

## List of Eligible & Ineligible Healthcare Expenses

The following list represents expenses that are frequently submitted for reimbursement under Health Flexible Spending Accounts (FSA). **This list is not intended to be exhaustive and is intended only to be used as a general guide.** Consequently, expenses contained in this general list may be denied if the supporting claims documentation is insufficient or shows that the expense was incurred for services not considered medical care, such as cosmetic procedures. If an item falls under the "potentially eligible" category it will require a [Letter of Medical Necessity \(LOMN\)](#) and/or [Prescription](#) from your health care provider to be considered eligible for reimbursement. Payment of claims will be based on the rules set out in all applicable regulations, your employer's plan design and on the information on the claim form. **All expenses must be substantiated by information from a third party :**

- ✓ Describing the service or product;
- ✓ The name of the provider (or Vendor);
- ✓ The date of the service or sale; and the amount.

**Note:** An **Explanation of Benefits (EOB)** from your medical insurance company is an acceptable form of documentation.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Abortion	✓			Expenses for operations that are illegal do not qualify.
Acne Treatment		✓		Over-the-counter acne treatment products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of acne. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Cosmetics or other items that merely contain acne-fighting ingredients are not eligible. Note: Generic and store brand equivalents are also eligible.
Acupuncture	✓			
Adaptive Equipment		✓		If used for major disability such as spinal cord injury, this can be reimbursed. Adaptive equipment to assist you with activities of daily living can also be reimbursed. A <a href="#">Letter of Medical Necessity</a> will be needed from your doctor to show that this purchase is primarily for medical care.
Adoption Fees			✗	
Adoption, Pre-Adoption Medical Expenses	✓			Medical expenses incurred before an adoption is finalized will qualify, if the child qualifies as your tax dependent when services are provided.
Airborne			✗	
Airfare	✓			Restrictions Apply <a href="#">See Transportation</a>
Air Conditioners/ Air Purifiers		✓		A <a href="#">Letter of Medical Necessity</a> will be needed from your doctor to show that this purchase is primarily for medical care. It must be used primarily for the individual with the medical condition. If the unit is attached to the home (such as central air), only the amount spent that is more than the value added to the property will qualify.
Alcoholism/Drugs/ Substance Abuse Treatment	✓			This includes inpatient treatment along with meals, and lodging. Also, outpatient care and transportation expenses associated with attending meetings, including AA groups if under doctor's advice.
Allergy Medicines		✓		Over-the-counter allergy medicine products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of allergies. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
<b>Allergy Products</b>				Expenses generally will not qualify if the product would be owned even without allergies, such as a pillow or a vacuum cleaner. Eligible expenses include products and home improvements to treat severe allergies. To show this is primarily for medical care, a <a href="#">Letter of Medical Necessity</a> is required. Only the difference in price between a regular product and one that meet specific medical needs, will be reimbursed.
<b>Alternative Medicine</b>				Services must be prescribed by a licensed health care provider to treat a specific illness or disorder. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
<b>Ambulance</b>				<a href="#">See Transportation</a>
<b>Analgesics/ Antipyretics</b>				Over-the-counter Analgesics products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Advil, Aleve, Aspirin, Ibuprofen, Midol, Naprosyn, Pamprin and Tylenol.
<b>Antacids/ Acid Reducers</b>				Over-the-counter Antacid products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; AXID AR, Gas-X, Maalox, Mylanta, Pepcid AC, Prilosec OTC, Tums, and Zantac.
<b>Anti-Arthritics</b>				Over-the-counter Anti-Arthritic products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Glucosamine, and Chondroitin.
<b>Antibiotics, topical</b>				Over-the-counter Antibiotics, topical products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Bacitracin, Neosporin, and Triple Antibiotic Ointment.
<b>Antibiotics, yeast infection</b>				Over-the-counter Antibiotics, topical products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Femstat 3, Gyne-Lotrimin, Monistat, Mycelex 7, and Vagistat-1.
<b>Anti-Diarrheal</b>				Over-the-counter Anti-Diarrheal products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Imodium AD, Kaopectate, and Pepto-Bismol.
<b>Antifungal</b>				Over-the-counter Antifungal products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Lamisil AT, Lotramin AF, and Micatin.
<b>Antihistamines</b>				A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care.
<b>Anti-itch products</b>				Over-the-counter Anti-itch products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Bactine, Benadryl, Caldecort, Caladryl, Calamine, Cortaid, Hydrocortisone, and Lanacort.
<b>Arthritis Gloves</b>				

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Artificial Limbs	✓			
Artificial Teeth	✓			
Aspirin		✓		A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care.
Artificial Reproductive Technologies		✓		Eligible medical expenses include, but are not limited to; Artificial insemination, Egg donor charges for recipient, Embryo replacement storage, Embryo transfer, Fertility exams, Gamete Intrafallopian Transfer, In vitro/In vivo fertilization, Sperm bank storage, Sperm implants, Sperm washing, and Reverse vasectomy. A Letter of Medical Necessity is required. See also: <a href="#">Egg Donor Fees</a> , <a href="#">Egg and Embryo Storage Fees</a> , <a href="#">Sperm Storage</a>
Asthma Medicines		✓		Over-the-counter Asthma Medicines products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Bronitin Mist, Bronkaid, Bronkolixer, and Primatene.
Automobile Modifications		✓		<a href="#">See Adaptive Equipment</a>
Baby Formula		✓		If your baby requires a special formula to treat an illness or disorder, the difference in cost between the special formula and routine baby formula can be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Babysitting and Child Care			✗	Babysitting, child care, and nursing services for a normal, healthy baby do not qualify as medical care.
Bactine		✓		A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care.
Band-Aids/ Bandages	✓			
Bed boards		✓		A <a href="#">Letter of Medical Necessity</a> is required. Only the difference in price between a regular bed board, and one that meets specific medical needs will be reimbursed.
Beds, mattresses		✓		In rare cases, a portion of the expenditure might qualify if a unique type mattress is prescribed by a physician to treat a specific medical condition and will require a <a href="#">Letter of Medical Necessity</a> . Any types of support for the mattress, like box springs or special foundations, are not eligible. <b>Note:</b> Only the <a href="#">excess</a> cost, between a regular mattress and one that meets the specific medical needs, may potentially qualify for reimbursement, and a <a href="#">cost comparison</a> is also required.
Bedside Commodes	✓			
Birth Control	✓			Examples include, but are not limited to; Demulen, Depo-Provera, Loestrin, Lo-Ovral, Mircette, Ortho Novum, Ortho Tri Cyclen, Ovcon, Ovral, Tri-Norinyl, Triphasil, and Yasmin. Also included: Condoms, Intrauterine Device (IUD), Norplant, Ovulation kits, and Spermicides.
