

The following is a list of common medical care related items and services. BenefitHelp Solutions (BHS) determines the eligibility of these items and service based on guidance from the IRS, which is subject to change without notice. **This list is not intended to be exhaustive and should only be used as a general guide.** All claims are reviewed on a case-by-case basis. Each item/service has been identified as either an “**Eligible Expense**,” a “**Potentially Eligible Expense**,” or “**Not Eligible Expense**”.

Eligible Expense. These expenses are the type that an individual would not incur or obtain but for a medical condition. Basically, these items/services are generally known to be for medical care, such as a wheelchair or an x-ray. An **Explanation of Benefits (EOB)** from a health insurance company (showing the charges as covered, applied to the deductible, or partially paid) is usually an acceptable form of documentation for items classified as an **Eligible Expense**.

Potentially Eligible Expense. These expenses are for (1) a dual-purpose item/services or (2) a medicine or drug. A dual-purpose expense refers to an item that is capable of being used for both a medical purpose and a personal, cosmetic, or general health purpose. To show that the expense is primarily for medical care and has been recommended by a medical practitioner to treat a specific medical condition, these expenses typically require a **Letter of Medical Necessity (LOMN)**; an **EOB** from a health insurance company, in certain cases, may be sufficient documentation of medical necessity. The **LOMN** must include the diagnosis or symptoms for which you, your spouse, or dependent are being treated, along with specific information on how the product or service is intended to alleviate symptoms or improve function.

In contrast, Medicines or Drugs, except insulin, will always require a doctor's **Prescription**. A **Prescription** can be in any format as long as it meets all the state requirements. A **Prescription** must include who it is for, dosage and form (quantity and instruction) and the signature of the medical provider. A **Prescription** cannot be a general doctor's recommendation for an item or service.

Not Eligible Expense. These expenses are the type that are generally known to be incurred or obtained primarily for personal, cosmetic, or general health purposes (not primarily for medical care) and almost never qualify for reimbursement, even if a **LOMN** is submitted. The expenses also include items or services for which reimbursement is not allowed under statutory or regulatory provisions, even though these may appear to be medically related. For example, a strictly cosmetic procedure may not be reimbursed even if a **LOMN** is submitted.

Note: All expenses must be substantiated by information from a third party containing the following:

- ✓ A description of the service or product;
- ✓ The provider's (or Vendor's) name;
- ✓ The date of the service or sale; and
- ✓ The amount of final out-of-pocket expense.

While canceled checks, credit card receipts/statements or balance forward statements are appropriate to show the out-of-pocket expense, they are not acceptable as the only form of documentation for the service or product. For orthodontia expenses, a copy of the orthodontia contract must be on file or submitted with the claim.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Abortion	✓			Expenses for procedures that are illegal under applicable state or federal law are not eligible for reimbursement.
Acne Treatment		✓		Acne is considered a disease, and the cost of acne treatment will generally qualify. A Prescription is required if the product for acne treatment is a medicine or drug. Otherwise, a Letter of Medical Necessity is required. Note: Cosmetics or other items that merely contain acne-fighting ingredients and for which the intended purpose is not to treat acne are not eligible. Expenses for regular skin care (face creams) are also not eligible. See Drugs & Medicines ; Cosmetic Procedures ; Cosmetics ; Retin-A ; and Toiletries .
Acupuncture	✓			

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Adaptive Equipment		✓		The equipment must be recommended by a medical practitioner to treat or alleviate a medical condition and must not have been incurred “but for” the medical condition. Adaptive equipment may assist with your daily living activities (feeding, bathing, toileting, and mobility). A Letter of Medical Necessity is required. Note: If the adaptive equipment is a special version of an otherwise personal item, it can be reimbursed only to the extent of the increased cost to a comparable regular item. As a result, a cost comparison analysis is also required to show how the excess cost was determined. If the adaptive equipment results in a permanent improvement to the home or residence, see Capital Expenses .
Adoption Fees			✗	
Adoption, Pre-Adoption Medical Expenses	✓			Medical expenses incurred by the child before an adoption is finalized may be eligible if the child qualifies as your tax dependent for health care coverage when services are provided.
Airfare	✓			Restrictions Apply. See Transportation
Air Conditioners/ Air Purifiers		✓		Must be recommended by a medical practitioner to treat or alleviate a medical condition and must not have been incurred “but for” the medical condition. A Letter of Medical Necessity is required. Note: If the unit is attached to the home (such as central air conditioning), only the amount in excess of the value added to the property by the improvement may be reimbursed. As a result, a cost comparison analysis is required to show how the excess cost was determined. See Capital Expenditures .
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.
Allergy Medicines		✓		A Prescription is required for allergy medicines to be eligible for reimbursement. See Drugs & Medicine .
Allergy Products		✓		Eligible expenses may include products and home improvements to treat severe allergies. Generally, allergy products which would be owned even without allergies, such as a pillow or a vacuum cleaner, will not qualify. A Letter of Medical Necessity is required. Note: If the allergy product is a special version of an otherwise personal item, it can be reimbursed only to the extent of the increased cost over a comparable regular item. As a result, a cost comparison analysis is required to show how the excess cost was determined.
Alternative Healers		✓		Nontraditional healing treatments provided by licensed professionals may be eligible if provided to treat a specific medical condition. This may not qualify if the remedy is a food or a substitute for food that the person would normally consume in order to meet nutritional requirements. See Drugs & Medicines ; Christian Science Practitioners ; Special foods ; and Vitamins .
Ambulance	✓			See Transportation
Analgesics/ Antipyretics		✓		Examples include, but are not limited to: Advil; Aleve; Aspirin; Ibuprofen; Midol; Naprosyn; Pamprin; and Tylenol. Note: A Prescription is required. See Drugs & Medicines
Antacids/ Acid Reducers		✓		Examples include, but are not limited to: AXID; AR; Gas-X; Maalox; Mylanta; Pepcid AC; Prilosec OTC; Tums; and Zantac. Note: A Prescription is required. See Drugs & Medicines
Anti-Arthritics		✓		Examples include, but are not limited to: Glucosamine and Chondroitin. Note: A Prescription is required. See Drugs & Medicines
Antibiotics, topical		✓		Examples include, but are not limited to: Bacitracin; Neosporin; and Triple Antibiotic Ointment. A Prescription is required. See Drugs & Medicines

