

List of Eligible & Ineligible Expenses



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Health Care FSA (HCFSA):

Money in your Health Care FSA account can be used for eligible medical, dental, and vision expenses incurred by you, your spouse, and eligible dependents (for the definition of an eligible dependent, please see Appendix B).

The IRS defines an eligible expense as “the costs of diagnosis, cure, mitigation, treatment, or prevention of disease, and the costs for treatments affecting any part of function of the body” ([IRS Publication 502, IRS.gov](#)). Eligible expenses must alleviate or prevent physical or mental ailments; expenses that are solely for cosmetic reasons or that are merely beneficial to one’s health are deemed to be ineligible expenses.

Some expenses may require a Letter of Medical Necessity or Physician’s Prescription explaining the medical necessity of the costs being considered for reimbursement. If there is any doubt as to whether or not an expense is eligible, the above documents should be obtained before submitting your claim for reimbursement.

Dependent Care FSA (DCFSA):

Money in your Dependent Care FSA account can be used for non-medical day care for your children under the age of 13 or for any individual incapable of self-care that you may claim on your federal tax return as a dependent. To qualify for reimbursement under this plan, you must incur expenses while you (and your spouse, if married) work, look for work, or attend school full time.

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List of Eligible & Ineligible Expenses

The guidelines set forth in this document relate to expenses that are allowed or not allowed as deductible medical expenses by the Internal Revenue Service. The following list is not meant to be definitive or exhaustive and is not meant to be legal advice. Please direct any questions regarding reimbursable expenses to a tax consultant. This list is subject to change without notice and is based on regulations set in place by the Internal Revenue Service. It is intended only as a general guideline and all items may be subject to further restriction. Employers may limit which expenses are eligible under their FSA plan offering.

A

Abortion – Fees associated with a legal abortion are reimbursable.

Acid Reducers – see Medications, Over-the-Counter.

Acne Laser Treatment – Expenses paid for laser treatment by a medical practitioner are eligible.

Acne Treatment Products – see Medications, Over-the-Counter

Acupuncture – The cost of acupuncture is eligible.

Adoption Fees – Costs such as pre-adoption physicals and counseling for the adoptive parents are reimbursable. Medical expenses for the adopted child can be reimbursed only after the adoptive parent can claim him/her as a dependent. The cost of the adoption itself is not eligible.

Adult Diapers – Reimbursable

Alcoholism – Costs toward a treatment center for alcoholism are reimbursable. This includes meals and lodging provided by the center during treatment.

Allergy/Sinus – see Medications, Over-the-Counter.

Ambulance – Ambulance service fees are reimbursable.

Anti-Itch – see Medications, Over-the-Counter.

Artificial Limbs – Expenses paid for artificial limbs are eligible.

Artificial Teeth – The costs of dental implants and dentures are eligible.

Attendants – see Nursing Services

Autoette – See Wheelchair

Automobile – Costs for special equipment, such as hand controls for a person with a disability, are reimbursable. Equipment installation fees are also eligible.

A car specially designed to hold a wheelchair is only reimbursable by the amount in which it exceeds the cost of a regular car.

The cost of operating and maintaining the vehicle are not eligible.

B

Baby Formula – the cost of baby formula is not reimbursable, even if the mother is incapable of breastfeeding and it is prescribed.

Babysitter (DCFSA) – see Child Care

Back Brace – Letter of Medical Necessity is required.

Bandages – The cost of bandages and wraps are eligible for reimbursement.

Batteries – Expenses paid for batteries are reimbursable if the batteries are for the sole purpose of powering another eligible item. This includes, but is not limited to:

- Blood Pressure Monitors
- Defibrillators
- Hearing Aids
- Wheelchairs

Request for reimbursement should include a description of the item the batteries will be used for.

Birth Control – Costs paid for pills, injections, or devices are eligible.

Blood Pressure Monitor – Eligible

Braille Books/Magazines – Special books or magazines for the blind are reimbursable only by the amount in which they exceed a regular book or magazine.

Breast Augmentation – Ineligible

Breast Pumps, Supplies – The costs of a breast pump and its supplies, such as

creams, ointments, pads, shields, and storage bags/bottles are reimbursable.

Breast Reduction – a Letter of Medical Necessity is required to be reimbursed for breast reduction procedures.

Breathing Strips – Breathing strips, such as Breathe Right, are eligible.