Blood Pressure & Heart Monitors	✓			
Blood Storage		✓		Eligible if you are storing blood for use during scheduled elective surgery. Storage fees should not exceed 6 months. A <a href="#">Letter of Medical Necessity</a> is required.
Blood Sugar Test Kits and Test Strips	✓			
Body Scans	✓			

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
<b>Books, health related</b>		✓		Will qualify only if recommended to treat an illness (such as asthma or diabetes) diagnosed by a physician. The purpose of the expense must be to treat the disease rather than to promote general health. To show the expense is for medical care, a <a href="#">Letter of Medical Necessity</a> is required.
<b>Boutique Practice Fees</b>			✗	Monthly or annual fees that your provider may charge for improved access, 24/7 availability and more "personalized" care are not considered medical care and cannot be reimbursed under a Health Care FSA.
<b>Braille Books and Magazines</b>	✓			The incremental cost of Braille books and magazines that exceeds the price for regular books and magazines is eligible.
<b>Breast Pumps</b>	✓			Breast Pumps and Supplies that assist lactation will qualify as medical care expenses under Code Section 213(d).
<b>Breast Reconstruction surgery following Mastectomy</b>	✓			Will qualify to the extent that surgery was done following a mastectomy for cancer. This is an exception to the general rules regarding cosmetic procedures.
<b>Bus Fare</b>	✓			<a href="#">See Transportation</a>
<b>Calamine Lotion</b>		✓		A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care.
<b>Calcium Supplements</b>		✓		Examples include, but are not limited to; Calcium Carbonate, Calcium Citrate, Calcium Gluconate, Calcium Lactate, Caltrate, Citrical, Tricalcium Phosphate. A <a href="#">Letter of Medical Necessity</a> or a <a href="#">Prescription</a> is required.
<b>Capital Expense</b>		✓		A capital expense can be reimbursed if its purpose is to provide medical care for you, your spouse or dependent. Examples include, but are not limited to: Constructing entrance or exit ramps, Widening or otherwise modifying doorways, hallways and stairways, Installing railings, or support bars, Kitchen modifications including lowering cabinets, Electrical and plumbing modifications, Exterior grading of the property to provide access to your home, and Removal of carpeting, wall and/or window coverings (this does not include cost of replacement). IRS regulations require that the cost comparison between a standard item and an item prescribed by a health care provider be submitted from an independent third party. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Carpal Tunnel Wrist Supports</b>	✓			
<b>Cayenne Pepper</b>		✓		May qualify if used to treat a specific medical condition. To show that the expense is primarily for medical care, a <a href="#">Letter of Medical Necessity</a> and <a href="#">Prescription</a> will be required.
<b>Chairs, ergonomic</b>		✓		Only the difference in price between regular chairs and the chair that meets specific medical needs, will be approved. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Chairs, reclining</b>		✓		Reclining chairs that both elevate the legs and tilt the torso may be considered for reimbursement. Also convalescent and lift chairs will be reimbursed. Only the difference in price between a regular chair and a chair that meet specific medical needs will be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required. No other types of chairs are eligible.
<b>Chelation Therapy</b>	✓			Will qualify if used to treat a medical condition such as lead poisoning.
<b>Childbirth Class</b>	✓			Does not include: Breastfeeding Classes, Newborn or New Infant Care Classes, or Parenting Classes.
<b>Chinese Herbal Practitioner &amp; Herbal Treatments</b>		✓		<a href="#">See Alternative Medicine</a>
<b>Chiropractic</b>	✓			

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Chondroitin		✓		Will qualify if used primarily for medical care (for example to treat arthritis). Won't qualify if used to maintain general health. A <a href="#">Letter of Medical Necessity</a> is required.
Christian Science Practitioners	✓			Payments for medical care can be reimbursed.
Cialis		✓		A <a href="#">Prescription</a> is required.
Circumcision	✓			A bris performed in the home by a Rabbi is not an eligible expense.
Claritin (loratadine)		✓		A <a href="#">Prescription</a> is required.
Classes, health-related		✓		Will qualify only if recommended to treat an illness daignosed by a physician. A <a href="#">Letter of Medical Necessity</a> is required.
COBRA Premiums			✗	
Co-Insurance	✓			Cannot be reimbursed by secondary insurance or any other source.
Cold/Hot Packs	✓			Only cold/hot packs sold as medical supplies will qualify; those sold for other purposes (e.g., to keep beverages cold or hot) won't qualify.
Cold Medicines		✓		Over-the-counter Cold Medicine products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care.Examples include, but are not limited to; Actifed, Advil Cold & Sinus, Alka Seltzer Cold & Flu, Children's Advil Cold, Dayquil, Nyquil, Pediacare, Sudafed, Cough Drops, Nasal Sprays, Throat Lozenges.
Cold Sore Medicines		✓		Over-the-counter Cold Sore Medicine products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care.Examples include, but are not limited to; Abreva and Herpecin.
Cologne			✗	
Companion Animals	✓			<a href="#">See Service Animals</a>
Concierge Fees			✗	Retainer fees
Condoms	✓			
Contact Lenses	✓			Contact lenses, cleaning and soaking solutions and lens storage cases are all eligible.
Controlled Substances			✗	
Co-payments	✓			Cannot be reimbursed by secondary insurance or any other source.
Cord Blood Storage		✓		Can be reimbursed if there is a specific medical condition that the cord blood is intended to treat. Indefinite storage "just in case" is not eligible. A <a href="#">Letter of Medical Necessity</a> is required.
Corneal Ring Segments	✓			
Cosmetics			✗	Cosmetics are used primarily for personal purposes, and are intended to be rubbed on, poured on, sprinkled on, sprayed on, introduced into, or otherwise applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance. Examples include but are not limited to; skin moisturizers, perfumes, lipsticks, fingernail polishes, eye and facial makeup, shampoos, hair colors, toothpastes, and deodorants.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
<b>Cosmetic Procedures</b>			✗	A cosmetic procedure or service necessary to improve a deformity arising from a congenital abnormality, personal injury from accident or trauma, or to restore appearance related to treatment for another medical diagnosis or condition can be reimbursed.
<b>Cough Medicine</b>		✓		Over-the-counter Cough Medicine products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Chloraseptic, Cough drops, Mucinex, Robitussin, Throat lozenges, and Vicks 44.
<b>Counseling</b>		✓		Counseling will qualify if it is only <b>for medical reasons</b> . <b>Note:</b> If documentation does not clearly identify that it is for medical reasons (such as an <a href="#">EOB</a> ), a <a href="#">Letter of Medical Necessity or Prescription</a> will be required to show that that the expense is primarily for medical care and a medical practitioner has recommended the counseling to treat a specific medical condition. Eligible expenses include; psychotherapy, bereavement and grief counseling, sex counseling, etc. <b>Note:</b> Life coaching, career counseling, and marriage counseling will not qualify.