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Antibiotics, yeast infection				Examples include, but are not limited to: Femstat 3; Gyne-Lotrimin; Monistat; Mycelex 7; and Vagistat-1. A Prescription is required. See Drugs & Medicines
Anti-Diarrheal				Examples include, but are not limited to: Imodium AD; Kaopectate; and Pepto-Bismol. A Prescription is required. See Drugs & Medicines
Antifungal				Examples include, but are not limited to: Lamisil AT; Lotramin AF; and Micatin. A Prescription is required. See Drugs & Medicines
Antihistamines				A Prescription is required. See Drugs & Medicines
Anti-itch products				Examples include, but are not limited to: Bactine; Benadryl; Caldecort; Caladryl; Calamine; Cortaid; Hydrocortisone; and Lanacort. A Prescription is required. See Drugs & Medicines
Arthritis Gloves				
Artificial Limbs				
Artificial Teeth				
Aspirin				A Prescription is required. See Drugs & Medicines
Artificial Reproductive Technologies				Eligible expenses may include: 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. Note: A Letter of Medical Necessity is required. See Egg Donor Fees ; Egg and Embryo Storage Fees ; and Sperm Storage
Asthma Medicines				Examples include, but are not limited to: Bronitin Mist; Bronkaid; Bronkolixer; and Primatene. A Prescription is required. See Drugs & Medicines
Automobile Modifications				See Adaptive Equipment
Baby Formula				Must be a special formula to treat an illness or disorder. A Letter of Medical Necessity is required. Examples for covered baby formulas include those required to treat Phenylketonuria (PKU). Note: Only the difference in cost between the special formula and routine baby formula may be reimbursed. As a result, a cost comparison analysis is also required to show how the excess cost was determined.
Babysitting and Child Care				Babysitting, child care, and nursing services for a normal, healthy baby do not qualify as medical care, but such services for a child with health or developmental issues may be eligible. See Nursing Services for a Newborn Baby ; Dependent Care Expenses ; and Disabled Dependent Care Expenses .
Bactine				A Prescription is required. See Drugs & Medicines
Band-Aids/ Bandages				
Bed boards (Special)				Must be recommended by a medical practitioner to treat or alleviate a medical condition and must not have been incurred "but for" the medical condition. A Letter of Medical Necessity is required. Note: A special version of an otherwise personal item can be reimbursed only to the extent of the increased cost to a comparable regular item. As a result, a cost comparison analysis is also required to show how the excess cost was determined.
Bedside Commodes				

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Behavioral Modification Programs				A behavioral modification program may be a qualifying expense if the principal reason for attending the program is to receive medical care. A Letter of Medical Necessity is required. See Counseling and Therapy .
Birth Control Pills				A Prescription is required. See Drugs & Medicines
Blood Pressure Monitor				See Diagnostic Items/Services
Blood Storage				Eligible if you are storing blood for use during scheduled elective surgery. A Letter of Medical Necessity is required. Note: Temporary Storage fees may qualify. Indefinite Storage fees will not qualify.
Blood Sugar Test Kits and Test Strips				See Diagnostic Items/Services
Body Scans				
Books, health related				Will qualify only if recommended to treat an illness (such as asthma or diabetes) diagnosed by a physician. A Letter of Medical Necessity is required. Note: The purpose of the expense must be to treat the disease rather than to promote general health.
Boutique Practice Fees				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.
Braille Books and Magazines				Only excess cost over the price for regular printed materials is eligible. As a result, a cost comparison analysis is required to show how the excess cost was determined.
Breast Pumps				Breast Pumps and Supplies that assist lactation will qualify as medical care expenses.
Breast Reconstruction surgery following Mastectomy				Will qualify to the extent that surgery was done following a mastectomy for cancer. Note: This is an exception to the general rules regarding cosmetic procedures.
Bus Fare				See Transportation
Calamine Lotion				A Prescription is required. See Drugs & Medicines .
Calcium Supplements				Examples include, but are not limited to: Calcium Carbonate, Calcium Citrate, Calcium Gluconate, Calcium Lactate, Caltrate, Citrical, Tricalcium Phosphate. A Letter of Medical Necessity is required.
Capital Expense				Special equipment and/or improvements to your home must be recommended by a medical practitioner to treat or alleviate a medical condition and must not have been incurred "but for" the medical condition. A Letter of Medical Necessity is required. Note: Only the excess cost over the dwelling's increase in value may be reimbursed. As a result, a cost comparison analysis is also required to show how the excess cost was determined. However, there are certain improvements made to accommodate a home because of a disability which do not increase the value of the home and can be reimbursed in full, such as: Construct entrance or exit ramps; Widening doorways and exits; Widening or modifying hallways and interior doorways; Installing railings, support bars, or other modification to bathrooms; Lowering or modifying kitchen cabinets and equipment; modifying staircases; moving or modifying electrical outlets and fixtures; and grading the ground to provide access to the home. Only reasonable costs to accommodate the home to a disabled condition can be considered medical care. Additional costs for personal motives, such as for aesthetic reasons, are not medical expenses.


