C

Camps, Day (DCFSA) – The expenses paid for day camps are eligible for reimbursement from a Dependent Care FSA.

The cost for meals, unless included in the camp's enrollment fee, is not eligible.

Transportation to and from the camp is not eligible.

Please See Child Care for additional details and requirements.

Camps, Residential (DCFSA) – The cost of an overnight or residential camp for your child is not reimbursable, even if the provider is able to separate day and night expenses.

Capital Expenses – A capital expense is eligible only if its primary purpose is to provide medical care to you, your spouse, or dependents and must be accompanied by a Letter of Medical Necessity. This includes, but is not limited to:

- Constructing entrance/exit ramps
- Widening doors or hallways
- Installing railing or support bars
- Installing porch lifts or elevators
- Modifying Stairways

The difference between the cost of the improvement and the overall increase in property value is the reimbursable amount.

The cost must be reasonable to be considered for reimbursement.

Car – see Automobile

Chair – The cost of a reclining chair used to alleviate a health condition is potentially eligible. A Letter of Medical Necessity must be provided and specifically detail how the chair will be used to alleviate the condition.

Child Care (DCFSA) – The cost of an in-home babysitter or day care center is reimbursable only from your Dependent Care FSA.

To be reimbursed, you must be working, looking for work, or attending school full time for the duration of the services.

You must submit the service provider's Tax Identification Number (or Social Security Number for non-business providers) to be reimbursed. If the provider refuses to distribute their SSN, you must obtain a signed letter from the provider stating the matter to be considered for reimbursement.

Prepayment for services is not eligible. You may prepay for childcare expenses, but they will not be eligible for reimbursement until services have been completed.

Reimbursement will be made from the plan year in which services occur, regardless of payment date.

See also, Camps.

Child Birth Classes – Classes such as Lamaze and Bradley are reimbursable.

This does not include classes on breastfeeding, newborn care, or general parenting practices.

Chiropractor – Medical care provided by a chiropractor is reimbursable.

Christian Science Practitioners – Expenses paid to a Christian Science Practitioner are eligible for reimbursement.

Clinics – Costs for medical treatment received at health clinics are eligible.

Clothing – The cost of clothing is not reimbursable, even when prescribed.

COBRA Premiums – Ineligible

Cochlear Implants – Eligible

Coinsurance – Coinsurance and deductibles are reimbursable.

Cold/Cough Medications – see Medications, Over-the-Counter

Composite Fillings – White dental fillings are an eligible expense.

Compression Stockings – Eligible

Concierge, Pre-Paid Physicians – Costs of concierge and pre-paid physicians are never reimbursable.

Contact Lenses – Lenses that correct vision are an eligible expense. The costs of lens care supplies, such as cases, cleaning solutions, and rewetting drops are also eligible.

Cord Blood Storage – Costs for storage are reimbursable if there is a known medical condition the blood is intended to treat.

Storage costs should not exceed 12 months and a Letter of Medical Necessity is required. Indefinite or pre-cautionary storage is not eligible.

Corn Pads – Eligible

Corrective Lenses – Lenses must correct vision to qualify as an eligible expense.

This includes, but is not limited to:

- Contact Lenses
- Eyeglass Lenses
- Safety Glasses
- Sunglass Lenses
- Swim Goggles

Cosmetic Procedures – To qualify for reimbursement, a cosmetic procedure must be substantiated by a Letter of Medical Necessity and must be necessary to improve a deformity or abnormality that is directly related to an injury, trauma, or disease.

Any procedure that is primarily for improving the patient's appearance and does not treat an ailment is considered to be ineligible.

This includes, but is not limited to:

- Dental Bleaching
- Dental Veneers
- Face Lifts
- Hair Transplants
- Hair Removal (Electrolysis)
- Liposuction

If there is any concern that a procedure may be cosmetic in nature, a Letter of Medical Necessity is required for consideration of the expense.

Counseling - Counseling may be an eligible expense if medically necessary and

is rendered by a licensed provider. This includes, but is not limited to:

- Psychotherapy
- Greif Counseling
- Sex Counseling

Marriage counseling is ineligible.

CPAP Machines – CPAP equipment for sleep apnea is eligible.

CPR Classes – The cost of a CPR class is not reimbursable.

Crutches – Eligible

Cushions – Cushions and pillows can be reimbursed with a Letter of Medical Necessity.

D

Dancing Lessons – Dancing Lessons are not eligible, even when prescribed.