<b>Crowns</b>	✓			
<b>Crutches</b>	✓			
<b>Dancing Lessons</b>		✓		Only for a short duration and if prescribed for a specific medical condition, such as part of a rehabilitation program after surgery. A <a href="#">Letter of Medical Necessity</a> if required.
<b>Decongestants</b>		✓		A <a href="#">Prescription</a> is required. Examples include but are not limited to; Dimetapp, and Sudafed.
<b>Deductibles</b>	✓			Cannot be reimbursed by secondary insurance or any other source.
<b>Dental Maintenance Organization (DMO)</b>			✗	<a href="#">See Insurance Premiums</a>
<b>Dental Care</b>	✓			Covered services include, but are not limited to; Bridges, Cleanings, Crowns, Dental Implants, Dentures, Endodontic care, Extractions, Fillings, Orthodontia (Ortho contract is required), Periodontal services, Routine prophylaxis, Sealants and X-rays.
<b>Dental Care (Cosmetic)</b>			✗	Expenses for cosmetic dentistry, such as teeth whitening or bleaching, porcelain veneers, or bonding are not eligible for reimbursement.
<b>Dental Floss</b>			✗	
<b>Dentures and denture care</b>	✓			
<b>Deodorant</b>			✗	
<b>Dependent Care Expenses</b>			✗	Such expenses won't qualify, even if you are paying for dependent care so that you may receive medical care.
<b>Diabetic Socks</b>		✓		Won't qualify if used for personal or preventative reasons. If used to treat or alleviate a specific medical condition, only the excess cost of the specialized socks over the cost of regular socks will qualify. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Diabetic Supplies</b>	✓			
<b>Diagnostic Items/Services</b>	✓			Includes a wide variety of procedures to determine the presence of a disease or dysfunction of the body; such as tests to detect heart attack, stroke, diabetes, osteoporosis, thyroid conditions, and cancer.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Diaper Rash Creams		✓		Over-the-counter Diaper Rash Creams products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Balmex, and Desitin.
Diapers, diaper service		✓		If used merely for the routine care of healthy newborns, this is not an eligible expense. However, if used to relieve or ameliorate the effect of a particular illness or disease on you, your disabled child or dependent, who would not need this product "but for" the medical condition then this may be eligible. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
Diarrhea Medicine		✓		A <a href="#">Prescription</a> is required.
Diet Food			✗	Costs of special foods to treat a specific disease (such as obesity) do not qualify to the extent that they satisfy ordinary nutritional requirements. Thus the costs of food associated with weight loss programs would not qualify.
Dietary Supplements		✓		Examples include, but are not limited to; Ensure, Glucerna, Power drinks, and Protein Bars. A <a href="#">Letter of Medical Necessity</a> or a <a href="#">Prescription</a> is required.
Disabled Dependent Care Expenses		✓		Expenses will only qualify if they are for medical care of the disabled dependent. Note: Some disabled dependent care expenses that qualify as medical expenses may also qualify as work-related expenses for purposes of the Dependent Care Tax Credit under Code Section 21 or for reimbursement under a Dependent Care Assistance Program under Code Section 129. You must not use the same expenses for more than one purpose. A <a href="#">Letter of Medical Necessity</a> is required.
DNA Collection and Storage		✓		Generally will not qualify. However temporary storage may qualify, if DNA is collected as part of the diagnosis, treatment, or prevention of an existing or imminent medical condition.
Doctor Fees	✓			In addition to all expenses for care not reimbursed by any other source, eligible expenses include, but are not limited to; Out-of-network providers, Charges by your physician for letters of medical necessity to schools, etc.
Doulas		✓		Will only qualify to the extent that the doula provides medical care for the mother or child. Services such as emotional support, parenting information, child care, and housekeeping will not qualify.
Drug Addiction, treatment of	✓			Eligible expenses include, but are not limited to; Inpatient treatment, including meals and lodging by a licensed addiction center, Outpatient care, and Transportation expenses associated with attending outpatient meetings, including AA groups, if attending on a doctor's referral.
Drug Overdose Treatment	✓			
Drugs and Medicines		✓		Will qualify if primarily for medical care, legally procured, and generally accepted as medicines and drugs. A <a href="#">Prescription</a> is required.
Dyslexia		✓		A <a href="#">Letter of Medical Necessity</a> is required for any dyslexia treatment or programs.
Ear Care		✓		Examples include, but are not limited to; Ear drops and Ear wax removal. A <a href="#">Prescription</a> is required.
Ear Piercing			✗	<a href="#">See Cosmetic Procedures</a>
Ear Plugs		✓		Must be prescribed to treat a specific medical condition, such as the presence of middle/inner ear tubes. A <a href="#">Letter of Medical Necessity</a> is required.
Ear Wax Removal Products		✓		A <a href="#">Prescription</a> is required.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
<b>Education</b>		✓		Payments made to a special school for a mentally impaired or physically disabled person qualify as reimbursable if the main reason for using the school is its resources for relieving the disability. This includes teaching Braille to a visually impaired person, teaching lip reading to a hearing impaired person, and giving remedial language training to correct a condition caused by a birth defect. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Egg Donor Fees</b>		✓		Amounts paid for the egg donor fee, an agency fee, an egg donor's medical and psychological testing, and legal fees for preparation of the egg donor contract will qualify.
<b>Eggs and Embryo Storage Fees</b>		✓		Fees for temporary storage qualify, but only to the extent necessary for immediate conception. Storage fees for undefined future conception probably aren't considered medical care. "Temporary" is not defined; however, one consideration might be whether it is stored and used within the same year. A <a href="#">Letter of Medical Necessity</a> is required. Also see Artificial Reproductive Technologies and Sperm storage.
<b>Electrolysis</b>			✗	
<b>Electrolyte Replacements</b>		✓		Examples include, but are not limited to; Pedialyte. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
<b>Elevator</b>		✓		Installing an elevator upon the advice of a physician so that a person with heart disease won't have to climb stairs, may be medical care to the extent of the amount in excess of value enhancement to the property. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Exercise Equipment</b>		✓		A <a href="#">Letter of Medical Necessity</a> is required.
<b>Exercise Programs</b>		✓		<a href="#">See also Fitness Programs; Weight Loss Programs</a>
<b>Expectorants</b>		✓		Examples include but are not limited to; Comtrex and Robitussin. A <a href="#">Prescription</a> is required.
<b>Eye Care</b>	✓			Examples include, but are not limited to; Reading glasses.
<b>Eye Drops</b>		✓		A <a href="#">Prescription</a> is required.
<b>Eyeglasses / Eye Exams</b>	✓			Includes prescription sunglasses and reading glasses (even those purchased over-the-counter). <b>Note:</b> Product replacement plans and/or warranties are not reimbursable.
<b>Face Creams</b>			✗	
<b>Face Lifts</b>			✗	
<b>Feminine Hygiene Products</b>		✓		Products used post-surgery or after childbirth may be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Fertility Enhancement</b>	✓			Includes ovulation predictor kits and pregnancy tests.
