

Medical FSA Eligible Expenses

The list below includes generally eligible IRS Code Section 213 expenses.

REMEMBER:

1. All services must be provided by a licensed practitioner.
2. Stockpiling of supplies is prohibited by the IRS.
3. Services must be rendered or items purchased during the plan year (or grace period, if applicable).
4. You must use your flex account money during the plan year (or grace period, if applicable) or it is forfeited.

Please Note: This is not a complete list and some items may not be eligible according to your plan.

***Due to health care reform, items on this list can only be reimbursed if prescribed by your doctor.**

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| <ul style="list-style-type: none"> • Acupuncture • Alcoholism Treatment • Ambulance • Artificial Limbs • Autoette/Wheelchair
 • Bandages • Birth Control Pills (by prescription) • Blood Pressure Monitor • Blood Tests • Blood Transfusions • Braces • Breast Reconstruction Surgery¹ • Braille Books and Magazines
 • Cardiographs • Carpal Tunnel Support • Chiropractor • Christian Science Practitioner² • Contact Lenses • Contact Lens Solution • Contraceptive products (e.g. condoms) • Crutches
 • Diabetic Supplies • Diagnostic Services • Dental Treatment (e.g. Root Canals)
 • Eyeglasses & Examinations • Eye Surgery (e.g. LASIK) • Eye & Ear Care
 • Fertility Treatment (to Overcome Infertility) • First Aid Supplies BAND-AID® Brand Adhesive Bandage
 • Guide Dog or other Animal
 • Hearing Aids & Supplies • Home Care • Hospital Services
 • Insulin | <ul style="list-style-type: none"> • Laboratory Fees • Lodging Essential to Medical Care³
 • Maternity Care & Related Services • Medical Services
 • Nursing Home
 • Operations • Organ Donor's Medical Expenses & Transport • Optometrist • Osteopath • Oxygen
 • Pregnancy Tests • Prosthesis • Psychiatric Care • Psychologist
 • Reading Glasses
 • Special Education • Sterilization • Stop-Smoking Program • Surgery
 • Telephone for TV or Hearing-Impaired • Therapy • Transplants • Transportation Essential to Medical Care
 • Vasectomy
 • Weight-loss Program That is Part of Specific Disease • Wig to Replace Hair Lost to Disease
 • X-Ray | <p>*****</p> <ul style="list-style-type: none"> • Acne Treatment (Medically Necessary) • Allergy Prevention • Analgesics • Antacids and Acid Reducers
Imodium®, Mylanta® • Anti-Arthritic Tylenol®/Arthritis • Antibiotics • Anticandial (Yeast) Monistat® • Antidiarrheal and Laxatives • Antifungal • Antihistamines • Anti-itch lotions and Creams • Antiseptics • Asthma Medicines • Bug Bite Medication • Cold and Flu Remedies • Cold Sore/Fever Blister • Cough Suppressants • Decongestants • Diaper Rash Balmex® • Diuretics and Water Pills • Eye Drops • Head Lice Treatment • Hemorrhoidal Preparations • Lactose Intolerant • Medicated Shampoo/Soaps • Migraine Relief • Motion Sickness • Muscle/Joint Pain • Nausea/Vomiting Remedies • Pain Reliever/Fever Reducers • Prenatal Vitamins • Prescription Medication • Respiratory Stimulant Ammonia • Sinus Products • Sleeping Aids (to Treat Insomnia) • Teething/Toothaches/Mouth Pain • Tylenol® • Throat Pain Medications • Topical Steroids • Wart Removal • Weight Loss Products (Medically Necessary) |
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FLEXIBLE SPENDING ACCOUNT EXPENSE CHECKLIST

Health Care Expenses Checklist:

Co-pays per Office Visit (PCP, OBGYN, Specialists):	\$ _____
Expenses subject to the Deductible:	\$ _____
Retail Prescription Drug Co-pays:	\$ _____
Mail Order Prescription Drug Co-pays:	\$ _____
Prescribed Eyeglasses/Sunglasses:	\$ _____
Eye Exams/LASIK/Eye Surgery:	\$ _____
Dental Cleanings:	\$ _____
Dental Treatments (Fillings, crowns):	\$ _____
Braces, Spacers, Retainers:	\$ _____
Oral Surgery (wisdom teeth, implants):	\$ _____
Lab Tests:	\$ _____
Diagnostic/Imaging Tests/X-Rays:	\$ _____
OBGYN/Fertility:	\$ _____
Diabetic Supplies:	\$ _____
Podiatrist Fees:	\$ _____
Chiropractic Fees:	\$ _____
Hearing Aids/Batteries:	\$ _____
Alcohol & Drug Treatment:	\$ _____
Medical Alert Bracelets:	\$ _____
Wigs for hair loss caused by disease:	\$ _____
Physical Therapy Expenses:	\$ _____
Stop-Smoking Programs & Medications:	\$ _____

Total Projected Health Care Expenses: \$ _____

Dependent Care Expenses Checklist:

Eligible Day Care Expenses (Licensed Day care): \$ _____

Pre-K or Nursery School: \$ _____

Before & After School Care thru Age 12: \$ _____

Day Camp thru Age 12: \$ _____

Day Care for Disabled Child/ren or Adult: \$ _____

Eldercare for Parent or Dependent (Licensed Care Program): \$ _____

Total Projected Dependent Care Expenses: \$ _____