Day-After Pill – The cost of pills to prevent pregnancy is reimbursable; see Birth Control.

Day Care (DCFSA) – see Child Care.

Deductibles – Deductible and coinsurance expenses are eligible.

Dental Enamel Micro-Abrasion – Also known as dental bleaching, this expense is not eligible.

Dental Treatments – The costs of dental treatments are reimbursable. This includes, but is not limited to:

- Braces and Retainers
- Dentures

- Extractions
- Implants
- Molds/Models
- X-Rays

Dental Bleaching is considered a cosmetic procedure and is not reimbursable.

Diaper Service – Ineligible

Diet Foods – See Special Foods

Donor Egg Extraction – Expenses paid to treat infertility are eligible. See Infertility.

Doula – Costs for a doula can be reimbursed only if they are a licensed medical practitioner who provides medical care. A statement explaining what medical care the doula provided is also necessary for reimbursement.

Drug Addiction – Costs toward a treatment center for a drug addiction are reimbursable. This includes meals and lodging provided by the center during treatment.

Dry Casts, Protectors – Expenses for casts and bandage protectors are reimbursable.

E

Ear Molds – Eligible

Ear Wax Removal – Expenses for ear wax removal kits are eligible.

Electric Toothbrush – Electric toothbrushes are considered personal care items and are not eligible. See also, Supplies, Over-the-Counter.

Electrolysis – See Cosmetic Procedures

Embryo Storage – Storage costs are eligible, but should not exceed 12 months. Services must be incurred before any reimbursement can be made; pre-payment is ineligible.

Exercise Equipment – The cost of equipment for general well-being is not eligible. Expenses may be reimbursable if the equipment is used to alleviate a medical ailment; Letter of Medical Necessity required.

Eye Drops – See Medications, Over-the-Counter.

Eyeglass Repair – Costs associated with eyeglass repair or home eyeglass repair kits are eligible.

Eyeglasses – The cost of eyeglasses are eligible if their primary purpose is to correct vision. This includes over-the-counter reading glasses. The cost of supplies/accessories such as cleaners and cases are also reimbursable.

Frames that are purchased without corrective lenses are not eligible for reimbursement.

F

Fitness Programs – Fitness programs are not reimbursable when used for general health. A physician's prescription is required.

Fluoride – Expenses for items containing fluoride, such as toothpaste or washes,

must treat a specific medical condition; a prescription is required.

Food – See Special Foods

Form Completion – Costs associated with the completion of forms by a health care professional are reimbursable.

Funerals – Funeral expenses are not eligible for reimbursement.

G

Gauze – The cost for gauze and gauze bandages is reimbursable.

Genesis – Expenses paid for genesis to treat the cost of conditions such as Rosacea are reimbursable.

Gloves, Latex – Eligible

Group Medical Insurance – See Insurance Premiums

Guide Dog – The cost of a guide dog or other animal used by the visually or hearing impaired is reimbursable. Costs associated with the care of the animal are also reimbursable.

Gym Membership – Fees paid for gym memberships can be reimbursed with a physician's prescription. This includes start-up fees and monthly membership dues.

Prepayment for services is not eligible. If services are prepaid, claims can be submitted in incremental amounts as services are provided.

H

Hair Transplant – See Cosmetic Procedures

Hand Sanitizer – The cost of anti-bacterial gels and wipes are eligible for reimbursement.

Health Club – Health club dues may be reimbursed with a Letter of Medical Necessity.

Hearing Aids – Eligible

Hearing Exams – Eligible

Heart Defibrillator – Eligible

Herbs – Herbs or other natural nutritional supplement are generally not reimbursable. A physician's prescription is required for reimbursement.

Home Care – See Nursing Services

Home Testing Kits – Eligible; see Kits

Hospital – In-patient, out-patient, laboratory, surgical, and diagnostic services performed in a hospital are eligible expenses.

Hot Pads, Creams – The cost of non-medicated hot pads, patches, and creams are eligible for reimbursement. See also, Supplies, Over-the-Counter.

Household Help – The cost of a household assistant is never eligible. See Nursing Services.

Human Guide – The cost of a human guide for physically, mentally, visually, or hearing impaired individual is an eligible expense.

