



# ELIGIBLE FSA HEALTH CARE EXPENSES

Below is a list of items that are accepted for reimbursement by a Flexible Spending Account with an appropriate diagnosis

<b>A</b>	Acupuncture	Acne treatment (w/prescription)	Adoption (medical expenses related to)
	Alcoholism treatment	Allergy medication (w/prescription)	Ambulance and emergency health services
	Anesthesia	Antacids (w/prescription)	Anti-Diarrheal (w/prescription)
<b>B</b>	Band-Aids / Bandages	Birth control	Blood pressure monitor
	Blood sugar test kits	Body scans	Breast pumps and lactation supply
<b>C</b>	Childbirth classes	Chiropractor	Christian science practitioners
	Co-insurance	Compression stockings	Condoms
	Contact lenses and cleaning solutions	Co-payments	Counseling
	C-pap Devices	Crutches	Cough Medicines (w/prescription)
<b>D</b>	Deductibles	Dental Care (for non – cosmetic purposes)	Dentures, bridges, etc.
	Diabetic supplies	Diagnostic services	Drug addiction treatment
	Drugs (prescription)	Doctor fees	Dyslexia treatment
<b>E</b>	Ear care	Eye examinations	Eye surgery or treatment to correct vision
	Eyeglasses (over the counter)	Eyeglasses (prescription)	Eye drops (w/prescription)

<b>F</b>	Fertility enhancement	Fertility treatment	First aid kit / supplies
	Flu shots	Foot care	Foam ring cushion / donut pillow
<b>G</b>	Glucosamine	Guide dogs	
<b>H</b>	Health screenings	Hearing aids and batteries	Heart rate monitors
	Home diagnostic tests	Hormone replacement therapy (prescription)	Hospital services and fees
<b>I</b>	Immunizations	Infertility treatment	Insulin, testing materials and supplies
<b>L</b>	Laboratory fees	Lamaze classes	Laser / Lasik eye surgery
	Laxatives (w/prescription)	Lice treatment (w/prescription)	
<b>M</b>	Medical alert bracelet or necklace	Medical records	Medical services and supplies
	Medicines (prescription)	Mid-wife	Mileage – 23 cents per mile for medical care
	Migraine relief (w/prescription)	Monitors and test kits (over the counter)	Motion sickness medicines (w/prescription)
<b>N</b>	Nasal spray (w/prescription)	Nasal strips	Nebulizer
	Neti Pot	Nicotine gum and patches (w/prescription)	

<b>O</b>	OB/GYN fees	Occlusal guards	Occupational Therapy
	Optometrist	Orthodontia	Orthotic inserts
	Osteopath	Organ transplants	Over the counter medicines or drugs (w/prescription)
	Over the counter supplies	Out of network fees	Ovulation monitor
<b>P</b>	Pain Relievers (w/prescription)	Parking fees and tolls for medical visits	Physical therapy
	Pregnancy aids and tests	Prescription drugs (non-cosmetic)	Preventive care screenings
	Psychiatric services and care	Psychoanalysis	Psychologist
<b>R</b>	Reading glasses (over the counter)	Removal of benign mole, cyst or tumor	Retrieving tools
<b>S</b>	Sleep aids (w/prescription)	Smoking cessation programs	Speech therapy
	Sterilization	Substance abuse	Subway fare for medical visits
	Sunglasses (prescription)	Sunscreen w/30 SPF or higher	Surrogacy expenses
<b>T</b>	Taxi fare for medical visits	Train fare for medical visits	Tubal ligation
<b>U</b>	Ultrasound	Urological products	
<b>V</b>	Vaccinations	Vaporizer / humidifier	Vasectomy and reversal
	Viagra	Vision care	

<b>W</b>	Walking aids (canes, crutches, walkers)	Wart removal treatment (w/prescription)	Weight loss procedures / surgery
	Wheelchair and repairs	Well – child visits	Wound care – non medicine (over the counter)
<b>X</b>	X-ray fees (dental and medical)		

## POTENTIALLY ELIGIBLE FSA HEALTH CARE EXPENSES

All potentially eligible expenses require a “letter of medical necessity” from your health care provider to be considered for reimbursement. This form can be found on our website [www.flexbene.com](http://www.flexbene.com). Submitting the letter of medical necessity does not guarantee that the expenses will be reimbursed. A new letter is required every year.

<b>A</b>	Air purifier	Alternative healers	Automobile modifications
<b>B</b>	Behavioral therapy	Blood storage	Breast reduction
<b>C</b>	Calcium supplements	Cord blood storage	
<b>D</b>	Dietary supplements	Dietician	
<b>E</b>	Electrolysis	Exercise equipment	
<b>F</b>	Fiber supplements	Fish oil	Fitness programs
<b>G</b>	Gym membership		

<b>H</b>		Hair loss treatment	Herbal supplements	Homeopathic medicines
<b>L</b>		Lactation consultant	Laser therapy	Lodging – primarily for and essential to medical care provided by a doctor, hospital or medical care facility, up to \$50 per night
<b>M</b>		Massage therapy	Minerals	
<b>N</b>		Nursing care and services	Nutritional supplements	Nutritionist
<b>O</b>		Orthopedic shoes	Oxygen	
<b>P</b>		Personal trainer	Probiotics	
<b>S</b>		Special Equipment	Sperm storage	
<b>V</b>		Vitamin B-12 injections	Vitamins	
<b>W</b>		Weight loss program	Wigs	

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# ELIGIBLE FSA DEPENDENT CARE EXPENSES

Eligible Dependent Care Expenses are for a child under the age of 13 or other dependents that are physically and mentally incapable of taking care of themselves.

Adult day care center	After school care	Au Pair
Babysitting (must be work related and not provided by your own dependent)	Before school care	Camp (not overnight)
Child care	Daycare center	Educational services (for preschool, not kindergarten or above)
Elder care	Extended care	Indirect expenses (agency, application, placement fees, deposits)
Nanny	Nursery school	Preschool
Senior day care	Summer day camp (not overnight)	Tuition (nursery school or preschool)