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Carpal Tunnel Wrist Supports	✓			
Cayenne Pepper		✓		Must be recommended by a physician to treat or alleviate a specific medical condition. A Letter of Medical Necessity is required.
Chairs, ergonomic		✓		Must be recommended by a medical practitioner to treat or alleviate a medical condition and must not have been incurred "but for" the medical condition. A Letter of Medical Necessity is required. Note: A special version of an otherwise personal item can be reimbursed only to the extent of the increased cost to a comparable regular item. As a result, a cost comparison analysis is also required to show how the excess cost was determined.
Chairs, (Recliners/Convalescent)		✓		Must be recommended by a medical practitioner to treat or alleviate a medical condition and must not have been incurred "but for" the medical condition. A Letter of Medical Necessity is required. Note: A special version of an otherwise personal item can be reimbursed only to the extent of the increased cost to a comparable regular item. As a result, a cost comparison analysis is required to show how the excess cost was determined.
Chelation Therapy	✓			Will qualify if used to treat a medical condition such as lead poisoning.
Childbirth Class	✓			Does not include: Breastfeeding Classes, Newborn or New Infant Care Classes, or Parenting Classes.
Chinese Herbal Practitioner & Herbal Treatments		✓		See Alternative Medicine
Chiropractic	✓			
Chondroitin		✓		Must be recommended by a medical practitioner to treat or alleviate a medical condition (for example to treat arthritis). Will not qualify if used to maintain general health. A Letter of Medical Necessity is required.
Christian Science Practitioners	✓			Fees paid for receiving medical care by Christian Science practitioners may qualify. Note: Fees for other purposes generally will not qualify.
Cialis		✓		A Prescription is required. See Drugs & Medicines
Circumcision	✓			Note: A bris performed in the home by a Rabbi is not an eligible expense.
Claritin (loratadine)		✓		A Prescription is required.
Classes, health-related		✓		Must be recommended to treat or alleviate an illness diagnosed by a physician. A Letter of Medical Necessity is required.
COBRA Premiums			✗	Will not qualify under a Health FSA, but may qualify under an HRA if allowed by the specific plan. See Insurance Premiums
Co-Insurance	✓			Will qualify if the underlying service qualifies and has not been reimbursed by secondary insurance or any other source.
Cold/Hot Packs	✓			Only cold/hot packs sold as medical supplies will qualify. Note: those sold for other purposes (e.g., to keep beverages cold or hot) won't qualify.
Cold Medicines		✓		Examples include, but are not limited to: Actifed; Advil Cold & Sinus; Alka Seltzer Cold & Flu; Children's Advil Cold' Dayquil; Nyquil; Pedi care; Sudafed; Cough Drops; and Nasal Sprays. A Prescription is required. See Drugs & Medicines
Cold Sore Medicines		✓		Examples include, but are not limited to: Abreva and Herpecin. A Prescription is required. See Drugs & Medicines
Cologne			✗	See Toiletries; Cosmetics

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Companion Animals	✓			See Service Animals
Concierge Fees			✗	
Condoms	✓			
Compression Hose		✓		Must be recommended by a physician to treat or alleviate a specific medical condition. An expense will not qualify for reimbursement if used for personal or preventive reasons. Note: only the excess cost of the specialized hose over the cost of regular hose will qualify. A cost comparison analysis is also required to show how the excess cost was determined.
Contact Lenses	✓			Contact lenses, cleaning and soaking solutions and lens storage cases are all eligible.
Controlled Substances			✗	
Co-payments	✓			Will qualify if the underlying service qualifies and has not been 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. A Letter of Medical Necessity is required. Note: Indefinite storage "just in case" is not eligible. See Blood Storage
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, non-medicated G109shampoos, hair colors, toothpastes, and deodorants.
Cosmetic Procedures			✗	Note: A cosmetic procedure or service necessary to improve a deformity arising from a congenital abnormality, personal injury from accident or trauma, or disfiguring disease may be reimbursed.
Cough Medicine		✓		Examples include, but are not limited to: Chloraseptic; Cough drops; Mucinex; and Robitussin. A Prescription is required. See Drugs & Medicines
Counseling		✓		Counseling will qualify if it is only for medical reasons . Eligible expenses include but are not limited to: psychotherapy, bereavement and grief counseling, and sex counseling. Life coaching, career counseling, and marriage counseling will not qualify. Note: If documentation does not clearly identify that it is for medical reasons (such as an EOB), a Letter of Medical Necessity is 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.
Crowns	✓			
Crutches	✓			
Dancing Lessons		✓		May qualify if only for a short duration and if prescribed for a specific medical condition, such as part of a rehabilitation program after surgery. A Letter of Medical Necessity is required.
Decongestants		✓		Examples include but are not limited to: Dimetapp, and Sudafed. A Prescription is required. See Drugs & Medicines
Deductibles	✓			Will qualify if the underlying service qualifies and has not been reimbursed by secondary insurance or any other source.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Dental Maintenance Organization (DMO)			✗	See Insurance Premiums
Dental Care Services	✓			Covered services include, but are not limited to: Bridges, Cleanings, Crowns, Dental Implants, Dentures, Endodontic care, Extractions, Fillings, Onlays, Inlays, Orthodontia, Periodontal services, Routine prophylaxis, Sealants and X-rays. Note: An orthodontia contract is required for orthodontia services. See Orthodontia
Dental Care (Cosmetic)			✗	Expenses for cosmetic dentistry, such as teeth whitening or bleaching, porcelain veneers, or bonding are not eligible for reimbursement.
Dental Floss			✗	See Toiletries
Dentures and Denture Adhesives	✓			
Deodorant			✗	See Toiletries
Dependent Care Expenses			✗	Such expenses won't qualify, even if you are paying for dependent care so that you may receive medical care.
Diabetic Socks		✓		May qualify if used to treat or alleviate a specific medical condition, but will not qualify if used for personal or preventative care reasons. A Letter of Medical Necessity is required. Note: Only the excess cost of the specialized diabetic socks over the cost of regular socks may qualify. A cost comparison analysis is required to show how the excess cost was determined.
Diabetic Supplies	✓			
Diagnostic Items/Services	✓			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.
Diaper Rash Creams		✓		Examples include, but are not limited to: Balmex and Desitin. A Prescription is required. See Drugs & Medicines
Diapers, diaper service		✓		Regular diapers or diaper services for newborns do not qualify. If used to relieve the effects of a diagnosed medical condition, the expense may qualify. A Letter of Medical Necessity is required.
Diarrhea Medicine		✓		A Prescription is required. See Drugs & Medicines
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 generally will not qualify. See Special Foods
Dietary Supplements		✓		Will not qualify if merely beneficial for general health (e.g., one-a-day vitamins), but may qualify if recommended by a medical practitioner for a specific medical condition. Examples include, but are not limited to: Ensure; Glucerna; Power drinks; and Protein Bars. A Letter of Medical Necessity is required.
Disabled Dependent Care Expenses		✓		Expenses will only qualify if they are for medical care of the disabled dependent. A Letter of Medical Necessity is required. 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 or for reimbursement under a Dependent Care Assistance Program (See Internal Revenue Code for additional information). You must not use the same expenses for more than one purpose.

