

Medical Flexible Spending Account Qualifying Expenses

(FSA) Flexible Spending Account dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

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

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

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

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs* Assoc. w/Disease

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Prosthetics
- Syringes

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and treatment
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)

MEDICATIONS

- Insulin
- Prescription Drugs

MENSTRUAL PRODUCTS

- Tampons
- Pads
- Liners
- Cups
- Sponges

PRACTITIONERS

- Allergist
- Chiropractor
- Dermatologist
- Homeopath
- OB/GYN Exams
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

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.

Ineligible Expenses – NOTE: *not all inclusive*

- Cosmetic Dental Procedures
- Cosmetic Surgery/Procedures
- Electrolysis
- Insurance Premiums(FSA Ineligible Only)
- Marriage or Career Counseling
- Personal Trainers
- Sunscreen (SPF less than 30)
- Swimming Lessons
- Vitamins

Eligible Over-the-Counter Medicines and Drugs (Product categories are listed in bold face; common examples are listed in regular face)

- **Acid controllers**
- **Acne medications**
- **Allergy & sinus**
- **Antibiotic products**
- **Antifungal (Foot)**
- **Antiparasitic treatments**
- **Antiseptics & wound cleansers**
- **Anti-diarrheals**
- **Anti-gas**
- **Anti-itch & insect bite**
- **Baby rash ointments & creams**
- **Baby Electrolytes and Dehydration**
 - Pedialyte, Enfalyte
- **Baby teething pain**
- **Cold sore remedies**
- **Contraceptives**
 - Unmedicated condoms
- **Cough, cold & flu**
- **Denture Adhesives, Repair, and Cleansers**
 - PoliGrip, Benzodent, Efferdent
- **Denture pain relief**
- **Diabetes Testing and Aids**
 - Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- **Diagnostic Products**
 - Thermometers, blood pressure monitors, cholesterol testing
- **Digestive aids**
- **Ear Care**
 - Unmedicated ear drops, syringes, ear wax removal
- **Eye Care**
 - Contact lens care
 - Reading Glasses
- **Elastics/Athletic Treatments**
 - Elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Family Planning**
- **Pregnancy and ovulation kits**
- **Feminine antifungal & anti-itch**
- **Fiber laxatives (bulk forming)**
- **First aid burn remedies**
- **First Aid Dressings and Supplies**
 - Band Aid, 3M Nexcare, non-sport tapes
- **Hemorrhoidal preps**
- **Laxatives (non-fiber)**
- **Foot Care Treatment**
 - Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- ***Glucosamine &/or Chondroitin**
 - Osteo-Bi-Flex, Cosamin D,
- **Home Health Care (limited segments)**
 - Ostomy, walking aids, decubitis/ pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**
 - Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Medicated nasal sprays, drops, & inhalers**
- **Medicated respiratory treatments & vapor products**
- **Motion sickness**
- **Oral remedies or treatments**
- **Pain relief (includes aspirin)**
- **Skin treatments**
- **Sleep aids & sedatives**
- **Smoking deterrents**
- **Stomach remedies**
- **Unmedicated nasal sprays, drops, & inhalers**
- **Unmedicated vapor products**
- **Prenatal Vitamins**