Flexible Spending Account List of Eligible Expenses

This list is not all-inclusive. In general, the IRS requires that expenses must be for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The medical expenses must be primarily to alleviate or prevent a physical or mental defect or illness.

The IRS and/or your employer may, from time to time, modify its list of eligible expenses. If you are unsure of a potentially eligible expense, please contact customer service or refer to your employer's FSA plan document. See IRS Publication 502 at www.IRS.gov for a more detailed explanation.

Also, please see the list of ineligible expenses at the end of this listing.

A
Acupuncture
Alcohol and drug dependency inpatient treatment
Ambulance usage
Anesthesia
Artificial limbs

B
Birth control pills
Braces
Braille books and magazines

C
Chiropractic services
Christian Science practitioner services
Contact lenses and solution
Crutches

D
Dental expenses (exams, cleanings, X-rays, root canals bridges, etc)
Dentures
Dermatology services (other than cosmetic services)
Diagnostic fees
Doctor fees
Drugs, Prescription

E
Eyeglasses, including examination fees

G
Guide dogs

H
Hearing aids and batteries
Hospital fees
Hypnosis (for treatment of an illness)

I
Insulin
In vitro fertilization

L
Laboratory fees
Learning Disability - learning fees to special schools for a child with severe learning disabilities
Legal fees to authorize treatment for mental illness

M
Maternity Expenses

N
Neurological services
Nursing home expenses for medical treatment, including meals and lodging
Nursing services

O
Obstetric services
Ophthalmologic treatment
Optometry services
Organ transplants
Orthodontia, except care for cosmetic purposes
Orthopedic services
Orthopedic shoes
Osteopathic services
Over-the-counter drugs
Oxygen

P
Pediatric services
Physiotherapeutic treatment
Podiatry services
Prescription drugs
Psychiatric care
Psychological treatment
Psychotherapy

S
Smoking-cessation programs
Special home or school for a mentally or physically handicapped person, mainly for treatment purposes if the reason for using the school is its resources for treating the disability
Speech therapy
Sterilization fees
Substance abuse treatment
Surgical fees

Transportation necessary to receive medical treatment
Tuition fees you pay to a special school or tutoring fees, if recommended by your doctor, for special training for a child who has a severe disability which is caused by mental or physical impairments

Vaccinations and immunizations
Vasectomy
Vision expenses

Wheelchairs

Wheelchairs

X-Rays

Flexible Spending Account Ineligible Expenses

This list is not all-inclusive. In general, the IRS requires that expenses must be for the diagnosis, cure, mitigation, treatment, or prevention of disease, and for treatments affecting any part or function of the body. The medical expenses must be primarily to alleviate or prevent a physical or mental defect or illness.

The IRS and/or your employer may, from time to time, modify its list of eligible expenses. If you are unsure of a potentially eligible expense, please contact customer service or refer to your employer's FSA plan document.

- Amounts eligible for reimbursement by other sources, such as insurance or Medicare
- Expenses for which a federal itemized deduction is taken
- Premium payments your family makes for health, dental or vision care coverage
- Health or fitness club membership fees for general health
- Laetrile
- Weight reduction programs for general health
- Personal care items
- Cosmetic services and supplies
- Cosmetic treatment - such as cosmetic orthodontia, surgery, etc.
- Hair transplants
- Marriage/family counseling
# Over-the-Counter Flexible Spending Account Expenses

This is a general overview and is not a guarantee of reimbursement or eligibility. You are advised to review your company’s FSA Summary Plan Description and enrollment materials for specific information or consult with a tax advisor.

A Health Care FSA can only be used for expenses incurred for medical care under IRS Code Section 213 if other requirements in the Code (including those in Prop. Treas. Reg. 1.125-2, Q/A-7 for claims substantiation, etc.) are also met. The rules change periodically due to new IRS guidance and this information is subject to change at any time without notice.