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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. A Letter of Medical Necessity is required.
Doctor Fees				Will qualify if the underlying service qualifies and has not been reimbursed by secondary insurance or any other source. Expenses may include, but are not limited to: Out-of-network providers, Charges by your physician for letters of medical necessity to schools.
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. A Letter of Medical Necessity is required.
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.
Drug Overdose Treatment				
Drugs & Medicines				Will qualify if primarily for medical care, legally procured, and generally accepted as medicines and drugs. A Prescription is required for all medicines and/or drugs other than Insulin
Dyslexia				A Letter of Medical Necessity is required for any dyslexia treatment or programs.
Ear Piercing				See Cosmetic Procedures
Ear Plugs				Must be prescribed to treat a specific medical condition, such as the presence of middle/inner ear tubes. A Letter of Medical Necessity is required.
Ear Wax Removal Drops				A Prescription is required. See Drugs & Medicines
Education				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 Letter of Medical Necessity is required.
Egg Donor Fees				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 if, if preparatory to a procedure performed on you, your spouse, or your dependent. A Letter of Medical Necessity is required. See Fertility Treatment
Eggs and Embryo Storage Fees				Fees for temporary storage quality, 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 is it stored and used within the same year. A Letter of Medical Necessity is required. See Artificial Reproductive Technologies
Electrolysis or hair removal				See Cosmetic Procedures
Electrolyte Replacements				Examples include, but are not limited to; Pedialyte. A Letter of Medical Necessity is required.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Elevator		✓		See Capital Expenses
Exercise Equipment		✓		Must be recommended by a physician to treat or alleviate a specific medical condition (such as obesity) and must not have been incurred "but for" the medical condition. It will not qualify if the purpose is to promote general health. A Letter of Medical Necessity is required.
Exercise Programs		✓		See Fitness Programs ; Weight Loss Programs
Expectorants		✓		Examples include but are not limited to: Comtrex and Robitussin. A Prescription is required. See Drugs & Medicines
Eye Drops		✓		A Prescription is required. See Drugs & Medicines
Eyeglasses / Eye Exams	✓			Includes prescription sunglasses and reading glasses (even those purchased over-the-counter), and eyeglass repair kits. Note: Product replacement plans and/or warranties are not reimbursable.
Face Creams			✗	See Cosmetics
Face Lifts			✗	See Cosmetics
Feminine Hygiene Products		✓		Products used post-surgery or after childbirth may be reimbursed. A Letter of Medical Necessity is required.
Fertility Treatment		✓		May qualify to the extent that procedures are intended to overcome an inability to have children and are performed on you, your spouse, or your dependent. A Letter of Medical Necessity is required.
Fever Reducing Medications		✓		A Prescription is required. See Drugs & Medicines
Fiber Supplements		✓		Examples include, but are not limited to: Benefiber and Metamucil. This will not qualify if used for general health purposes or other personal reasons. A Letter of Medical Necessity is required.
Finance Charges			✗	
First Aid Kit / Supplies	✓			Examples include, but are not limited to: Antiseptics, Bandages, Cold/Hot packs, Joint supports, Liquid bandages, Peroxide, Rubbing alcohol, and Splints.
Fitness Programs		✓		Fees paid for a fitness program may be eligible if prescribed by a physician to treat or alleviate a medical condition, such as obesity. A Letter of Medical Necessity is required. Note: The expense must not have been incurred "but for" the disease. A family membership fee, however, would not qualify for reimbursement in full; only that portion attributable to the individual for whom the treatment was recommended would qualify. If reimbursement document refers to a family membership, a cost comparison analysis will be required depicting the difference in cost between the family and single membership. This will not qualify if it is merely beneficial for general health or if it 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. Once the treatment is no longer needed, the fees would no longer qualify. See Health Club Fees
Fluoride Rinse / Pills		✓		Must be prescribed by a physician for the treat or alleviate a medical condition. A Prescription is required. See Drugs & Medicines
Flu Shots	✓			

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Foreign Country - Medical Care Expenses				Medical Care expenses for services incurred outside the U.S. must meet the same requirements that would apply if the expenses were incurred in the U.S. (e.g., the expenses must be primarily for medical care, may not be for a cosmetic procedure, etc.). Note: The treatment must be legal both in the U.S. and other country. In addition, the form of currency must be submitted with the documentation so that the expense can be converted to US dollars.
Founder's Fee				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.
Funeral Expenses				
Gambling Problem Treatment				A Letter of Medical Necessity is required.
Gauze Pads				
Genetic Testing				Must be done to diagnose a medical condition or determine possible birth defects. A Letter of Medical Necessity is required. Note: Testing done just to determine the sex of the fetus does not qualify.
Glucosamine				A Prescription is required. See Drugs & Medicines
Glucose Monitoring Equipment				Items such as blood glucose meters and glucose test strips are reimbursable. See Diagnostic Items/Services
Guide Dogs				See Service Animals
Gym Fees				See Health Club Fees
Hair Colorants				See Cosmetic Procedures
Hair Loss Treatment				May be eligible if due to a specific medical condition. A Letter of Medical Necessity is required. Note: Will not qualify if for cosmetic purposes.
Hair Transplant				See Cosmetic Procedures; Hair Loss Procedures
Hand Lotion				See Cosmetic Procedures
Hand Sanitizer				Examples include, but are not limited to: Germ-X; Nexcare; and Purell. Note: This does not include soaps, lotions, or other personal hygiene items that include sanitizing ingredients which are not eligible. A Letter of Medical Necessity is required.
Headache Medications				Examples include but are not limited to: Advil; Aspirin; and Tylenol. A Prescription is required. See Drugs & Medicines
Healing Ointments				Examples include, but are not limited to: Aquaphor and Eucerin. A Prescription is required.

