



Eligible Health Care FSA Expense Examples:

■ Dental Services

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

■ Insurance-Related Items

Copays
Coinsurance
Deductibles

■ Lab Exams/Tests

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

■ Medication

Insulin
Prescribed Birth Control
Prescribed Vitamins*
Prescription Drugs*

■ Other Medical Treatments/Procedures

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

■ Other Medical Supplies and Services

Abdominal/Back Supports
Ambulance Services

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

Transportation Expenses (*essential to medical care*)

Wheelchair

Wigs (*hair loss due to disease*)

■ Vision Expenses

Contact Lenses

Contact Lens Solution

Eye Examinations

Eyeglasses

Laser Eye Surgeries

Prescription Sunglasses

Radial Keratotomy/LASIK

Reading Glasses

This list is not meant to be all inclusive.

Other expenses not listed may also qualify.

Please refer to Section 213 of the Internal Revenue Code or call our toll-free Participant Services line at 800 346 2126.

Eligible with Doctor's Prescription:

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

Allergy Medicines

Antihistamines

Analgesics

Antacids

Anti-Diarrhea Medications

Anti-Itch Medications

Anti-Nausea Medications

Aspirin

Athletes Foot Creams and Powders

Cold Sore Remedies

Cough Drops

Cough Syrups

Decongestants

Eye Drops

Fever Reducers

First Aid Cream (*Bactine, diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments*)

Digestive Tract Relief Medications

Flu and Cold Medications

Hemorrhoidal Medications

Laxatives

Lice and Scabies Treatments

Menstrual Cycle Products (*medication for pain and cramp relief*)

Motion Sickness Pills

Muscle/Joint Pain Relievers

Nasal Sinus Sprays

Nicotine Gum/Patches

Pain Relievers

Pedialyte

Retin A (*non-cosmetic*)

Sinus Medications

Sleeping Aids

Smoking Cessation Products

Sore Throat Sprays

Special Ointments/Burn Ointments

Throat Lozenges

Vapor Rubs

Weight Loss Drugs (*to treat specific disease*)***

Yeast Infection Treatments

Ineligible Health Care FSA Expense Examples:

Baby-Sitting

Canceled Appointment Fees

Chapstick/Lip Balm

Contact Lens Insurance

Cosmetics

Cosmetic Surgery/Procedures

Dance/Exercise/Fitness Programs

Dental Bleaching

Diaper Service

Electrolysis

Exercise Equipment

Eyeglass Insurance

Face Cream

Feminine Hygiene Products

Hair Loss Medications

Hair Transplant

Health Club Dues

Illegal Operation or Treatments

Insurance Premiums

Long Term Care Premiums

Marriage or Family Counseling

Massage Therapy***

Maternity Clothes

Mattresses

Meals that are not part of inpatient care

Moisturizers

Nutritional Supplements***

Personal Trainer

Prescription Drug Discount Programs

Prescription Drugs for Hair Loss

Provider Discounts

Rogaine

Shampoos/Soaps

Special Foods***

Suntan Lotion/Sunscreen less than SPF 15

Supplements*** (*for general health*)

Teeth Whitening/Bleaching

Toiletries

Toothbrushes (*including battery operated*)

Toothpaste

Vision Discount Program Premiums

Vitamins*** (*for general health*)

Weight Loss Programs*** (*for general health*)

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

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

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