<b>Fever Reducing Medications</b>		✓		A <a href="#">Prescription</a> is required.
<b>Fiber Supplements</b>		✓		Examples include, but are not limited to; Benefiber, and Metamucil. Won't qualify is used for general health purposes or other personal reasons. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
<b>Finance Charges</b>			✗	
<b>First Aid Kit / Supplies</b>	✓			Examples include, but are not limited to; Antiseptics, Bandages, Cold/Hot packs, Joint supports, Liquid bandages, Peroxide, Rubbing alcohol, and Splints.

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<b>Fitness Programs</b>		✓		Fees paid for a fitness program may be eligible if prescribed by a physician stating that treatment is necessary to alleviate a medical condition such as obesity. The expense must not have been incurred "but for" the disease. Membership expenses will not qualify if they are merely beneficial for general health or if they would have been incurred even in the absence of a particular medical condition. For example, if you belonged to the health club before being diagnosed, then the fees would not qualify. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Fluoride Rinse / Pills</b>		✓		Examples include, but are not limited to; Act and Colgate Phos-flur. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
<b>Flu Shots</b>	✓			
<b>Food</b>		✓		Food may be eligible if prescribed by a medical practitioner to treat a specific illness or ailment and if the food does not substitute for normal nutritional requirements. However, the amount that may qualify for reimbursement is limited to the amount by which the cost of food exceeds the cost of commonly available versions of the same product. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Foot Care</b>	✓			Examples include, but are not limited to; Arch and insole supports.
<b>Founder's Fee</b>			✗	This is an amount you pay under an agreement with a retirement home. Even if a portion is allocable to medical care, these expenses will not qualify.
<b>Funeral Expenses</b>			✗	
<b>Gambling Problem Treatment</b>		✓		A <a href="#">Letter of Medical Necessity</a> is required.
<b>Gauze Pads</b>	✓			
<b>Genetic Testing</b>		✓		Testing done just to determine the sex of the fetus does not qualify. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Glucosamine</b>		✓		A <a href="#">Prescription</a> is required.
<b>Glucose Monitoring Equipment</b>	✓			Items such as blood glucose meters and glucose test strips are reimbursable.
<b>Guide Dogs</b>	✓			<a href="#">See Service Animals</a>
<b>Gym Fees</b>		✓		<a href="#">See Health Club Fees</a>
<b>Hair Colorants</b>			✗	<a href="#">See Cosmetic Procedures</a>
<b>Hair Loss Treatment</b>		✓		May be eligible when used to treat hair loss due to a specific medical condition. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Hair Transplant</b>			✗	<a href="#">See Cosmetic Procedures</a>
<b>Hand Lotion</b>			✗	<a href="#">See Cosmetic Procedures</a>
<b>Hand Sanitizer</b>		✓		Examples include, but are not limited to; Germ-X, Nexcare, and Purell. This does not include soaps, lotions, or other personal hygiene items that include sanitizing ingredients; they are <i>not</i> eligible. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
<b>Headache Medications</b>		✓		Over-the-counter Headache Medication products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include but are not limited to; Advil, Aspirin, and Tylenol.
<b>Healing Ointments</b>		✓		Examples include, but are not limited to; Aquaphor and Eucerin. A <a href="#">Prescription</a> is required.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Health Club Fees		✓		Under <a href="#">very</a> limited circumstances, fees paid to a health club or gym would qualify as a medical care expense. To qualify, the expense must have been incurred because of a medical condition and upon the recommendation a treating physician. A <a href="#">Letter of Medical Necessity</a> condition is required. <b>Note:</b> If the individual belonged to the health club or gym before being diagnosed, then the fees would not qualify. <b>Note:</b> Once the treatment is no longer needed, the fees would no longer qualify. <b>Note:</b> A family membership fee, however, would not qualify in full. Only the portion attributable to the individual for whom the treatment was recommended would qualify. A cost comparison will be required depicting the difference in cost between the family and single membership.
Health Institute Fees		✓		Qualifies only if the treatment at the health institute is prescribed by a physician. A <a href="#">Letter of Medical Necessity</a> is required.
Health Screenings	✓			<a href="#">See Preventive Care Screenings</a>
Hearing Aids	✓			Also includes batteries
Hemorrhoidal Treatments		✓		Over-the-counter Hemorrhoidal Treatment products may be eligible for reimbursement as long as the product's primary purpose is for the treatment of an illness. A <a href="#">Prescription</a> will be needed from your doctor to show that this purchase is primarily for medical care. Examples include, but are not limited to; Preparation H and Tronolane.
Herbs		✓		A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
Holistic or Natural Healers, dietary substitutes, and drugs and medicines		✓		<a href="#">See Alternative Medicine</a>
Home Diagnostic Kits / Tests	✓			Examples include, but are not limited to; Blood pressure monitors, Cholesterol tests, Colorectal screenings, Diabetic equipment and supplies, HIV tests, and Pregnancy Tests.
Home Medical Equipment		✓		This may require a <a href="#">Letter of Medical Necessity</a> for reimbursement.
Homeopathic Care	✓			If rendered by a licensed health care professional who provides this care for the treatment of a specific illness or disorder.
Homeopathic Medicines		✓		If used for treatment of a specific illness or disorder, this may be reimbursed. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
Hormone Replacement Therapy (HRT)		✓		Will qualify if used primarily for medical care (treat menopausal symptoms such as hot flashes, night sweat, etc). Won't qualify if primarily for maintaining general health. A <a href="#">Prescription</a> is required.
Hospital Services	✓			Expenses of inpatient care (plus meals and lodging) at a hospital or similar institution qualify if the primary reason is for medical care.
Household Help			✗	
Humidifiers		✓		<a href="#">See Allergy Relief; Capital Expenses</a> . A <a href="#">Letter of Medical Necessity</a> is required.
Hydrotherapy		✓		A <a href="#">Letter of Medical Necessity</a> is required.
Hypnosis		✓		A <a href="#">Letter of Medical Necessity</a> is required.
Illegal Operations and Treatments			✗	Will not qualify even if they are rendered or prescribed by a licensed medical practitioner.
Immunizations	✓			Includes those recommended for overseas travel.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Inclinators		✓		Would qualify if it otherwise qualifies as medical care, is detachable from the property, and is purchased for use only by the person with the medical condition. A <a href="#">Letter of Medical Necessity</a> is required.
Incontinence Products		✓		May be reimbursed if used for a diagnosed medical condition. Examples include, but are not limited to; Attends and Poise. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
Insulin	✓			Equipment needed to inject the insulin, such as syringes or pumps also qualify as medical expenses.
Insurance Premiums			✗	Under IRS rules, insurance premiums cannot be reimbursed under a Health Care FSA.