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Health Club Fees				Under very 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 of a treating physician. A Letter of Medical Necessity is required. Once the treatment is no longer needed, the fees would no longer qualify. Note: If the individual belonged to the health club or gym before being diagnosed, then the fees would not qualify. A family membership fee, however, would not qualify for reimbursement in full; only that portion attributable to the individual for whom the treatment was recommended would qualify. If reimbursement document refers to a family membership, a cost comparison analysis 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 Letter of Medical Necessity is required.
Health Screenings				See Preventive Care Screenings
Hearing Aids				Also includes batteries, repairs, and repair kits
Heart Monitors				See Diagnostic Items/Services
Hemorrhoid Treatments				Examples include, but are not limited to: Preparation H and Tronolane. A Prescription is required. See Drugs & Medicines
Herbs				May qualify if treat or alleviate a specific medical condition and must not have been purchased "but for" the condition. A Letter of Medical Necessity is required.
Holistic or natural healers, dietary substitutes, and drugs and medicines				See Alternative Healers ; Drugs & Medicines ; Christian Science Practitioners and Special foods .
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. See Diagnostic Items/Services
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 Prescription is required. See Drugs & Medicines
Hormone Replacement Therapy (HRT)				Will qualify if used primarily for medical care (treat menopausal symptoms such as hot flashes, night sweat, etc). Will not qualify if primarily for maintaining general health. A Prescription is required. See Drugs & Medicines
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. The underlying service must also be an eligible expense for this item to be covered. Note: The expense must not be related to a cosmetic procedure. See Cosmetics and Cosmetic Procedures .
Household Help				
Humidifiers				A Letter of Medical Necessity is required.
Hydrotherapy				A Letter of Medical Necessity is required.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Hypnosis		✓		Will qualify if performed by a professional to treat a medical condition, or for other medical care (e.g., smoking cessation). Will not qualify if for general stress relief, personal enjoyment, or other personal purposes. A Letter of Medical Necessity 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.
Inclinators		✓		See Capital Expenses
Incontinence Products		✓		May be reimbursed if used for a diagnosed medical condition. Examples include, but are not limited to; Attends and Poise. A Letter of Medical Necessity is required.
Insulin	✓			Equipment needed to inject the insulin, such as syringes or pumps also qualify as medical expenses.
Insurance Premiums			✗	Insurance premiums cannot be reimbursed under a Health FSA. Note: The following premiums may be qualifying expenses under an HRA depending on the plan design: premiums for traditional health insurance (including COBRA) and qualified long-term care insurance. However, the following insurance premiums are not qualifying expenses under an HRA: premiums for employer-sponsored group health coverage that could be paid on a pre-tax basis under the employer's cafeteria plan, LTD insurance, fixed indemnity cancer insurance, and hospital indemnity insurance. See Cobra Premiums
Infertility Treatment		✓		See Artificial Reproductive Technologies: Fertility Treatment
In-Vitro Fertilization		✓		See Artificial Reproductive Technologies: Fertility Treatment
Lab Fees	✓			
Lactation Consultant		✓		Services rendered by a licensed provider can be reimbursed. A Letter of Medical Necessity is required.
Lactose Intolerance Supplements		✓		Examples include, but are not limited to: DairyCare; Digestive Advantage; and Lactaid Fast Act. A Letter of Medical Necessity is required.
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 Letter of Medical Necessity is required.
Laser Eye Surgery	✓			
Late Payment Fees			✗	
Laxatives		✓		A Prescription is required. See Drugs & Medicines
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. Note: If you cover the area with wallboard or paneling instead of removing the lead paint, these items will be treated as a capital expense. See Capital Expenses
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 Letter of Medical Necessity is required. Examples include, but are not limited to: Remedial reading for your child or dependent with dyslexia or Testing to diagnose a learning disability.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Legal Fees				Legal fees may qualify as medical care if they bear a direct or proximate relationship to the provision of medical care. For example, legal fees paid to authorize treatment for mental illness are eligible expenses. A Letter of Medical Necessity is required.
Levitra				A Prescription is required. See Drugs & Medicines
Lifetime Care				Fees or advance payments made to a retirement home or continuing care facility are not reimbursable.
Lipsticks				
Liquid Adhesive for small cuts				See Bandages
Lodging				Up to \$50 per night is eligible if the following conditions are met: (1) the lodging is primarily for and essential to medical care; (2) the medical care is provided by a doctor in a licensed hospital or medical care facility related to a licensed hospital; (3) the lodging is not lavish or extravagant; and (4) there is no significant element of personal pleasure or leisure in the travel. A Letter of Medical Necessity is required. Note: Eligible expenses 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.
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 for Lodging listed above. 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 Letter of Medical Necessity 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 Letter of Medical Necessity is required.
Long-Term Care Insurance Premiums				Insurance premiums cannot be reimbursed under a Health Flexible Spending Account. See Insurance Premiums
Long-Term Care Services				Refer to Section 106(c) of the IRS Code for more information.
Makeup				See Cosmetics
Marijuana or other controlled substance in violation of Federal Law				See Controlled Substances
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 medical condition, this may be reimbursed. A Letter of Medical Necessity is required.
Mastectomy-related Special Bras				See Breast Reconstructive Surgery following Mastectomy
Maternity				Note: IRS regulations require that a service must be fully incurred prior to reimbursement. Prepayments of prenatal expenses can only be reimbursed as the services are being provided and in accordance with a prepayment plan. As a result, an itemized treatment plan & cost per visit is required for pre-paid maternity services.
Maternity Aids				See Pregnancy Aids