Humidifier – Physician prescription required

I

Implanon – See Birth Control

Impotence – Expenses associated with the treatment of impotence are eligible only with a Letter of Medical Necessity

Indigestion – See Medications, Over-the-Counter

Infertility – Expenses related to the treatment of infertility are eligible. This includes, but is not limited to:

- Artificial Insemination
- Embryo Storage/Transfer
- Fertility Examinations
- In-vitro Fertilization
- Sperm Washing
- Reverse Vasectomy

Insoles – Insoles and shoe inserts are eligible for reimbursement.

Insulin – Eligible

Insurance Premiums – Premiums paid for any type of medical, dental, vision, or life insurance plans are always ineligible under FSA.

Interest – Accrued interest on medical bills due to delinquent payment is not eligible for reimbursement.

Invisible Braces – Eligible; see Orthodontia

K

Kits – Expenses paid for home kits are eligible for reimbursement. This includes, but is not limited to:

- Diabetic Testing Kits
- First Aid Kits
- Ovulation Tests
- Pregnancy Tests

L

Laboratory Fees – Lab fees associated with medical care are eligible expenses.

Lasik Eye Surgery – The cost of corrective vision surgery is eligible.

Late Fees – Fees charged to bills due to late or delinquent payments to the provider are not reimbursable.

Laxatives – See Medications, Over-the-Counter

Learning Disability – See Schools

Light Therapy – Costs for light therapy equipment are reimbursable only with a physician prescription.

Liposuction – See Cosmetic Procedures

Lodging and Meals – Costs associated with lodging and meals are reimbursable when serviced by a hospital and related to the patient's medical care.

Lodging expenses incurred outside of a hospital are limited to \$50 per night, per person. Additional party members must be travelling with the person receiving care to be included (a parent travelling with a sick

child, for example). The following requirements must be met:

1. The lodging is essential to and primarily for medical care.
2. During the lodging period, medical care is provided by a doctor in a licensed hospital or other facility that is the equivalent of a licensed hospital.
3. Lodging expenses must be reasonable and cannot be lavish or extravagant.
4. There is no element of personal pleasure or recreation.

Lodging and meals provided outside of a hospital or equivalent medical facility are not reimbursable, even if recommended by a doctor.

Lotion – Non-medicated hand and body lotions are not reimbursable. Medicated lotions may be reimbursable with a physician's prescription; see Medications, Over-the-Counter

M

Massage Chairs – Expenses for a massage chair may be reimbursable. The chair must treat a specific medical condition and be prescribed by a doctor.

Massage Therapy – The cost of massage therapy can be reimbursed when prescribed by a physician and used to treat a specific condition.

Maternity Aids – Items that reduce or relieve the discomforts of pregnancy are reimbursable. This includes but is not limited to:

- Support Bands/Girdles
- Elastic Hosiery

Maternity Clothing – Ineligible

Mattresses – Expenses paid for a mattress may be eligible if the mattress is prescribed by a physician and is specially designed to treat a specific medical condition. Supports, such as a box springs or foundations, are considered to be ineligible.

Only the amount in which the mattress exceeds that of a regular mattress will be eligible for reimbursement.

Meals – See Lodging and Meals, Special Foods

Medical Alert Bracelet – The cost of a medical alert bracelet is eligible.

Medical Alert Program – Membership fees associated with a medical alert program are not eligible.

Medical Information Plan – Expenses paid to a plan that maintains medical information or records is eligible for reimbursement.

Medications, Over-the-Counter – Beginning January 1, 2011, any medicated product that can be purchased over-the-counter, with the exception of Insulin, will require a physician's prescription to be considered for reimbursement. This includes, but is not limited to:

- Acne Treatments
- Allergy Relief
- Antacids
- Aspirin
- Cold/Cough Relief
- Eye Drops

- Laxatives
- Medicated Creams/Ointments
- Pain Relievers
- Sleep Aids

Products that can be purchased over-the-counter and are non-medicated are eligible expenses. See Supplies, Over-the-Counter for additional details.

Medications, Prescribed – Medications prescribed by a doctor are eligible for reimbursement when purchased through a pharmacy, or over-the-counter when submitted with proof of prescription.

Prescription drugs purchased by mail order are reimbursable, including shipping costs. The drug must be ordered and shipped within the United States; internationally shipped drugs are not eligible for reimbursement.

Drugs purchased and consumed in other countries may be eligible if the drug is legal in both the other country and the United States.

Mileage – Mileage may be reimbursed for travel to and from health care providers, given that the reason for travel is to receive medical care. Mileage claims should be submitted with documentation from the care provider to prove that a trip was made.

