

# WHAT TYPE OF EXPENSES ARE ELIGIBLE?

## *Health Care FSA Expenses*

The following list, while **not intended to be complete**, illustrates medical-related expenses which **may** be reimbursed under the Health Care FSA, restrictions may apply.

### DEDUCTIBLES/CO-PAYMENTS/CO-INSURANCE

**PRESCRIPTION DRUGS** (*only drugs that require a prescription are eligible - name of prescription required*)

### DENTAL EXPENSES

- Routine & Preventive Services
- X-rays
- Orthodontia (*generally as treatment is provided*)
- Restorative services, fillings, extractions, dentures

### VISION CARE EXPENSES

- Eye exams
- Prescription eyeglasses & sunglasses
- Contact lenses & supplies
- Corrective surgery (*RK & Lasik*)

### MEDICALLY NECESSARY EQUIPMENT

- Wheelchair & lifts
- Crutches
- Oxygen equipment & supplies
- Blood pressure monitor

### DIABETIC SUPPLIES

- Insulin
- Test strips, lancets, etc.
- Glucose monitor

### PHYSICAL EXAMINATIONS

- Annual physical exam (*including prostate screening, pap smears & mammograms*)
- School & work physicals

### COUNSELING & PSYCHIATRIC TREATMENT

- Psychologists
- Psychotherapists
- Psychiatrists

### FEES & SERVICES

- Physicians, surgeons, anesthesiologists, OB/GYN
- Ambulance
- Nursing (*including room & board*)
- Chiropractic services
- Fertility treatment
- Sterilization & reversals
- Medically necessary reconstructive services (*i.e. mastectomy or following an accident*)
- Hospital expenses

### HEARING EXPENSES

- Testing
- Hearing aids
- Batteries & repairs

### OTHER EXPENSES

- Prosthesis & artificial limbs
- Organ tissue donation expenses
- Tuition at special school for handicapped
- Travel necessary to seek medical treatment (*limitations apply*)
- Orthotics & orthopedic shoes (*medically necessary*)
- Laboratory fees
- Acupuncture
- Alcohol & drug rehabilitation expenses
- Special equipment for those who are deaf and/or blind (*i.e. Braille books, hearing devices, guide dogs*)
- Weight loss programs and drugs (*when prescribed by a doctor to treat obesity and/or a medical condition – statement required from the doctor*)
- Smoking cessation program or prescribed drug
- Medical supplies
- Therapy treatments (*when prescribed by a doctor*)

### **The following list illustrates some of the Health Care expenses that are NOT ELIGIBLE under the Plan**

Cosmetic treatments or surgery (*unless necessary to alleviate a deformity related to a congenital abnormality, trauma, or disfiguring disease*)

Expenses (*treatments and drugs*) only to improve your general health or well being

Hair replacement treatments and drugs

Health club dues

Long Term Care Insurance

Marriage & family counseling

Over the counter drugs, vitamins & nutritional supplements

Teeth whitening

Vacations

Vitamins to improve or to preserve general health (*even when prescribed by a doctor*)

Weight loss programs and drugs to improve or to preserve general health (*even when prescribed by a doctor*)

## *Dependent Day Care FSA Expenses*

Dependent Day Care FSA **ELIGIBLE** expenses include expenses necessary for you and your spouse (if married) to be gainfully employed or attend school. Eligible expenses include:

Expenses paid for the care of a dependent under age 13

Expenses paid for the care of a dependent who is physically or mentally incapable of caring for himself or herself

Expenses paid to a dependent day care provider

If you are divorced, your child must be in your custody for at least six months out of the year

### **The following list illustrates some of the Dependent Day Care FSA expenses that are NOT ELIGIBLE under the Plan**

Kindergarten

Field trips, lunches, supplies, and transportation fees

Overnight camps

Care for dependent who lives outside of the employee's home

Registration fees