In-Vitro Fertilization	✓			<a href="#">See Artificial Reproductive Technologies</a>
Lab Fees	✓			
Lactation Consultant		✓		Services rendered by a licensed provider can be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Lactose Intolerance Supplements		✓		A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required. Examples include, but are not limited to; DairyCare, Digestive Advantage, and Lactaid.
Lamaze Classes	✓			
Language Training		✓		Such expenses will qualify for a child with dyslexia or an otherwise disabled child. However, school fees for normal schooling do not qualify. A <a href="#">Letter of Medical Necessity</a> is required.
Laser Eye Surgery	✓			
Late Payment Fees			✗	
Laxatives		✓		A <a href="#">Prescription</a> is required.
Lead-based Paint Removal		✓		The expenses for removing lead-based paints from surfaces in your home to prevent a child who has, has had, or is in danger of lead poisoning from eating the paint can be reimbursed. These surfaces must be in poor repair and within a child's reach. The cost of repainting the affected areas are not an eligible expense. If you cover the area with wallboard or paneling instead of removing the lead paint, these items will be treated as a capital expense.
Learning Disabilities		✓		The portion of tuition/tutoring fees covering services rendered specifically for your child's severe learning disabilities caused by mental or physical impairments and paid to a special school or to a specifically-trained teacher may be reimbursed if prescribed by a physician. A <a href="#">Letter of Medical Necessity</a> is required. Examples include, but are not limited to; Remedial reading for your child or dependent with dyslexia, or Testing to diagnose.
Legal Fees		✓		Legal fees paid to authorize treatment for mental illness are eligible expenses. A <a href="#">Letter of Medical Necessity</a> is required.
Levitra		✓		A <a href="#">Prescription</a> is required.
Lifetime Care			✗	Fees or advance payments made to a retirement home or continuing care facility are not reimbursable.
Lipsticks			✗	
Liquid Adhesive for small cuts		✓		<a href="#">See Bandages.</a>
Lodging		✓		Up to \$50 per night is eligible if the following conditions are met: <b>1)</b> The lodging is primarily for and essential to medical care; <b>2)</b> The medical care is provided by a doctor in a licensed hospital or medical care facility related to a licensed hospital; <b>3)</b> the lodging is not lavish or extravagant; and <b>4)</b> there is no significant element of personal pleasure or leisure in the travel. A <a href="#">Letter of Medical Necessity</a> is required. <b>Note:</b> Do not include the cost of lodging while away from home for medical treatment if that treatment is not received from a doctor in a licensed hospital or in a medical care facility related to, or the equivalent of, a licensed hospital.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Lodging, for companion		✓		Your companion's lodging can be reimbursed if he or she is accompanying the patient (you or your eligible dependents) for medical reasons and it meets the criteria listed above. Meals are not eligible. Example: Parents traveling with a sick child, up to \$100 per night (\$50 per person) may be reimbursed, as well as lodging and pre and post-hospitalization for bone marrow transplants. A <a href="#">Letter of Medical Necessity</a> is required.
Lodging, special		✓		The cost of a special home or step-down facility for your mentally handicapped dependent, recommended by a psychiatrist to help your dependent adjust after inpatient mental health care to community living, can be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Long-Term Care Insurance Premiums			✗	Under IRS rules, insurance premiums cannot be reimbursed under a Health Flexible Spending Account.
Long-Term Care Services			✗	Refer to Section 106(c) of the IRS Code for more information.
Makeup			✗	<a href="#">See Cosmetics</a>
Marijuana or other controlled substance in violation of Federal Law			✗	<a href="#">See Controlled Substances</a>
Massage Therapy		✓		If used to reduce stress or improve general health, this is not reimbursable. However, if prescribed by a physician for a specific illness, injury, trauma or condition, this may be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Mastectomy-related Special Bras	✓			<a href="#">See Breast Reconstructive Surgery following a Mastectomy</a>
Maternity Aids		✓		<a href="#">See Pregnancy Aids</a>
Maternity Clothes			✗	
Medical Alert Bracelet	✓			
Medical Conference Admission, Transportation, Meals, etc..		✓		Expenses for admission and transportation to a medical conference qualify, if they relate to a chronic disease suffered by you, your spouse, or your dependents and if the conference is primarily for and essential to the person in need of medical care. The expenses for meal and lodging while attending the conference do not qualify. A <a href="#">Letter of Medical Necessity</a> will be required.
Medical Information Plan	✓			Amounts paid to a plan that maintains electronic medical information for you, your spouse or dependents are eligible for reimbursement.
Medical Records	✓			Costs associated with copying or transferring medical records to a new provider are eligible for reimbursement.
Medical Savings Accounts			✗	
Medical Services	✓			Expenses for medical services by a physician or other health care provider can be reimbursed.
Medical Supplies	✓			
Medicated Lip Products		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Blistex Medicated Lip Ointment, Carmex Medicated Lip Balm, and Neosporin Lip Treatment.
Menstrual Relief		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Midol, Pamprin, and Premsym PMS.
Mentally Handicapped Special Home		✓		The cost of keeping a mentally handicapped person in a special home (not a relative's home) on a psychiatrist's recommendation to help that person adjust to life in a mental hospital to community living may qualify. A <a href="#">Letter of Medical Necessity</a> is required.
Migraine Relief		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Advil Migraine, Excedrin, and Motrin Migraine.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
<b>Mileage</b>	✓			Mileage incurred traveling for medical reasons are reimbursable through the health FS including traveling to and from health care providers, hospitals and pharmacies. The rate is 19 cents/mile for the period starting January 1, 2011 thru June 30, 2011. The rate is 23.5 cents/mile for the period July 1, 2011 to December 31, 2011. To submit a claim for mileage expenses, please list the number of miles, the date of service and the expected reimbursement amount. No other documentation is required. To ensure your mileage claim is approved, be sure to submit the itemization of your mileage with the claim that coincides with the service(s) rendered. You can also include parking fees and tolls. To ensure your parking and tolls claim is approved, be sure to submit the receipts with the claim that coincides with the service(s) rendered.
<b>Minerals</b>		✓		Examples include, but are not limited to; Calcium, Caltrate, Feosol, Ferrous Sulfate, and Folic Acid. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
<b>Missed Appointment Fees</b>			✗	
<b>Moisturizers</b>			✗	<a href="#">See Cosmetics</a>
<b>"Morning-After" Contraceptive Pills</b>	✓			<a href="#">See Birth Control</a>
<b>Motion Sickness Medicines</b>		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Bonine, Dramamine, and Marizine.
<b>Mouthwash</b>			✗	
<b>Nail Polish</b>			✗	
<b>Nasal Strips or Sprays</b>		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Breath Right, and Snoreze.
<b>Naturopathic Care</b>		✓		If rendered by a licensed health care professional who provides this care for the treatment of a specific illness or disorder for you, or your dependent, it can be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Nicotine Gum or Patches</b>		✓		A <a href="#">Prescription</a> is required.
