Flexible Spending Account Expense Listing

Health Care Expenses that are Eligible - Health Care Reimbursement

The following list identifies some of the common medical, dental and health related expenses that the Internal Revenue Service* considers to be deductible expenses. These expenses are eligible for reimbursement through your Flexible Spending Account provided that you have not been reimbursed for them through any other benefits plan. Allowable Flexible Spending expenses include:

- Abortion, legal
- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial limbs and teeth
- Birth control pills
- Braces
- Braille books and magazines (to the extent prices exceed prices for regular books and magazines)
- Car (special medical equipment within)
- Contact lenses including saline solution and enzyme cleaner (Must submit cash register receipt)
- Crutches
- Dental Treatment
- Diathermy
- Durable Medical Equipment
- Electrolysis or hair removal (medically necessary)
- Examination, physical
- Eye examination
- Eyeglasses
- Fees for health club (medically necessary)
- Fees to doctors, hospitals, etc. for:
  - Anesthesiologist
  - Chiropractor
  - Christian Science practitioners
  - Clinic charges
  - Dentist
  - Dermatologist
  - General Practitioner
  - Gynecologist
  - Internist
  - Midwife
  - Neurologist
  - Obstetrician
  - Ophthalmologist
  - Optometrist
  - Osteopath, licensed
  - Podiatrist
  - Practical Nurse
  - Psychiatrist
  - Psychoneurologist (medical care only)
  - Psychologist (medical care only)
  - Sex therapist (medical care only)
  - Surgeon
- Guidedog and its upkeep
- Hair transplant (medically necessary)
- Health spa in home (to extent value of home not increased)
- Hearing aids and batteries
- Hospital services
- HMO (Health Maintenance Organization) copayments
- Insulin
- Iron Lung
- Laboratory fees
- Lead-based paint removal to prevent lead poisoning
- Legal fees to allow treatment for mental illness
- Lip-reading lessons
- Lodging for medical care
- Medical information plan (amounts paid to plan that keeps your medical information)
- Mentally retarded, special home
- Nurses' expenses and board
- Nursing care
- Nursing home (if for medical reasons)
- Operations and related treatments
- Over the counter drugs (some restrictions apply)
- Oxygen equipment
- Prescribed drugs and medicine
- Radial Keratotomy
- Rental of medical equipment
- Sanitarium
- Smoking cessation programs
- Special schooling for physically or mentally handicapped family member
- Sterilization
- Telephone (for the deaf)
- Television equipment which displays the audio part of TV programs for the deaf
- Therapy (for medical treatment)
- Transplants
- Transportation costs to and from doctor, hospital and/or pharmacy
  (See IRS Publication 502 for amount per mile)
- Vitamins (that require a prescription for purchase)
- Weight loss programs (physician approved)
- Wheelchair
- Wigs to cover baldness due to medical reasons
- X-ray

Health Care Expenses that are Not Reimbursable

- Any illegal treatment
- Cosmetic services and procedures (unless necessary to restore normal functioning)
- Medications specifically used for cosmetic purposes
- Cost of remedial reading classes for non-disabled child
- Dancing or ballet, even when recommended by doctor
- Funeral expenses
- Food for weight loss programs

*Refer to IRS Publication 502 for additional information.
**Dependent Care Expenses that are Eligible - $5,000 Maximum**

**Dependent Care Reimbursement**

An eligible dependent is any dependent who is less than 13 years old and your dependent under federal income tax rules. An eligible dependent may also include your mentally or physically impaired spouse or a dependent who is incapable of caring for him or herself (for example, an invalid parent). The dependent must spend at least eight hours per day in your home.

Child care services will qualify for reimbursement from the Dependent Care Reimbursement Account if they meet these requirements:

- The child must be under 13 years old and must be your dependent under federal tax rules. Note: If your child turns 13 during the year, you cannot stop your contribution at that time.
- The services may be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes (for example, an older child).
- If the services are provided by a day-care facility that cares for six or more children at the same time, it must be a qualified day-care center.

**Dependent Care Expenses that are Eligible**

Allowable Dependent Care expenses include payments to the following when the expenses enable you to work*:

- Child care centers
- Family day care providers
- Baby-sitters
- Nursery schools
- Caregivers for a disabled dependent or spouse who lives with you
- Household services, provided that a portion of these expenses are for a qualifying dependent incurred to ensure the dependent's well-being and maintenance

**Dependent Care Expenses that are not Eligible**

- Dependent care expenses that are provided to one of your dependents by a family member, unless the family member is age 19 or over by the end of the year and will not be claimed as a dependent
- Expenses for food and clothing
- Education expenses from kindergarten on
- Health care expenses for your dependents
- Overnight camps

**CLAIM SUBMISSION GUIDELINES**

The federal regulations governing the administration of Flexible Spending Accounts (FSAs) are definitive and specific regarding reimbursements through the FSA.

Participants in the FSA program must provide a written statement from an independent third party along with a completed Reimbursement Form to receive reimbursement through the FSA. Cancelled checks are not acceptable. The statement does not have to be elaborate; a handwritten statement or a copy of the bill is adequate. However, the statement must include the following information:

- The name of the provider (the person providing the service)
- The dates of service (the dates on which service was provided)
- A description of the service(s) rendered
- The amount charged
- The name of the person receiving the services
- For dependent care claims, the provider's tax ID number or Social Security number must be included, if required by your employer.

Additionally, if the service performed has been submitted for payment and is reimbursed under a health insurance plan, then a copy of the Explanation of Benefits (EOB) must accompany the completed Reimbursement Form.

Also, for over-the-counter drugs, please circle or highlight the eligible item(s) on your receipt, and list each item separately on your Reimbursement form.