



## Eligible Health Care FSA Expense Examples:

### ■ Dental Services

Crowns/Bridges  
 Dental X-Rays  
 Dentures  
 Exams/Teeth Cleanings  
 Extractions  
 Fillings  
 Gum Treatments  
 Oral Surgery  
 Orthodontia/Braces

### ■ Insurance-Related Items

Copays  
 Coinsurance  
 Deductibles

### ■ Lab Exams/Tests

Blood Tests  
 Cardiographs  
 Diagnostic Fees  
 Laboratory Fees  
 Spinal Fluid Tests  
 Urine/Stool Analyses  
 X-Rays

### ■ Medication

Insulin  
 Prescribed Birth Control  
 Prescribed Vitamins\*  
 Prescription Drugs\*

### ■ Other Medical Treatments/Procedures

Acupuncture  
 Alcoholism (*inpatient treatment*)  
 Chiropractor Services  
 Drug Addiction (*inpatient treatment*)  
 Hearing Exams  
 Hospital Services  
 Infertility  
 In-vitro Fertilization  
 Norplant Insertion or Removal  
 Patterning Exercises  
 Physical Examination (*not employment related*)  
 Physical Therapy  
 Speech Therapy  
 Sterilization  
 Vaccinations and Immunizations  
 Vasectomy and Vasectomy Reversals  
 Well Baby Care

### ■ Other Medical Supplies and Services

Abdominal/Back Supports  
 Ambulance Services

Arch Supports/Orthopedic Insoles  
 Blood Pressure Monitors  
 Breast Pumps and Lactation Supplies  
 Compression Hosiery Above 30 mmHg  
 Contact Lens Solution and Cleaners  
 Contraceptives  
 Counseling (*except for Marriage and Family*)  
 Crutches  
 Guide Dog (*for visually/hearing impaired person*)  
 Hearing Aids & Batteries  
 Hospital Bed  
 Ice Pack  
 Insulin Supplies  
 Learning Disability (*special school/teacher*)  
 Mastectomy Bras  
 Medic Alert Bracelet or Necklace  
 Medical Miles, Tolls, and Parking  
 Orthopedic Shoes\*\*  
 Oxygen Equipment  
 Pregnancy Tests  
 Pre-natal Vitamins  
 Prosthesis  
 Rubbing Alcohol  
 Splints/Casts  
 Suntan Lotion/Sunscreen greater than SPF 14  
 Syringes

Transportation Expenses (*essential to medical care*)  
 Wheelchair  
 Wigs (*hair loss due to disease*)  
**■ Vision Expenses**  
 Contact Lenses  
 Contact Lens Solution

Eye Examinations  
 Eyeglasses  
 Laser Eye Surgeries  
 Prescription Sunglasses  
 Radial Keratotomy/LASIK  
 Reading Glasses

*This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll-free Participant Services line at 800 346 2126.*

## Eligible with Doctor's Prescription:

**Important note about over-the-counter (OTC) drug reimbursement:** Due to health care reform regulations, the Health Care FSA only reimburses OTC drug expenses if you have and provide a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Make sure you plan your annual election accordingly.

Allergy Medicines  
 Antihistamines  
 Analgesics  
 Antacids  
 Anti-Diarrhea Medications

Anti-Itch Medications  
 Anti-Nausea Medications  
 Aspirin  
 Athletes Foot Creams and Powders  
 Cold Sore Remedies  
 Cough Drops  
 Cough Syrups  
 Decongestants  
 Eye Drops  
 Fever Reducers  
 First Aid Cream (*Bactine, diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments*)  
 Digestive Tract Relief Medications  
 Flu and Cold Medications  
 Hemorrhoidal Medications  
 Laxatives  
 Lice and Scabies Treatments

Menstrual Cycle Products (*medication for pain and cramp relief*)  
 Motion Sickness Pills  
 Muscle/Joint Pain Relievers  
 Nasal Sinus Sprays  
 Nicotine Gum/Patches  
 Pain Relievers  
 Pedialyte  
 Retin A (*non-cosmetic*)  
 Sinus Medications  
 Sleeping Aids  
 Smoking Cessation Products  
 Sore Throat Sprays  
 Special Ointments/Burn Ointments  
 Throat Lozenges  
 Vapor Rubs  
 Weight Loss Drugs (*to treat specific disease*)\*\*\*  
 Yeast Infection Treatments

## Ineligible Health Care FSA Expense Examples:

Baby-Sitting  
 Canceled Appointment Fees  
 Chapstick/Lip Balm  
 Contact Lens Insurance  
 Cosmetics  
 Cosmetic Surgery/Procedures  
 Dance/Exercise/Fitness Programs  
 Dental Bleaching  
 Diaper Service  
 Electrolysis  
 Exercise Equipment  
 Eyeglass Insurance

Face Cream  
 Feminine Hygiene Products  
 Hair Loss Medications  
 Hair Transplant  
 Health Club Dues  
 Illegal Operation or Treatments  
 Insurance Premiums  
 Long Term Care Premiums  
 Marriage or Family Counseling  
 Massage Therapy\*\*\*  
 Maternity Clothes  
 Mattresses  
 Meals that are not part of inpatient care  
 Moisturizers  
 Nutritional Supplements\*\*\*  
 Personal Trainer

Prescription Drug Discount Programs  
 Prescription Drugs for Hair Loss  
 Provider Discounts  
 Rogaine  
 Shampoos/Soaps  
 Special Foods\*\*\*  
 Suntan Lotion/Sunscreen less than SPF 15  
 Supplements\*\*\* (*for general health*)  
 Teeth Whitening/Bleaching  
 Toiletries  
 Toothbrushes (*including battery operated*)  
 Toothpaste  
 Vision Discount Program Premiums  
 Vitamins\*\*\* (*for general health*)  
 Weight Loss Programs\*\*\* (*for general health*)



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\*Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

\*\*Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

\*\*\*Requires documentation from the doctor or care provider indicating use to treat a medical condition. A Letter of Medical Necessity template is available.