The mileage rate is determined by the IRS and is subject to change without notice.

N

Nasal Wash – The cost of a nasal wash, such as a Neti Pot, for relief of sinus congestion or infection is eligible.

Naturopathic Treatments – Naturopathic care may be eligible if performed by a licensed professional and recommended by a Letter of Medical Necessity.

Nausea Relief – See Medications, Over-the-Counter

Nexplanon – See Birth Control

Nightguard – See Occlusal Guard

Nursing Home – The cost of a nursing home can be reimbursed when the primary purpose is for medical care. This includes lodging and meal costs.

The cost of a nursing home is not eligible if the primary purpose is merely for assistance with daily living activities.

Nursing Services – Expenses paid for nursing services are reimbursable. Services do not need to be performed by a nurse, so long as the services provided are generally those performed by a nurse. This includes services related to the patient's condition, such as supplying medication, changing dressings, and bathing or grooming the patient.

If the attendant also performs personal household services, these charges must be divided from the medical care expenses as they are not eligible for reimbursement.

Nursing services for a normal, healthy baby are not reimbursable.

O

Occlusal Guard – Eligible; does not include mouth guards for sporting activities.

Optometrist – Costs for optometric services are eligible. This includes, but is not limited to:

- Contact Lenses
- Eye Exams
- Eye Surgery
- Eyeglasses
- Prescription Sunglasses
- Vision Shaping

Premiums for contact lens replacement insurance are not reimbursable.

Orthodontia – Orthodontia is a reimbursable expense. This includes invisible braces. Please see Appendix C for details.

Orthopedic Shoes – Orthopedic shoes must be specially designed for the person wearing them to qualify for reimbursement. A Letter of Medical Necessity is required.

Only the amount in which the shoes exceed that of a normal, comparable pair will be reimbursed.

Orthotic Inserts – Eligible; includes over-the-counter inserts.

Ovulation Test – See Kits

Oxygen – Letter of Medical Necessity is required.

P

Pain Relievers – See Medications, Over-the-Counter

Parental Assistance – Fees paid to an agency or individual for assistance with care of a healthy infant are ineligible.

Parking – Parking expenses can be reimbursed when related directly to and necessary for medical care.

Personal Trainer – Costs for a personal trainer used merely to improve general health and well-being are ineligible. See also, Fitness Programs.

Personal Use Items – Items purchased for daily living and hygiene are not reimbursable. See also, Supplies, Over-the-Counter.

Phone Equipment – See Telephone

Physical Exam – The cost for a physical exam is reimbursable.

Physical Therapy – The costs of physical therapy are reimbursable.

Pill Crusher, Cutter – Eligible

Potty Pager – The cost of a potty pager or similar device used to treat or prevent bedwetting is eligible.

Pre-Natal Vitamins – Eligible

Pregnancy Tests – Eligible

Preschool (DCFSA) – See Child Care

Prescription Drugs – see Medications, Prescribed.

Private Hospital Room – Additional charges for a private hospital room can be reimbursed.

Pro-Biotics – Physician prescription required.

Prosthetics – Eligible; see also, Artificial Limbs

Psychiatric Care – Eligible

Psychoanalysis – Eligible

Psychology – Eligible

R

Radial Keratotomy – The cost of corrective vision surgery is eligible.

Reading Glasses – See Supplies, Over-the-Counter

Retainer – See Orthodontia

Retin-A – Physician's prescription required.

S

Saddle Soap – Physician's prescription required.

Safety Glasses – See Corrective Lenses

Sales Tax – Sales tax directly related to the cost of an eligible expense is eligible.

Savings Clubs – Membership fees or dues paid to a club that offers health benefits or discounts are not reimbursable.

Scar Treatments – Letter of Medical Necessity is required.

Schools – Tuition expenses for a special school may be reimbursable for children with severe learning disabilities. Attendance must be based on a physician's recommendation.

Tuition or registration fees paid to boarding, private, or public schools are not reimbursable.

Shampoo, Medicated – The cost of medicated shampoo may be reimbursed when prescribed by a physician. The prescription must specify the diagnosis, name of the shampoo, and length of time it is to be used.

Shipping Fees – Shipping fees directly related to the cost of an eligible expense is eligible.

Shower Chair – Letter of Medical Necessity Required

Sleep Aids – See Medications, Over-the-Counter

Smoking Cessation Products – Products purchased over-the-counter to aid in smoking cessation, such as nicotine gum and patches are not eligible for reimbursement.