## Eligible Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthetics</td>
<td>Sucrerts and other throat lozenges, Bactine and its equivalents, Aspercreme and other topical anesthetics.</td>
</tr>
<tr>
<td>Antifungal</td>
<td>Femstat, Gyne-Lotrimin, Lotrimin, Micatin, Monistat, etc., and their generic equivalents.</td>
</tr>
<tr>
<td>Antimicrobial</td>
<td>EZ Scrub and similar disinfectants used on the body only. Antibacterial soap is not included.</td>
</tr>
<tr>
<td>Anti-itch</td>
<td>Caldecort, Cort-aid, Hydrocortisone, Lanacort, etc., and their generic equivalents.</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>Benadryl, Claritin, Allerest, Chlor-Trimeton, Dimetane, Sudafed Plus, Tavist, Triaminic, Drixoral, Actifed, etc., and their generic equivalents. Ivy Block for poison ivy. Nasalcom and similar antihistamine nasal sprays.</td>
</tr>
<tr>
<td>Decongestant</td>
<td>Afrin, Chlor-Trimeton, Duration, Dristan, Neo-Synephrine, Orrivin, Sudafed, Triaminic, etc., and their generic equivalents.</td>
</tr>
<tr>
<td>Diagnostic tests</td>
<td>Home-based kits for pregnancy, blood glucose for diabetics and similar test kits.</td>
</tr>
<tr>
<td>Family planning</td>
<td>Contraceptives, pregnancy testing kits and ovulation testing kits.</td>
</tr>
<tr>
<td>Fluoride rinses/gels</td>
<td>Fluorigard, ACT and other fluoride rinses, GelKam gel, StanCare.</td>
</tr>
<tr>
<td>Head lice treatment</td>
<td>RID and similar head lice treatments.</td>
</tr>
<tr>
<td>Hemorrhoid treatment</td>
<td>Preparation H, Plazo and similar treatments.</td>
</tr>
<tr>
<td>Pain relief</td>
<td>Actron, Advil, Aleeve, Motrin, Nuprin, Orudis, Tylenol etc., and their generic equivalents.</td>
</tr>
<tr>
<td>Parasite treatment</td>
<td>Pin-X, EZScrub, and other such items for intestinal worms, ringworm etc.</td>
</tr>
<tr>
<td>Sleep aids</td>
<td>Unisom, Sominex, Excedrin PM, Nyquil, etc., and their generic equivalents.</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td>Nicotine gum, lozenges and patches.</td>
</tr>
<tr>
<td>Sprain/strain</td>
<td>Bendages, Ben-Gay and similar medication. Other items used to treat sprains and strains.</td>
</tr>
<tr>
<td>Stomach and digestive ailments</td>
<td>Medications used to treat heartburn, upset stomach, constipation, diarrhea etc., - AXID, Imodium, Pepcid, Pepto-Bismol, Prilosec, Tagamet, etc., and their generic equivalents. Enemas, Ex-Lax and other laxatives.</td>
</tr>
<tr>
<td>Sunburn care</td>
<td>Solaraze and equivalent medication.</td>
</tr>
<tr>
<td>Swimmer’s ear</td>
<td>Swim-ear and equivalent medication.</td>
</tr>
<tr>
<td>Vision care items</td>
<td>Contact lens solutions, reading glasses, eye drops such as Visine and Ocuvite.</td>
</tr>
<tr>
<td>Wart removal</td>
<td>Compound W and similar medication.</td>
</tr>
<tr>
<td>Wound care / first aid</td>
<td>Antibiotic creams, Bactine, band-aids, and other “first aid” wound care treatments.</td>
</tr>
</tbody>
</table>

## Dual Purpose

Claims submitted for these items must be accompanied by a doctor’s note.

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne treatments</td>
<td>Clearasil, Stridex, sodium sulfacetamide, benzoyl peroxide products and similar treatments. Facials, aesthetic treatments, etc., and skin care treatments.</td>
</tr>
<tr>
<td>Iron supplements</td>
<td>If they are for treatment of active anemia.</td>
</tr>
<tr>
<td>Calcium supplements</td>
<td>If they are for treatment of osteoporosis.</td>
</tr>
<tr>
<td>Prenatal vitamins</td>
<td>During pregnancy only.</td>
</tr>
</tbody>
</table>

## Ineligible Expenses

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cosmetics</td>
<td>Perfumes, make-up, etc., even when the make-up is to cover scarring or other skin damage.</td>
</tr>
<tr>
<td>Drug screening kits</td>
<td>Drug use diagnostic kits are not eligible.</td>
</tr>
<tr>
<td>Hair loss treatments</td>
<td>Propecia, Rogaine and similar items.</td>
</tr>
<tr>
<td>Skin care products</td>
<td>Wrinkle creams, Retin-A and similar items, moisturizers, etc.</td>
</tr>
<tr>
<td>Toiletries</td>
<td>Deodorant, soaps, shampoo, toothpaste and mouthwash, for which the participant would need to purchase a similar item anyway.</td>
</tr>
<tr>
<td>Vitamins/supplements</td>
<td>Any vitamins, supplements, fiber supplements or similar preparations used for general health.</td>
</tr>
<tr>
<td>General exclusion</td>
<td>Anything not used to treat a specific health condition. “Stockpiling”, purchasing large quantities of the same item at the same time.</td>
</tr>
</tbody>
</table>