Examples of Eligible Expenses

- Deductibles and copayments under your medical and dental plan or other medical and dental plan covering your eligible dependents including:
  - Hospital deductible and copayment
  - Physician visit copayment
  - Prescription drug copayment
  - Durable medical equipment, including diabetic test strips and syringes
  - Dental copayments for restorative care or orthodontia or dental implants

- Transportation expenses primarily for and essential to medical care

- Expenses not paid by your medical and dental plan or by any other medical or dental plan covering your eligible dependents, such as:
  - Prescription eyeglasses, contact lenses, and laser eye surgery
  - Hearing care, including hearing aids and tests not reimbursed by your medical plan
  - Services and prescription drugs for infertility treatment
  - Uncovered health care services obtained outside of the provider network
  - Mental health copayments and services over medical limits
  - Smoking cessation drugs prescribed by a physician

- Weight-loss programs with diagnosis of hypertension, diabetes, or other medical condition

- Expenses in excess of medical or dental plan limits (e.g., orthodontic expenses greater than the limit set by your dental plan)

- Insulin and diabetic supplies

- Charges for certain other medical services that would qualify as tax deductible medical expenses under IRS rules (Note: not all expense items listed in IRS Publication 502 are reimbursable expenses under a health care Flexible Spending Account)

- Certain over-the-counter items such as those listed below that are purchased for the treatment of a specific medical condition. Note: all reimbursable over-the-counter expenses may only be reimbursed in reasonable quantities, such as one- to two-month supplies. *(Note: This list is subject to change due to clarification by the IRS.)*
  - Adult incontinence products (e.g., Depends)
  - Breast pump/lactation supplies
  - Contact lens solution/eye drops
  - Contraceptives and birth control products
  - Ear supplies (e.g., ear plugs)
  - First aid supplies
  - Hand sanitizer
  - Health monitors (e.g., blood pressure, cholesterol, HIV, thermometers)
  - Hearing aid batteries
  - Heat wraps (e.g., ThermaCare)
  - Heating pads, hot water bottles
  - Insulin and diabetic supplies
  - Pregnancy tests
  - Sunscreen (30 SPF or greater)
  - Supports/braces (e.g., ankle, knee, wrist, therapeutic glove)
Certain over-the-counter items such as those listed below. Over-the-counter medicine or drugs must be submitted with the required medical provider’s written prescription stating patient’s name, name of medicine/drug, diagnosis or medical condition warranting the medication, dosage requirements, and signature of medical provider.

- Acne treatments/medications
- Allergy and sinus medications (e.g., Benadryl, Claritin, Sudafed)
- Anti-fungal medications (e.g., Lotramin AF)
- Anti-itch medications (e.g., Caladryl, Cortizone)
- Antiperspirants
- Cold sore medications
- Cough, cold and flu remedies
- Decongestants
- Dietary supplements (e.g., certain vitamins, minerals)
- Eye drops for medical conditions such as dry eyes
- Fiber supplements
- First aid creams
- Gastrointestinal aids (e.g., antacids, anti-diarrhea, laxatives - non-fiber, nausea medications)
- Herbal medicines
- Hormone therapy
- Joint treatment (e.g., Glucosamine)
- Lactose intolerant pills
- Motion sickness pills
- Nasal sprays for congestion (e.g., Afrin)
- Nicotine patches/gum/lozenges
- Orthopedic inserts/shoes
- Pain relievers (e.g., aspirin, Excedrin, Tylenol, Advil, Motrin)
- Sleeping aids
- St. John’s Wort
- Suppositories
- Toothache relievers (e.g., Oragel)
- Topical ointments
- Wart remover medications
- Weight-loss drugs
- Yeast infection creams (e.g., Monistat)

For more information, refer to the Employee Benefits website:

http://www.umn.edu/ohr/benefits/fsa