Smoking Cessation Programs – The cost of a program to assist in smoking cessations is an eligible expense.

Spa/Resort – Expenses paid to a spa/resort are not eligible unless a medical service is provided and those services are recommended by a physician; a Letter of

Medical Necessity is required. Even then, the cost of the medical service must be separated from all other charges to be considered for reimbursement.

Transportation costs to and from the spa/resort are not eligible, even if a medical service is provided.

Special Foods – The cost of special foods or beverages that substitute other foods or beverages that would normally satisfy nutritional requirements are not eligible, even when prescribed by a doctor.

If a special food is prescribed by a doctor to specifically treat or alleviate a medical condition and does not satisfy the nutritional requirements found in normal foods, the expense may be reimbursed.

Only the cost in which the special food or beverage exceeds that of a similar, regular product may be reimbursed.

Sperm Storage – Expenses incurred for sperm storage are reimbursable. To be considered for reimbursement storage costs should not exceed 12 months.

Sport Gear, Protective – Equipment purchased to protect athletes from injury during activity, such as mouth guards or heart-guard shirts, are considered eligible expenses.

Sports Orthotics – See Orthopedic Shoes

Sterilization – The cost of a sterilization operation to prevent pregnancy is eligible.

Stethoscope – Eligible

Substance Abuse – See Alcoholism, Drug Addiction

Sunglasses – The cost of prescription sunglasses is an eligible expense. The lenses must be corrective to be eligible.

Sunscreen – Sunscreens SPF 15 or higher are eligible for reimbursement.

Supplements – Expenses paid for nutritional supplements or vitamins must be prescribed by a physician to be considered for reimbursement.

Supplies, Over-the-Counter – The costs of non-medicated medical supplies purchased over-the-counter are eligible for reimbursement. This includes but is not limited to:

- Bandages
- Contact Lens Supplies
- Contraceptives
- Denture Adhesives
- Diabetic Supplies
- Home Kits
- Reading Glasses
- Thermometers

This does not include personal use items related to daily living and hygiene, such as body washes and lotions, nail clippers and filers, soaps, shampoos, toothbrushes, and toothpastes.

Surgical Procedures – Procedures that are primarily for the treatment of an illness or injury are eligible.

Surgical procedures that are primarily cosmetic in nature may not be eligible. See Cosmetic Procedures for additional details.

Swimming Lessons – Swimming Lessons are not eligible, even when prescribed.

T

Taxes – Taxes directly related to the cost of an eligible expense are reimbursable.

Taxi Fare – See Transportation

Telephone – The cost of a special telephone for a hearing impaired individual is eligible.

Only the cost in which the phone exceeds that of a normal one is reimbursable

Thermometers – Eligible; see Supplies, Over-the-Counter

Transplants – Costs associated with an organ transplant are reimbursable. This includes hospital, laboratory, surgical, and transportation expenses.

Transportation – Expenses paid for transportation to and from medical care facilities are eligible for reimbursement. Eligible transportation expenses include:

- Ambulance Fees
- Bus Fares
- Mileage
- Parking Fees
- Plane Tickets
- Taxi Fare

The transportation fees of a parent traveling with an ill child are also reimbursable.

All transportation claims must be substantiated with additional documentation from the medical care provider to prove the transportation was for primarily for medical purposes.

Transportation, Day Care (DCFSA) –

Transportation that takes your child to and from the place of day care services is ineligible.

Trips – Amounts paid for transportation to other locations are eligible as long as the trip is primarily for medical care. See also, Lodging and Meals; Transportation

Tubal Ligation – See Sterilization

Tuition – See Schools

U

Ultrasound – The cost of an ultrasound for medical or pre-natal care is an eligible expense. If the ultrasound is merely to determine the gender of the fetus, the cost is ineligible.

V

Vacation – The cost of a vacation is not reimbursable, even when recommended by a doctor. See Trips.

Vaccines – Expenses paid for vaccines to increase immunity against illness are eligible.

Vasectomy – See Sterilization

Vision Care – See Contact Lenses; Eyeglasses; Lasik Eye Surgery; Optometrist; Radial Keratotomy; Vision Shaping Programs

Vision Shaping Programs – The cost of a non-surgical, gentle vision shaping program is reimbursable. This includes supplies

necessary for the treatment, such as special lenses and lens cleaners.

Vitamins – Physician’s prescription required.