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Maternity Clothes			✗	
Mattresses		✓		In rare cases, the excess cost between the special type mattress and a regular comparable mattress may potentially qualify for reimbursement. A Letter of Medical Necessity is required. Any types of support for the mattress, like box springs or special foundations, are not eligible. Note: A cost comparison analysis is required to demonstrate how the excess cost was determined.
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. A Letter of Medical Necessity is required. Note: The expenses for meal and lodging while attending the conference do not qualify.
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 if the underlying service also qualifies for reimbursement.
Medical Supplies	✓			
Medicated Lip Products		✓		Examples include, but are not limited to: Blistex Medicated Lip Ointment; Carmex Medicated Lip Balm; and Neosporin Lip Treatment. A Prescription is required. See Drugs & Medicines
Menstrual Relief		✓		Examples include, but are not limited to: Midol; Pamprin; and Premsym PMS. A Prescription is required. See Drugs & Medicines
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 Letter of Medical Necessity is required.
Midwives	✓			See Nursing Care and Services
Migraine Relief		✓		Examples include, but are not limited to: Advil Migraine; Excedrin; and Motrin Migraine. A Prescription is required. See Drugs & Medicines
Mileage	✓			Mileage incurred traveling for medical reasons are eligible, such as for traveling to and from health care providers, hospitals, and pharmacies. The rate is 23 cents/mile for the period starting January 1, 2012 (the rate was 23.5 cents/mile for the period from 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. Note: 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.
Mineral Supplements		✓		A Letter of Medical Necessity is required.
Missed Appointment Fees			✗	
Moisturizers			✗	See Cosmetics
"Morning-After" Contraceptive Pills		✓		See Birth Control Pills; Drugs & Medicines

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Motion Sickness Medicines				Examples include, but are not limited to: Bonine; Dramamine; and Marizine. A Prescription is required. See Drugs & Medicines
Mouthwash				
Nail Polish				
Nasal Sprays				A Prescription is required. See Drugs & Medicines
Nasal Strips				A Letter of Medical Necessity is required to show that this product was recommended by a physician to alleviate or treat a medical condition.
Naturopathic Care				Medical care provided by a naturopathic doctor is eligible.
Nicotine Gum or Patches				A Prescription is required. See Drugs & Medicines
Newborn Nursing Care				
Norplant Insertion or Removal				See Birth Control Pills
Nursing Care and Services (Private duty nursing)				Wages, employment taxes, and other amounts you pay for nursing services (including extra costs for nurses' room and board) generally will qualify, whether provided in your home or another facility. A Letter of Medical Necessity is required. Note: The attendant does not have to be a nurse, so long as the services are of a kind generally performed by a nurse, such as: giving medication; changing dressings; bathing; and grooming. If the providing nurse also provides household and personal services, those other services are not reimbursable.
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. A Letter of Medical Necessity is required. Note: Only the portion of the cost related to medical care or nursing services may be reimbursed.
Nursing Services for a Newborn Baby				Must be recommended by a physician to alleviate or treat a specific medical condition. A Letter of Medical Necessity is required. Note: Nursing services for a normal, healthy baby do not qualify as medical care. See Nursing Care and Services
Nutritional Supplements				Must be recommended by a physician to alleviate or treat a specific medical condition. A Letter of Medical Necessity is required.
Nutritionist fees				May qualify if the treatment relates to a specifically diagnosed medical condition, but not if the expense is for general health. A Letter of Medical Necessity is required.
Obstetrical Expenses				
Occlusal Guards to Prevent Teeth Grinding				
Occupational Therapy				
Online or telephone consultation, medical practitioner's fee				Must be for the purpose to obtain advice to treat or mitigate a medical condition, to the extent such consultation is permitted under applicable state and federal law.
Operations				Will qualify if the operations are legal and not otherwise specifically excluded (such as cosmetic procedures).
Optometrist				
Organ Donors				

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Orthodontia	✓			An Orthodontia contract listing the length of treatment and amount is required as part of the supporting documentation for Orthodontic expenses. You may be reimbursed the initial fee, plus any monthly payments made during the period of coverage. Accelerated payments require supporting documentation showing the application of such amounts to the orthodontia expenses. Note: If paid in full by cash, check or credit card, the full amount may be reimbursed if allowed by your plan. If not, the total amount may be apportioned as the services are being provided during the treatment plan (usually split between the months remaining in the contract).
Orthopedic Shoes		✓		Will qualify if used to treat injured or weakened body parts, but will qualify if used for personal or preventive care reasons. Note: A special version of an otherwise personal item can be reimbursed only to the cost of the item exceeds the cost of a comparable regular item. As a result, a cost comparison analysis is required to show how the excess cost was determined. A Letter of Medical Necessity is also required.
Orthotics	✓			Custom-made and over-the-counter inserts are eligible.
Osteopath Fees	✓			
Over-the-counter medicines		✓		A Prescription is required. Note: Your claim substantiation should include a description of the product, the date of sale, and amount, as well as the name of the vendor. See Drugs & Medicines
Ovulation Monitor	✓			See Diagnostic Items/Services
Oxygen		✓		A Letter of Medical Necessity is required.
Pain Relievers		✓		A Prescription is required. See Drugs & Medicines
Parental Fees			✗	
Parking Fees and Tolls	✓			See Mileage
Patterning Exercises		✓		While these exercises are often done by family members, the expense to hire someone to perform patterning exercises is eligible. A Letter of Medical Necessity is required.
Pediculicide		✓		Examples include, but are not limited to: Nix, and Rid. A Prescription is required.
Penile Implants	✓			
Perfume			✗	
Personal Items			✗	Items use for personal grooming and not to treat a specific medical condition are not eligible for reimbursement.
Personal Trainer Fees		✓		A supervised exercise regimen must be recommended by a physician to treat or alleviate a specific medical condition or injury (e.g., rehabilitation after surgery or the treatment of obesity). It must be incurred for a limited duration. The expense must not have been incurred "but for" the disease (e.g., if you were working with a personal trainer before being diagnosed or use the trainer for purposes unrelated to the specific medical condition, the expense would not qualify). A Letter of Medical Necessity is required.
Physical Exams	✓			
Physician Fees; pre paid			✗	
Physical Therapy	✓			

