

## Eligible Expenses



### 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/Orthotic Insoles  
Breast Pumps and Lactation Supplies  
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  
Insulin Supplies  
Learning Disability (*special school/teacher*)  
Lead Paint Removal (*if not capital expense and incurred for a child poisoned*)  
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, special 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

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.