<b>Non-Covered Services</b>	✓			Medical care or services that are not covered under your plan may be reimbursed.
<b>Newborn Nursing Care</b>			✗	
<b>Norplant Insertion or Removal</b>	✓			<a href="#">See Birth Control</a>
<b>Nursing Care and Services (Private duty nursing)</b>		✓		This is eligible, whether provided in your home or another facility. The nurse needs not be an R.N. or L.P.N., so long as the services rendered are of a kind generally performed by a nurse. These include services directly related to caring for and monitoring your, or your dependent's condition including, but not limited to; Preparing and giving medication, Changing dressings and providing wound care, Monitoring vital signs, and assessing responses to prescribed treatments, and documenting those assessments in written notes. Please note that if the providing nurse also provides household and personal services, those are not reimbursable. A <a href="#">Letter of Medical Necessity</a> is required.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Nursing Home		✓		Expenses for medical care in a nursing home, including meals and lodging may be reimbursed if the main purpose of the stay is to receive medical care. Please note that if the primary reason for confinement is personal (you or your spouse or dependent needs assistance with activities of daily living, and safety issues), only the portion of the cost that is related to medical care or nursing services may be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Nursing Services for a Newborn Baby			✗	Will not qualify if the baby is normal and healthy.
Nutritional Supplements		✓		Dietary, nutritional, and herbal supplements, vitamins, and natural medicines are not reimbursable if they are merely beneficial for general health. However, they may be reimbursable if recommended by a medical practitioner to treat a specific medical condition. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
Nutritionist		✓		Nutritional services related to the treatment and guidance of a specific diagnosis or medical condition can be reimbursed. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
Obstetrical Expenses	✓			
Occlusal Guards to Prevent Teeth Grinding	✓			
Occupational Therapy	✓			
One-A-Day Vitamins			✗	<a href="#">See Vitamins</a>
Operations		✓		Will qualify if the operations are legal (and aren't cosmetic procedures).
Optometrist	✓			
Oral Care		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Anbesol, and Orajel.
Organ Donors	✓			
Orthodontia	✓			Requires an Orthodontia contract which lists length of treatment, and amount responsible to pay. You can be reimbursed the initial fees, plus any monthly payments. If paid in full, the amount reimbursable will be split between the months remaining in the contract.
Orthopedic Shoes		✓		Only shoes custom-fitted to the wearer's feet are eligible. Furthermore, only the cost difference between the custom-made shoe and a regular comparable shoe is reimbursable, Mass produced shoes are not eligible. A <a href="#">Letter of Medical Necessity</a> is required.
Orthotics	✓			Custom-made and over-the-counter inserts are eligible.
Osteopath Fees	✓			
Over-the-counter medicines		✓		A <a href="#">Prescription</a> is required from treating physician. Your claim substantiation should include the name of the OTC product, the date of service, and where they were purchased.
Ovulation Monitor	✓			
Oxygen		✓		A <a href="#">Letter of Medical Necessity</a> is required.
Pain Relievers		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Advil, Aleve, Aspirin, Ibuprofen, Midol, Naprosyn, Pamprin, and Tylenol.
Parental Fees			✗	
Parking Fees and Tolls	✓			<a href="#">See Mileage</a>

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
<b>Patterning Exercises</b>		✓		While these exercises are often done by family members, the expense to hire someone to perform patterning exercises is eligible. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Pediculicide</b>		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Nix, and Rid.
<b>Penile Implants</b>		✓		Amounts paid for implants may be eligible if the diagnosis of impotence is due to causes, such as diabetes, post-prostatectomy complications, or spinal cord injury. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Perfume</b>			✗	
<b>Personal Items</b>			✗	Items use for personal grooming and not to treat a specific medical condition are not eligible for reimbursement.
<b>Personal Trainer Fees</b>		✓		Will qualify if a medical practitioner has recommended a supervised exercise regimen in order to treat a disease or injury, and if incurred for a limited duration of time. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Physical Exams</b>	✓			
<b>Physician Fees; pre paid</b>			✗	
<b>Physical Therapy</b>	✓			
<b>Pillows; lumbar support</b>		✓		Pillows or cushions that provide lumbar support may be eligible if prescribed by a health care provider to alleviate a specific medical condition. A <a href="#">Letter of Medical Necessity</a> is required. Only the difference in price between a regular pillow and one that meets specific medical needs, will be reimbursed.
<b>Plane Fares</b>	✓			Restrictions Apply <a href="#">See Transportation</a>
<b>Post-Mastectomy Clothing</b>	✓			Prosthetic bras and related clothing purchased after any surgical procedure related to breast cancer are eligible. Prosthetic bras and inserts are reimbursable at 100%. Tank tops and swimwear with built in prosthetic bras are reimbursed up to 50% of the total cost not to exceed \$75.
<b>Pregnancy Aids</b>	✓			Items that relieve or reduce the discomfort of pregnancy may be reimbursed. Examples include, but are not limited to; Maternity girdles, Elastic Hosiery, and Maternity support belts.
<b>Pregnancy Tests</b>	✓			
<b>Prenatal Vitamins</b>	✓			Prenatal vitamins taken during pregnancy would qualify. Vitamins taken at other times will require A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
<b>Pre-Payments</b>			✗	Since pre-payments are generally for services/items that have not yet been incurred/obtained they are not reimbursable.
<b>Prescription Drug Discount Program</b>			✗	Fees paid to get access to drugs at a reduced cost are <i>not</i> eligible for reimbursement. Actual costs paid for prescription drugs <i>are</i> an eligible expense. See <a href="#">Drugs</a> and <a href="#">Medicine</a>
<b>Prescription Drugs</b>	✓			See <a href="#">Drugs</a> and <a href="#">Medicine</a>
<b>Prescription Drugs; Imported</b>		✓		Importing prescription drugs from other countries generally will violate federal law. However, a drug or medicine may qualify for reimbursement if 1) it is purchased and consumed in the other country and is legal in both the country and the U.S. or 2) the FDA announces it can be legally imported by individuals. A <a href="#">Prescription</a> is required.
<b>Preventative Care Screenings</b>	✓			Eligible if the tests are designed to assess symptoms of a medical diagnosis. Examples include, but are not limited to; Clinic and home testing kits for blood pressure, glaucoma, cataracts, hearing, cholesterol, etc.
<b>Product Replacement Plans</b>			✗	Expenses for product replacement plans and/or warranties that cover the replacement of items such as eyeglasses, hearing aids, or adaptive equipment are not eligible for reimbursement as medical care expenses.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Propecia		✓		Won't qualify if purchased for cosmetic purposes. May qualify if it is to ameliorate a deformity arising from congenital abnormality, personal injury, or a disfiguring disease. <a href="#">See Cosmetics</a> . A <a href="#">Prescription</a> is required.
Probiotics		✓		Won't qualify if used to maintain general health or for other personal reasons. May qualify if used to treat a specific medical condition. A <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> is required.