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Pillows; lumbar support				Must be prescribed by a health care provider to alleviate a specific medical condition. A Letter of Medical Necessity is required. Note: A special version of an otherwise personal item can be reimbursed only to the extent the increased cost of the item exceeds a comparable regular item. As a result, only the excess of the lumbar pillow over a regular comparable pillow may be reimbursed. Therefore, a cost comparison analysis is required to show how the excess cost was determined.
Plane Fares				Restrictions Apply. See Transportation
Post-Mastectomy Clothing				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.
Pregnancy Aids				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.
Pregnancy Tests				Includes ovulation predictor kits
Prenatal Vitamins				Prenatal vitamins taken during pregnancy would qualify. Note: Vitamins taken at other times will require a Letter of Medical Necessity to show that is primarily for medical care.
Pre-Payments				IRS regulations require that a service must be fully incurred prior to reimbursement. Since pre-payments are generally for services/items that have not been incurred, pre-payments are not reimbursable. Note: Exceptions exist for orthodontia services. See Orthodontia For pre-paid Maternity services, see Maternity .
Prescription Drug Discount Program				Fees paid to access drugs at a reduced cost are <i>not</i> eligible for reimbursement. Actual costs paid for prescription drugs are an eligible expense. See Drugs & Medicine
Prescription Drugs				See Drugs and Medicines
Prescription Drugs; Imported				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 permits the drug to be legally imported by individuals. A Prescription is required.
Preventative Care Screenings				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.
Product Replacement Plans				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. See Warranties .
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 Prescription is required. See Cosmetics .
Probiotics				Must be to treat or alleviate a specific medical condition and not for general health. A Letter of Medical Necessity is required.
Prosthetics				
Psychiatric Services and Care				
Psychoanalysis				
Psychologist				

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
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 Letter of Medical Necessity is required. See Capital Expenses
Reading Glasses				
Reflexology				Must be prescribed by a physician for a specific illness, injury, trauma or medical condition and not for general health. A Letter of Medical Necessity is required.
Retin-A				Generally will not qualify if purchased for cosmetic purposes (for example, to reduce wrinkles), even if recommended by a medical practitioner. May qualify when prescribed to treat a specific medical condition (e.g. acne vulgaris) and not for cosmetic purposes. A Prescription is required. See Drugs & Medicines
Rogaine				A Prescription is required. Note: It is not reimbursable if merely to treat baldness associated with the normal aging process. See Propecia
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				Must be recommended by a physician to treat or alleviate a specific medical condition. A Letter of Medical Necessity is required.
Safety Glasses				
Surrogate or gestational carrier expenses				Will not qualify even if the expenses relate to medical services provided to the surrogate or gestational carrier or the unborn child.
Sales Tax				See Taxes
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 Letter of Medical Necessity 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 for 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. A Letter of Medical Necessity is required. Note: If the child is attending the school simply to benefit from the courses and disciplinary methods, the expenses will not be reimbursed.
Screening Tests				Will qualify if the tests are used for medical diagnosis. Examples include but are not limited to; hearing, vision, and cholesterol screenings. See Diagnostics
Service Animals				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 a 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 the service animal is also eligible. A Letter of Medical Necessity is required.
Shampoos				See Cosmetics
Shaving Cream or Lotion				See Cosmetics

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
Shipping and Handling				Shipping and handling charges for medical needs, such as mail-order prescriptions and eligible over-the-counter items are reimbursable.
Sinus Medications				A Prescription is required.
Sleep Aids				Examples include, but are not limited to: Nytol; Sominex; Tylenol PM; and Unisom. A Prescription is required.
Smoking Cessation Medicines				Examples include, but are not limited to: Commit; Nicoderm CQ; Nicorette; and Nicotrol. A Prescription is required.
Smoking Cessation Programs				
Special Education and Schools				See Learning Disabilities
Special Foods				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 Letter of Medical Necessity is required. Examples for covered special foods include gluten free products required because of celiac disease and lactose free milk for lactose intolerance Note: the amount that can be reimbursed is limited to the amount that the special food <u>exceeds</u> the cost of commonly available versions of the same product. For example, a medical provider recommends lactose free milk and the cost is \$2 more than regular milk, then only the \$2 excess cost would be eligible for reimbursement. As a result, a cost comparison analysis is required to establish: 1) what was spent for the special food, 2) what would have been spent to satisfy normal nutritional needs (or on the purchase of a commonly available versions of the same product); and 3) what is the excess cost of the special food.
Specialized Equipment or Services				See Adaptive Equipment
Speech Therapy				
Sperm Storage				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. A Letter of Medical Necessity is required. See Fertility Treatment
Stem Cell Harvesting and/or Storage				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 Letter of Medical Necessity is required.
Sterilization Procedures				
Sterilization Reversal				
St. Johns Wort				Must be recommended by a physician to treat or alleviate a specific medical condition and not to maintain general health. A Letter of Medical Necessity is required.
Student Health Fee				
Substance Abuse				See Alcoholism
Subway Fare				See Transportation
Sunburn / Burn Relief				Examples include, but are not limited to: Aloe Vera and Solarcaine. A Prescription is required.
Sunglasses (Prescription)				Only sunglasses with prescription lenses are eligible for reimbursement.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
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. A Letter of Medical Necessity from your doctor. Note: The receipt must show the purchase was from an accredited sun-protective company. The clothing is reimbursed for the difference between "normal" apparel and the specially-constructed clothing. A cost comparison analysis is required to show how the excess cost was determined.
Sunscreen	✓			Sunscreen products must have an SPF of 30 or higher are eligible if to prevent sunburn. If it is a medicated lotion or cream, a Prescription is required. See Drugs & Medicines; Sunburn / Burn Relief
Surgery	✓			The underlying service must be primarily for medical care. Note: The expense must not be related to a cosmetic procedure. See Cosmetics and Cosmetic Procedures .
Surrogate or Gestational Carrier Expenses			✗	Will not qualify even if for medical care of surrogate/gestational carrier or her unborn child.
Swimming Lessons		✓		Must be recommended by a physician to alleviate or treat a specific medical condition. A Letter of Medical Necessity is required.
Tanning Salon or Equipment		✓		Must be recommended for the treatment of certain skin disorders, such as eczema and psoriasis. A Letter of Medical Necessity is required.
Taxes	✓			Taxes on medical services and products may be reimbursed. This includes local, state, service or other taxes.
Taxi Fare	✓			Note: Tips (gratuities) given in addition to the taxi fare are ineligible. See Tips and Transportation
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 Letter of Medical Necessity is required.
Telephone For Hearing Impaired	✓			Eligible expenses include the purchase or repair 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. A Letter of Medical Necessity is required. Note: The eligible expense is limited to the cost that exceeds the cost of a non-adapted set. A cost comparison analysis is required to show how the excess cost was determined.
Temporary Continuation of Coverage Premiums			✗	Insurance premiums cannot be reimbursed through a Health FSA. See Cobra Premiums
Therapy		✓		Therapy will qualify if it is only for medical reasons , not only for general improvement of mental health, relief of stress, or personal enjoyment. If submitted documentation (such as an EOB) does not clearly identify that the therapy is for medical reasons, a Letter of Medical Necessity 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 Prescription is required. See Drugs & Medicines
Tips (gratuities)			✗	A tip (gratuity) given as an extra payment for services received, such as taxi fare, is ineligible for reimbursement as a medical care expense.