W

Walkers – The cost of a walker is eligible.

Accessories, such as a basket for carrying items, are also eligible.

Warranties – Fees paid for warranties or extended warranties are not reimbursable, even if the item is primarily used for medical care.

Wart Removal – See Medications, Over-the-Counter

Weight Loss Programs – Weight loss programs, such as Weight Watchers, may be eligible if enrollment is primarily for treatment of a specific medical condition. A Letter of Medical Necessity is required.

Costs for replacement meals or other dietary substitutes that are associated with the program are not reimbursable.

Wheelchairs – The cost of a wheelchair or autoette/scooter used primarily for the relief of disability or illness is reimbursable. This includes maintenance costs associated with the wheelchair.

Wigs – When purchased for a medical condition or as a result from treatment of another medical condition/treatment, the cost of a wig is eligible. Physician prescription required

X

X-Ray – The costs of x-rays taken for medical purposes are eligible expenses.

Y

Yoga – Physician prescription required. See also, Fitness Program

Appendix A: Claim Substantiation

Eligible Health Care Expense Substantiation

All claims require some form of substantiation, regardless of the items' eligibility. Acceptable documentation to support your claim includes store receipts, detailed invoices, itemized billing statements from the service provider, and an explanation of benefits from your insurance carrier.

- All documentation must include the following information:
- The date of service
- The name of the provider
- A description of the services provided/goods purchased
- The cost of services

The above is a general guideline for claim substantiation and is the minimal requirement. You may provide additional information if you choose to do so. Additional information may expedite the processing time of your claim.

Ineligible documentation includes bank statements, illegible documents, and any documentation that does not clearly indicate all of the above information. If documentation is deemed ineligible, benefitexpress may request additional information and delay your reimbursement until the necessary documentation is received.

Potentially Eligible Health Care Expense Substantiation

A potentially eligible expense, such as over-the-counter medications and cosmetic procedures, may require a physician's prescription or Letter of Medical Necessity in addition to the eligible documentation detailed above. Please note that a prescription and Letter of Medical Necessity are not equal. Some expenses must be substantiated with a prescription where a letter will not suffice. All documentation must be clearly legible to be accepted.

If the proper documentation is not received with your claim, reimbursement may be delayed until it is received. If you have any doubt as to whether or not an expense is eligible, the above documentation should be obtained prior to submitting your claim.

Eligible Dependent Care Expenses

Documentation must also be provided for dependent care expenses. The documentation must provide the following information:

- The dates of service
- The name of the service provider
- The provider's Tax Identification Number (or Social Security Number for non-business providers)
- The cost of service

If you have multiple care providers, each provider's Tax ID Number must be submitted at least one time. Once received, Tax IDs will be kept on file to substantiate future dependent care claims.

Reimbursement will be issued only after all substantiation is received. To prevent delays, please ensure all documents are included with your claim and are clearly legible.

Appendix B: Eligible Dependents*

Health Care FSA

Under your Health Care FSA an eligible dependent is any individual who is your tax dependent and meets the following criteria:

- The individual is not claimed as a dependent by any other taxpayer
- The individual is unmarried, or if married has not filed a joint return
- This individual's gross annual income is less than that of the exemption amount

An eligible dependent can be defined as a qualifying child or a qualifying relative.

In addition to the above, a **qualifying child** must meet all of the following requirements:

- The individual is your child, stepchild, grandchild, foster child, adopted child, sibling, half-sibling, step-sibling, niece, nephew, or descendant of any of the above.
- The individual is under age 27 at the end of the year.
- The individual lives with you for more than half of the year.
- The individual does not provide more than half of his or her own support.

In addition to the above, a **qualifying relative** must meet all of the following requirements:

- The individual is not a qualifying child.
- The individual has a relationship to you as set forth by federal law, such as child, stepchild, grandchild, foster child, adopted child, sibling, half-sibling, step-sibling, niece, nephew, parent, grandparent, step-parent, aunt, uncle, in-law, or descendant of any of the above.
- The individual does not provide more than half of his or her own support.

Temporary Absences

There may be times when an eligible dependent is absent from your home for an extended period of time. The dependent can still be considered to live with you and as a member of your household if the absence is for one of the following reasons:

- Business
- Education
- Illness/Hospitalization
- Military Service
- Vacation

Dependent Care FSA

Under your Dependent Care FSA, a dependent is defined as your child who is under the age of 13 or a dependent of any age who is physically or mentally incapable of self-care. Individuals that you do not claim as dependents on your federal tax return do not qualify for reimbursement under this plan.

