oxygen Equipment
- ✓ Pedialyte/Rehydration solutions
- ✓ Pregnancy test kits
- ✓ Prosthesis
- ✓ Rubbing alcohol
- ✓ Splints/Casts
- ✓ Sunscreen (SPF 30 or higher)
- ✓ Support Braces
- ✓ Syringes
- ✓ Thermometers
- ✓ Transportation Expenses (essential to medical care)
- ✓ Tuition Fee at Special School for Disabled Child
- ✓ Walkers
- ✓ Wheelchair

****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:**

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

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:

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

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:

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

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.*