Prosthetics	✓			
Psychiatric Services and Care	✓			
Psychoanalysis	✓			
Psychologist	✓			
Radon Mitigation		✓		If a physician requires radon mitigation in your home due to a medical condition caused or aggravated by an unacceptable level of radon, some expenses may be eligible. However, if the home's value is increased due to the mitigation, some or all of the expenses may not be reimbursable. A <a href="#">Letter of Medical Necessity</a> is required.
Reading Glasses	✓			
Reflexology		✓		If used to reduce stress or improve general health, this is not reimbursable. However, if prescribed by a physician for a specific illness, injury, trauma or condition, this may be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Retin-A		✓		Generally won't qualify if purchased for cosmetic purposes (for example to reduce wrinkles), even if recommended by a medical practitioner. But may qualify for a specific medical condition (e.g. acne vulgaris) and not for cosmetic purposes. A <a href="#">Prescription</a> is required.
Rogaine		✓		A <a href="#">Prescription</a> is required. Not reimbursable if merely to treat baldness associated with normal aging.
Rubbing Alcohol		✓		Will qualify if purchased for first aid purposes. (e.g. when purchased in first-aid quantities in a pharmacy or first-aid section of a retail store.
Rubdowns		✓		Will not qualify unless medically necessary. A <a href="#">Letter of Medical Necessity</a> is required.
Safety Glasses			✗	
Sales Tax	✓			<a href="#">See Taxes</a>
Schools and Education, Residential		✓		Certain payments made to a residential school or program to treat individuals for behavioral, emotional, and/or addictive conditions qualify if the primary purpose of the program is medical care. A <a href="#">Letter of Medical Necessity</a> is required.
Schools and Education, Special		✓		Payments made to a special school for mentally impaired or physically disabled persons, qualify if the main reason for using the school is its resources for relieving the disability. This includes but is not limited to; Braille to the visually impaired, teaching lip reading to a hearing impaired person, and giving remedial language training to correct a condition caused by a birth defect. If the child is attending the school simply to benefit from the courses and disciplinary methods, the expenses will not be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Screening Tests		✓		Will qualify if the tests are used for medical diagnosis. Examples include but are not limited to; hearing, vision, and cholesterol screenings.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
<b>Service Animals</b>		✓		May qualify as medical care if you can establish that (1) you are using the service animal primarily for medical care to alleviate a mental defect or illness; and (2) you would not have paid the expenses but for that defect or illness. Expenses to train or procure any guide dog, signal dog, or other animal individually trained to provide assistance to you, or tax dependent with a disability, can be reimbursed. Expenses such as food, medications, vet visits, and dental care products needed for the care and maintenance of service of the animals are also eligible. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Shampoos</b>			✗	<a href="#">See Cosmetics</a>
<b>Shaving Cream or Lotion</b>			✗	<a href="#">See Cosmetics</a>
<b>Shipping and Handling</b>	✓			Shipping and handling charges for medical needs, such as mail-order prescriptions and eligible over-the-counter items are reimbursable.
<b>Sinus Medications</b>		✓		A <a href="#">Prescription</a> is required.
<b>Sleep Aids</b>		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Nytol, Sominex, Tylenol PM, and Unisom.
<b>Smoking Cessation Medicines</b>		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Commit, Nicoderm CQ, Nicorette, and Nicotrol. Please note that store brand items are also reimbursable.
<b>Smoking Cessation Programs</b>	✓			
<b>Special Education and Schools</b>		✓		<a href="#">See Learning Disabilities</a>
<b>Special Foods</b>		✓		Only reimbursable if prescribed by a physician to treat a special illness or ailment, and not merely as a substitute for normal nutritional requirements. <a href="#">Note</a> : the amount that can be reimbursed is limited to the amount that the special food <a href="#">exceeds</a> the cost of commonly available versions of the same product. A <a href="#">cost comparison</a> & <a href="#">Letter of Medical Necessity</a> are required.
<b>Specialized Equipment or Services</b>		✓		<a href="#">See Adaptive Equipment</a>
<b>Speech Therapy</b>	✓			
<b>Sperm Storage</b>		✓		Fees for temporary storage might qualify, but only to the extent necessary for immediate conception, such as stored and used in the same year. Storage fees for undefined future conception probably are not considered to be for medical care.
<b>Stem Cell Harvesting and/or Storage</b>		✓		Might qualify if there is a specific and imminent medical condition that the stem cells are intended to treat. For example, the cost of harvesting and storing stem cells because a newborn has a birth defect and the stem cells would be needed in the near future. However, collection and storage indefinitely, just in case, does not qualify. A <a href="#">Letter of Medical Necessity</a> is required.
<b>Sterilization Procedures</b>	✓			
<b>Sterilization Reversal</b>	✓			
<b>St. Johns Wort</b>		✓		Qualifies if used primarily for medical care. Will not qualify if used to maintain general health. A <a href="#">Letter of Medical Necessity or Prescription</a> is required.
<b>Student Health Fee</b>			✗	
<b>Substance Abuse</b>	✓			<a href="#">See Alcoholism</a>
<b>Subway Fare</b>	✓			<a href="#">See Transportation</a>

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Sunburn / Burn Relief		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Aloe Vera, and Solarcaine.
Sunglasses		✓		<a href="#">Prescription</a> sunglasses would qualify.
Sun Protective Clothing		✓		Clothing that offers at least 30+ UVB sun protection for individuals with melanoma or other skin cancer, systemic lupus erythematosus, acute cutaneous lupus or other significant dermatological conditions may be eligible with a <a href="#">Letter of Medical Necessity</a> from your doctor. Please note: The clothing is reimbursed for the difference between "normal" apparel and this specially-constructed clothing up to 33% of the total cost. The receipt must show the purchase was from an accredited sun-protective company.
Sunscreen		✓		Sunscreen products with an SPF of 30 or higher are eligible with <a href="#">Prescription</a> from treating physician. Lotions or cosmetics that contain ingredients to protect you from the sun and/or list SPF are not eligible.
Surgery	✓			
Surrogate or Gestational Carrier Expenses			✗	Will not qualify even if for medical care of surrogate/gestational carrier or her unborn child.
Swimming Lessons		✓		Will only qualify if prescribed to treat a medical condition. A <a href="#">Letter of Medical Necessity</a> will be required.
Tanning Salon or Equipment		✓		Not eligible if just to improve general health or appearance. However, this may be reimbursed for treatment of certain skin disorders, such as eczema and psoriasis. A <a href="#">Letter of Medical Necessity</a> is required.
Taxes	✓			Taxes on medical services and products may be reimbursed. This includes local, state, service or other taxes.