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
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. See Cosmetics .
Toothache and Teething Pain Relievers		✓		Examples include, but are not limited to: Anbesol, and Orajel. A Prescription is required. See Drugs & Medicines .
Toothbrushes			✗	Toothbrushes, including electric or battery-powered (such as Sonicare) are personal care items and are not eligible for reimbursement, even if recommended by a dentist or other licensed professional.
Toothpaste			✗	See Toiletries
Train Fare	✓			See Transportation
Transplants	✓			
Transportation		✓		You can include expenses for transportation (by bus, taxi, train, or airplane or ambulances) primarily for, and essential to, medical care. You cannot include the cost of transportation to and from work, even if your condition requires an unusual means of transportation. You cannot include travel for purely personal reasons to another city for an operation or other medical care. You also cannot include travel that is merely for the general improvement of your health even if made on the advice of a doctor. Eligible expenses do not include the costs of operating a specially equipped car for other than medical reasons. See Mileage
Treadmill		✓		See Exercise Equipment
Tricare Premiums			✗	Insurance premiums cannot be reimbursed through a Health FSA.
Trips			✗	Trips or excursions taken for a change in environment, to promote or improve general health - even trips taken on the advice of a health care provider - are not eligible expenses. See Transportation .
Tuition for special-needs program		✓		The primary purpose must be for medical care. For example, a reading program for dyslexia. A Letter of Medical Necessity is required.
UCR, Charges Above	✓			Medical expenses in excess of the health plan's usual, customary and reasonable (UCR) charges may be reimbursed if the underlying expense is eligible.
Ultrasound, pre-natal	✓			Must be used as a diagnostic tool to determine fetal health and development.
Umbilical Cord Freezing and Storing		✓		May qualify if there is a specific medical condition that it is intended to treat. Umbilical cord storing as a precautionary measure in the absence of a specific medical condition is not reimbursable. A Letter of Medical Necessity 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 Letter of Medical Necessity is required.
Vasectomy	✓			
Vasectomy Reversal	✓			See Sterilization Reversal
Veneers			✗	Generally will not qualify because these are used primarily for cosmetic purposes. Veneers do not include Inlays or Onlays. See Dental Care .
Veterinary Services		✓		Will qualify if fees are incurred for the care of a guide dog or other service animal used by a disabled person.
Viagra	✓			A Prescription is required. See Drugs & Medicines
Vision Corrective Procedures	✓			

Condition / Type of Service	Eligible Expense	Potentially Eligible Expenses	Not Eligible	Additional Information
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		✓		Must be recommended by a licensed professional to treat a specific medical condition. A Letter of Medical Necessity is required.
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.
Wart remover treatments		✓		Examples include, but are not limited to: Compound W, Dr. Scholl's Clear Away, and Wart-off. A Prescription is required. See Drugs & Medicines
Water Fluoridation		✓		Must be recommended a licensed professional to treat a specific medical condition. A Letter of Medical Necessity is required.
Weight Loss Drugs		✓		The weight loss drug must be recommended by a licensed professional to treat a specific medical condition. A Prescription is required. See Drugs & Medicines
Weight Loss Programs		✓		The weight loss program must be recommended by a physician to treat a specific medical condition (such as obesity, heart disease, or diabetes) and not simply to improve general health. A Letter of Medical Necessity is required. Food associated with a weight-loss program (such as pre-packaged meals) would typically not qualify, since it just meets normal nutritional needs. See Special Foods
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 are generally not 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 Letter of Medical Necessity is required.
Whirlpool Baths		✓		See Capital Expense
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 of a disease is reimbursable. A Letter of Medical Necessity is required.
X-Ray Fees	✓			
Yeast Infection Medications		✓		A Prescription is required. See Drugs & Medicines
YMCA Day Camp/Other Day Camps		✓		Generally, will not qualify. However, if a camp is a special program that is therapeutic in nature and intended to treat a specific disability, then the expenses may qualify. In this case, a Letter of Medical Necessity is required.