

## Eligible and Ineligible Expenses FSA

The following expenses are permissible for reimbursement through a flexible spending account (FSA), however the permissible expenses may vary by plan. Please refer to your Summary Plan Description (SPD).

All Reimbursement Request Forms must include the **required documentation** noted below.

Standard documentation includes one of the following:

1. An itemized receipt or statement, or
2. The insurance company's explanation of benefits (EOB), or
3. A provider's signature on the Reimbursement Request Form along with the provider's Tax ID Number.

**Note:** A canceled check does not meet IRS regulations for proper documentation of an eligible expense.

Documentation for over-the-counter products require:

- Pre-printed cash register receipt that includes the dates of service, provider name, amount of purchase, and the name/description of the product purchased.

### Eligible Expenses for FSA

#### Medical

- Acupuncture
- Anti-Fungal & anti-Bacterial creams/ointments
- Artificial limbs
- Bandages, gauze pads, and liquid adhesive for minor cuts
- Bengay, Flexall, pain relieving creams or gels
- Birth control, contraceptive devices
- Birthing classes/Lamaze-only the mothers portion (not the coach/spouse) and the class must be only birthing instructions, not child rearing.
- Blood pressure monitor
- Calamine lotion
- Canker/cold sore relievers
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solution
- Cold medicines
- Co-payments
- Corn removal
- Crutches (purchased or rented)
- Deductibles and co-insurance
- Denture adhesive
- Diabetic supplies
- Diaper rash ointment
- Eye exam
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- First aid kits (thermometer, hot & cold packs)
- Flu Shots
- GasX, baby gas drops
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pads
- Hemorrhoid cream and treatments
- Hot and cold packs
- Incontinence supplies
- Indigestion or anti-acid relievers
- Infertility treatments
- Laser eye surgery; lasik
- Laxatives
- Legal sterilization
- Mileage to and from doctor appointments \$.19 for services incurred 1/1/08-6/30/08; \$.27 for services incurred 7/1/08-12/31/2009; and \$.24 for services incurred in 2009.
- Nasal Stripes
- Optometrist's or ophthalmologist's fees
- Pain relievers (Tylenol, Advil, Aspirin etc)
- Peroxide
- Physical therapy (as medical treatment)
- Physician's fee and hospital services
- Pregnancy test
- Prenatal vitamins
- Prescribed drugs and medications
- Psychotherapy, psychological services
- Rubbing alcohol
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sinus medicines
- Sleep apnea services/products (as prescribed by physicians)
- Smoking cessations programs, nicotine patch
- Suppositories
- Teething gel
- Thermometer
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wart removal medications
- Wrist support, elastic wraps
- X-ray fees

## **Dental**

- Braces and orthodontic services (Note: For contracted orthodontia treatment, please provide contract of service with reimbursement form.)
- Cleaning
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures adhesives
- Filling

## **For the Disabled**

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books and magazines in excess of cost of regular editions
- Note-taker, cost of, for a hearing impaired child in school
- Seeing eye dog(buying, training and maintaining)
- Special devices, such as a tape recorder or typewriter for visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

## **Over-the-Counter Expenses**

- Over-the-counter medications and drugs may be reimbursed by the FSA plan/ {Please refer to your Summary Plan Description for expense eligibility.
- Refer to Documentation Requirements for over-the-counter products on page 1.
- Do not send labels and packaging from the product as they do not qualify as a third-party documentation
- Stockpiling of over-the –counter products is not allowed by the IRS. HealthEquity defines stockpiling as 5 or more products (or similar products) purchased on the same date.

## **Expenses Requiring Additional Documentation**

The Following expenses must be incurred to treat a diagnosed medical condition. The submission of a Letter of Medical Necessity form in addition to the standard documentation is required. The form must be signed by a physician and must include the diagnosis and medical necessity of the treatment. Please attach the form with your HealthEquity Reimbursement form.

- Acne treatments and medication
- Cosmetic surgery, cosmetic dentistry or other cosmetic procedures (May be covered if procedure necessary to ameliorate a deformity arising from a congenital abnormality, personal injury from accident or trauma. Or disfiguring disease)
- Breast pump
- Diet: special diets and/or cost of special food taken as substitute for regular diet
- Dietary and fiber supplements
- Ear plugs
- Estrovin
- Eye drops/Visine
- Exercise equipment and fees
- Glucosamine
- Lotion or skin moisturizers
- Massage treatment
- Medicated shampoos, conditions, and soaps
- Nursing services for care of a special medical ailment
- Orthopedic inserts or shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Propecia/Rogain (only eligible for a medical condition)
- Speech therapy
- Sunscreen or suntan lotion
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and/or supplements
- Wigs (for mental health condition of individual who loses hair because if a disease)

Note: For expenses not listed above, please contact HealthEquity member services for more information.

## Ineligible Expenses for FSA

The following expenses are not eligible for reimbursement.

### Ineligible Expenses for FSA

- Athletic mouth guards
- Auto insurance providing medical coverage
- Breast feeding supplies
- Chap stick/lip balm
- Contribution to state disability funds
- cosmetic supplies (makeup, facial soaps/cream and moisturizers, etc)
- Deodorant
- Dental floss
- Diaper service
- Diaper supplies
- Divorce: expenses of divorce when doctor or psychiatrist recommends divorce
- Distilled water purchased to avoid drinking fluoridated city water or for use in medical equipment
- Domestic help: payments to domestic help, companion, babysitter, chauffeur, etc. who primarily render services of nonmedical nature.
- Electrolysis/hair removal
- Eye drops for general comfort
- Eyeglass cases
- Hand Sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Illegal treatment or medications
- Lanyards
- Marriage Counseling
- Maternity clothes
- Mattress
- Medicare Premiums
- Mobile telephone used for personal calls as well as calls to physician
- Nursemaids or practical nurses who render general care for healthy infants
- Pajamas/slippers purchased to wear in hospital
- Personal use items (toothbrush, vacuum, pillow, shampoo, mattress, etc.)
- Physical treatment unrelated to specific health problems (massage for general well-being , stress, depression, or chiropractic wellness program)
- Private hospital rooms
- Safety glasses (non-prescription)
- Special foods purchased to replace nutrition or for general health needs. Such as diet foods
- Sun glasses (non-prescription and sun clips)
- Teeth whitening
- Toiletries
- Toothbrush, (includes prescribed electric ones)
- Toothpaste
- Vacuum cleaner purchased by individual with dust allergy
- Warranties
- Weight loss drugs/programs for general well being

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