

## Know Your Health Care FSA/HRA/HSA Eligible and Ineligible Expenses

**Maximize the Value of Your Reimbursement Account** - Your Health Care Flexible Spending Account (FSA), Health Reimbursement Account (HRA) and/or Health Savings Account (HSA) 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 and HSA 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|HRA|HSA Eligible Products & Services please reference [www.irs.gov](http://www.irs.gov).

### 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

#### HEARING

- Hearing Aids and Batteries
- Hearing Exams

#### 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\*

#### LAB EXAMS/TESTS

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

#### 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

## List of Eligible Expenses

### 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)

### MEDICAL PROCEDURES/SRVICES (Continued)

- 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.

## List of Eligible Over-the-Counter Medicines and Drugs

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|---|--|--|
| <ul style="list-style-type: none"> <li>■ Acid controllers</li> <li>■ Acne medications</li> <li>■ Allergy &amp; sinus medicine</li> <li>■ Antibiotic products</li> <li>■ Antifungal (Foot)</li> <li>■ Anti-parasitic treatments</li> <li>■ Antiseptics &amp; wound cleansers</li> <li>■ Anti-diarrheal</li> <li>■ Anti-gas products</li> <li>■ Anti-itch &amp; insect bite</li> <li>■ Baby electrolytes and dehydration</li> <li>■ Baby rash ointments &amp; creams</li> <li>■ Cold sore remedies</li> <li>■ Contraceptives</li> </ul> | <ul style="list-style-type: none"> <li>■ Cough, cold &amp; flu</li> <li>■ Denture pain relief</li> <li>■ Digestive aids</li> <li>■ Ear care</li> <li>■ Eye care</li> <li>■ Feminine antifungal &amp; anti-itch</li> <li>■ Fiber laxatives</li> <li>■ First aid burn remedies</li> <li>■ Foot care treatment</li> <li>■ Hemorrhoidal preps</li> <li>■ Homeopathic remedies</li> <li>■ Incontinence protection &amp; treatment products</li> </ul> | <ul style="list-style-type: none"> <li>■ Laxatives (non-fiber)</li> <li>■ Medicated nasal sprays, drops, &amp; inhalers</li> <li>■ Medicated respiratory treatments</li> <li>■ Motion sickness</li> <li>■ Oral remedies or treatments</li> <li>■ Pain relief</li> <li>■ Skin treatments</li> <li>■ Sleep aids &amp; sedatives</li> <li>■ Smoking deterrents</li> <li>■ Stomach remedies</li> </ul> |
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- As of January 1, 2020, eligible over-the-counter (OTC) products that are medicines or drugs (e.g., acne treatments, allergy and cold medicines, antacids, etc.) will be eligible for reimbursement from your Health Care FSA and HSA.

## List of Eligible Feminine Protection, Menstrual Care Products

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| <ul style="list-style-type: none"> <li>■ Cups</li> <li>■ Tampons</li> </ul> | <ul style="list-style-type: none"> <li>■ Liners</li> <li>■ Disposable and Non-Disposable Underwear for Menstruation</li> </ul> | <ul style="list-style-type: none"> <li>■ Pads</li> <li>■ Sponge</li> </ul> |
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**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.

## List of Ineligible Expenses

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|---|---|--|
| <ul style="list-style-type: none"> <li>■ Contact Lens or Eyeglass Insurance</li> <li>■ Cosmetic Surgery/Procedures</li> <li>■ Electrolysis</li> <li>■ Gratuity</li> </ul> | <ul style="list-style-type: none"> <li>■ Marriage or Career Counseling</li> <li>■ Swimming Lessons</li> <li>■ Toothbrush/ Water pick</li> <li>■ Credit Card Fees</li> </ul> | <ul style="list-style-type: none"> <li>■ Personal Trainers</li> <li>■ Sunscreen (spf less than 15)</li> <li>■ Eye Ware protection Plans</li> </ul> |
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*Note: This list is not meant to be all-inclusive.*