



HEALTH FLEXIBLE SPENDING ACCOUNT List of Eligible Expenses

Eligible Expenses

Below is a current list of healthcare expenses reimbursable under your Health FSA account. These expenses must be medically necessary and satisfy all other requirements for reimbursement under your employer's Flexible Benefits Plan and applicable federal tax law. This list is intended to be a guide to assist you in determining whether an expense is eligible for reimbursement. This list may be modified from time to time. For specific questions regarding expenses eligible for reimbursement, please contact HealthTrust.

Acupuncture**Alcoholism treatment program fees****Ambulance service****Artificial limbs****Birth control pills and devices**

Braille books and magazines (above the cost of regular print)

Breast pumps and supplies that assist lactation

Breast reconstruction surgery (following mastectomy)

Capital expenses (for special equipment installed in the home or for improvements if their main purpose is medical care)

Car modification for equipment installed for the use of a person with a disability

Childbirth classes (mother's costs only)

Chiropractic care**Christian Science practitioner fees****Co-insurance amounts**

Contact lenses (including cleanser and saline solution)

Co-payments

Cosmetic surgery (only from congenital abnormality, personal injury or disfiguring disease)

Crutches**Deductibles**

Dental expenses (non-cosmetic only)

Dentures**Diabetic Supplies****Drug addiction treatment at a therapeutic center****Eye Exams****Eyeglasses**

Guide dog or other animal used by person with a physical disability

Hearing aids and batteries**Hospital fees****Infertility treatments****Insulin****Laboratory fees****LASIK**

Learning disability (tuition payments or tutors' fees for child with severe learning disabilities caused by mental or physical impairments, only if doctor recommends child attend the school)

Lodging and meals (at a hospital or similar institution if main reason for being there is to receive medical care or accompanying a dependent receiving the care)

Medical equipment, supplies and diagnostic devices (for diagnosis, cure, mitigation, treatment or prevention of disease)

Medical services provided by physicians, surgeons and specialists (non-cosmetic only)

Mileage (only for the purpose of receiving medical services)

Optical care by optometrist/ophthalmologist or Optician

Organ transplants

Orthodontia (except care for cosmetic purposes)

Orthotic Inserts

Physical exams (except for employment-related physicals)

Physical therapy**Prescribed medicines and drugs****PRK (photo refractive keratectomy)****Prosthesis****Psychiatric care****Psychoanalysis****Psychological treatment**

Schools, special (a school that teaches Braille, lipreading, remedial language training to correct condition cause by birth defect)

Smoking cessation programs

Special foods (prescribed by a physician at costs in excess of commonly available products)

Sunglasses (Prescription)

Teeth guards (except for sports use)

Vaccines**Vasectomy****Wheelchair costs****X-rays**

Examples of ineligible expenses include: Cosmetic surgery and procedures (including teeth whitening); custodial nursing care; dental hygiene products; insurance premiums.

Eligible Over-the-Counter Items (you can use your benefits card for these items)

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| <ul style="list-style-type: none"> • Acid controllers • Allergy & sinus • Anti-diarrhea medicines • Anti-gas • Anti-itch & insect bite • Antibiotic products • Antifungal (foot) • Antiseptics & wound cleansers • Baby electrolytes and dehydration • Baby rash ointments • Baby teething pain • Blood pressure monitors • Cholesterol testing • Cold sore remedies • Condoms • Contact lens care • Contraceptives • Cough, cold & flu • Denture pain relief | <ul style="list-style-type: none"> • Diabetes testing and aids • Digestive aids • Ear care • Eye care • Family planning (pregnancy and ovulation kits) • Feminine antifungal & anti-itch • Feminine hygiene products • First aid burn remedies • First aid supplies (bandages, band-aids, hot/cold packs, gauze pads, non-sports tapes) • Foot care treatment • Hearing aid batteries • Hemorrhoidal preps • Homeopathic remedies • Incontinence products (e.g. Attends, Depends) | <ul style="list-style-type: none"> • Incontinence protection & treatment medications • Laxatives • Medicated or unmedicated nasal sprays, drops & inhalers • Medicated or unmedicated respiratory treatments & vapor products • Motion sickness • Oral remedies or treatments • Pain relief (includes aspirin) • Reading glasses • Skin treatments • Sleep aids & sedatives • Smoking deterrents • Stomach remedies • Thermometers |
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Ineligible Over-the-Counter Items

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| <ul style="list-style-type: none"> • Chapstick • Cosmetics • Deodorant • Face Creams • Hand lotion | <ul style="list-style-type: none"> • Moisturizers • Mouthwash • Suntan lotion (unless \geq 15 SPF) • Toothpaste | <ul style="list-style-type: none"> • Vitamins & supplements (unless prescribed and substantiated by physician to treat physical defect or illness) • Weight loss drugs |
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