***The information on this page is not definitive or intended to be used as tax or legal advice, but merely as a general guideline. Please direct questions to a tax professional if**

you are uncertain as to whether or not an individual qualifies as an eligible dependent under your FSA. The above guidelines assume the employer plan defines dependents under US Code 152 and may be subject to further change by law.

Appendix C: Orthodontia

Orthodontia is a service typically provided over an extended period of time and often there is no relation between the services and payments. For this reason, exceptions are often allowed for reimbursements related to orthodontic services. A copy of the contractual agreement will substantiate most expenses and, once on file, can also be used to substantiate future claims.

The following charges are those most commonly associated with orthodontic services:

Initial Evaluation Fees

These fees are generally charged before the beginning of orthodontic treatment and include services such as moldings and consultation fees. They are usually not included in the contractual treatment fees. To be eligible for reimbursement, an itemized bill or statement must be submitted with your claim and the services must be incurred within the plan year from which you are requesting reimbursement.

Initial Fee

Providers will generally charge an initial fee at the beginning of contractual treatment and it is indicated on the contractual agreement. This fee marks the beginning of treatment and is eligible for reimbursement from the plan year in which it occurs. When requesting reimbursement for the Initial Fee, benefitexpress may request a copy of your contractual agreement or itemized statement that clearly indicates the fee.

Monthly Installments

After the initial fee is paid and treatment begins, you may still be responsible to make monthly payments to the orthodontist. The monthly installment fee is generally indicated on your contractual agreement. You may make individual monthly payments or you may make several months' payments in advance; you may request reimbursement for any amounts that have been paid, including pre-paid amounts, from the plan year during which the payment is made. benefitexpress may request a copy of your contractual agreement or a payment receipt to substantiate your claims.

Payment in Full

If payment is made in full at the beginning of treatment, or if you choose to pay off the remaining contractual balance at a given time, you may be reimbursed the full amount up to your Annual Election amount or remaining disburseable balance. You may request reimbursement from the plan year during which the payment takes place. benefitexpress may request a copy of your contractual agreement or itemized statement to substantiate your claim.

Retention Phase

At the conclusion of treatment the patient may be required to enter a retention phase. The cost of a retainer is an eligible expense and you may request reimbursement from the plan year in which it is purchased. An itemized bill or statement should be included with your claim.

Appendix D: Over-the-Counter Items

Medicinal Items

Beginning January 1, 2011, medicinal items that can be purchased over-the-counter will require a physician's prescription to be considered for reimbursement. Vitamins and nutritional supplements also require a prescription to be eligible. The only exception to this rule is insulin, which will still be eligible without a prescription. A prescription must be submitted with your claim if you will be requesting reimbursement for over-the-counter medications; **a Letter of Medical Necessity will not be accepted.**

Items that will require a prescription include, but are not limited to:

- Acetaminophen
- Acne Treatments
- Allergy Relievers
- Antacids
- Antibiotics
- Anti-Fungal Creams/Ointments
- Cold Remedies
- Cough Drops
- Cough Syrup
- Eye Drops
- Ibuprofen
- Laxative
- Migraine Relievers
- Motion Sickness Relievers
- Nasal Sprays
- Pain Relievers
- Sleeping Aids
- Topical Creams

Prescription Guidelines:

To expedite processing and reimbursement of your claim please be sure that your prescription includes all of the following information:

- The name of the patient
- The written date of the prescription
- The name of the active drug or product
- The length of treatment

A prescribed item will be considered eligible only for the duration of time indicated on the prescription. If the item is prescribed "as needed," Benefit *Express* will consider the item to be eligible for the duration of the current plan year. It will be the claimant's responsibility to obtain a new prescription at the beginning of each plan year.

Non-Medicinal Items

Non-medicinal items will still be eligible for reimbursement without a prescription. This includes, but is not limited to the following items:

- Bandages
- Blood Pressure Monitors
- Catheters
- Contact Lens Solution
- Denture Adhesives
- Diabetic Supplies
- First Aid Kits
- Home Testing Kits
- Hydrogen Peroxide
- Insulin

- Joint Supports/Wraps
- Liquid Bandages
- Pregnancy Tests
- Reading Glasses
- Rubbing Alcohol
- Splints
- Sunscreen SPF 15 or higher