Taxi Fare	✓			<a href="#">See Transportation</a>
Teeth Whitening		✓		Teeth whitening products or services to enhance the brightness of your teeth are cosmetic and <i>cannot</i> be reimbursed. However, teeth whitening performed to restore function after an injury or trauma or to correct a congenital disease can be reimbursed. A <a href="#">Letter of Medical Necessity</a> is required.
Telephone For Hearing Impaired	✓			Eligible expenses include the purchasing or repairing of special telephone equipment for you or your dependents, with a hearing impairment.
Television for Hearing Impaired		✓		Expenses for equipment that displays the audio of television programming as subtitles for hearing impaired persons are eligible for reimbursement. Please note: The eligible expense is limited to the cost that exceeds the cost of a non-adapted set. A <a href="#">Letter of Medical Necessity</a> is required.
Temporary Continuation of Coverage Premiums			✗	Under IRS rules and regulations, insurance premiums cannot be reimbursed through a Health Care FSA.
Therapy		✓		Therapy will qualify if it is only <b>for medical reasons</b> . ( <b>Note:</b> It cannot be only for general improvement of mental health, relief of stress, or personal enjoyment). <b>Note:</b> If documentation does not clearly identify that it is for medical reasons (such as an <a href="#">EOB</a> ), a <a href="#">Letter of Medical Necessity</a> or <a href="#">Prescription</a> will be required to show that that the expense is primarily for medical care and a medical practitioner has recommended the therapy to treat a specific medical condition.
Thermometers	✓			
Throat Lozenges		✓		A <a href="#">Prescription</a> is required.
Toiletries			✗	A toiletry is an article or preparation that is used in the process of dressing and grooming oneself. Examples include but are not limited to; toothpaste, shaving cream, and cologne. Also <a href="#">see Cosmetics</a> .

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Toothache and Teething Pan Relievers		✓		A <a href="#">Prescription</a> is required.
Toothbrushes			✗	Toothbrushes, including electric or battery-powered; for example a Sonicare toothbrush, are personal care items and are not eligible for reimbursement. They are still <i>not</i> eligible even if recommended by a dentist or other licensed professional.
Toothpaste			✗	<a href="#">See Toiletries</a>
Train Fare	✓			<a href="#">See Transportation</a>
Transplants	✓			
Transportation		✓		You can include expenses for transportation (by bus, taxi, train, or airplane or ambulances) primarily for, and essential to, medical care. <b>Note:</b> You cannot include the cost of transportation to and from work, even if your condition requires an unusual means of transportation. <b>Note:</b> You cannot include travel for purely personal reasons to another city for an operation or other medical care. <b>Note:</b> You cannot include travel that is merely for the general improvement of your health even if made on the advice of a doctor. <b>Note:</b> You cannot include the costs of operating a specially equipped car for other than medical reasons.
Treadmill		✓		<a href="#">See Exercise Equipment; Capital Expenses</a>
Tricare Premiums			✗	Under IRS rules and regulations, insurance premiums cannot be reimbursed through a Health Care FSA.
Trips			✗	Excursions taken for a change in environment, general health improvement etc., even those taken on the advice of your health care provider are not an eligible expense.
Tuition Expenses or Fees		✓		A <a href="#">Letter of Medical Necessity</a> is required.
UCR, Charges Above	✓			Medical expenses in excess of your plan's usual, customary and reasonable (UCR) charges may be reimbursed if the underlying expense is eligible.
Ultrasound, pre-natal		✓		An ultrasound ordered by your physician to monitor fetal growth, and/or to diagnose, treat or monitor a pregnancy-related condition is a covered expense even if your health plan does not provide coverage. An ultrasound not ordered or performed by a physician or other licensed professional, and/or not intended to diagnose, treat or monitor a pregnancy-related condition is not an eligible expense. A <a href="#">Letter of Medical Necessity</a> is required.
Umbilical Cord Freezing and Storing		✓		Might qualify if there is a specific medical condition it is intended to treat. Storing just in case, is not reimbursable. A <a href="#">Letter of Medical Necessity</a> is required.
Vaccines	✓			
Varicose Vein Treatment		✓		Will not qualify if merely to improve appearance. May qualify if procedure promotes the proper function of the body or prevents or treats illness or disease. A <a href="#">Letter of Medical Necessity</a> is required.
Vasectomy	✓			<a href="#">See Sterilization Reversal</a>
Vasectomy Reversal	✓			
Veneers			✗	Will not qualify if used primarily for cosmetic purposes.
Veterinary Services		✓		Will qualify if fees are incurred for the care of a guide dog or other animal used by a disabled person.
Viagra	✓			A <a href="#">Prescription</a> is required.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Vision Corrective Procedures	✓			
Vision Discount Programs			✗	Fees paid to gain access to a vision network, or to a reduced fee structure are not an eligible expense under a Health Care FSA.
Vitamins		✓		A <a href="#">Letter of Medical Necessity or Prescription</a> is required. Only reimbursable if prescribed by a licensed professional to treat a specific medical condition.
Walkers	✓			
Warranties			✗	Expenses for product replacement plans and/or warranties that cover the replacement of items such as eyeglasses, hearing aids, or adaptive equipment are not eligible for reimbursement as medical care expenses.
Wart Removal		✓		A <a href="#">Prescription</a> is required. Examples include, but are not limited to; Compound W, Dr. Scholl's Clear Away, and Wart-off.
Water Fluoridation		✓		A <a href="#">Letter of Medical Necessity</a> is required.
Weight Loss Drugs		✓		Drugs prescribed by a health care provider for weight loss are eligible. However, OTC drugs, such as Alli, are only potentially eligible. A <a href="#">Letter of Medical Necessity</a> and <a href="#">Prescription</a> is required.
Weight Loss Programs		✓		Food is not eligible, even if part of the weight loss program. Weight loss programs themselves are only reimbursable if prescribed by a licensed provider to help treat a specific medical condition. A <a href="#">Letter of Medical Necessity</a> is required.
Weight Loss Surgery		✓		weight loss surgery and any related expenses for the purpose of improving one's appearance, general health, or sense of well being would <b>not</b> be reimbursable. However, if the purpose of the weight loss surgery is for the treatment of a specific disease diagnosed by a physician (such as morbid obesity, hypertension, or heart disease), the expense for the surgery and other related costs could potentially be eligible for reimbursement. A <a href="#">Letter of Medical Necessity</a> is required.
Whirlpool Baths		✓		<a href="#">See Capital Expense</a>
Wheelchair & Wheelchair Accessories	✓			
Wig		✓		The full cost of a wig purchased because the patient has lost all of his or her hair from disease or treatment is reimbursable. A <a href="#">Letter of Medical Necessity</a> is required.
X-Ray Fees	✓			
Yeast Infection Medications		✓		<a href="#">see Antibiotics, yeast infection</a>
YMCA Day Camp			✗	Will not qualify. However, if a camp is a special program that is therapeutic and treats a specific disability, then the expenses might qualify. A <a href="#">Letter of Medical Necessity</a> is required.