## FSA Eligible Expenses for the Medical Reimbursement

Health insurance deductible

Co-pays for medical expenses

Dental insurance deductible

Dental expenses such as exams, cleanings, fillings caps, crowns, braces, bridges, x-rays, etc.

Vision expenses such as exams, glasses, frames, contact lenses, supplies or Lasik surgery

Hearing aids (including batteries)

Routine exams/physicals/mammograms

Prescription drugs

Over-the-counter (OTC) drugs such as allergy and anti-inflammatory drugs, cold and flu medications, muscle relaxants, pain relievers, cough suppressants and acid reflux medications (OTC drugs require a prescription number)

## Additional FSA Eligible Expenses for the Medical Reimbursement

Acupuncture

Alcoholism treatment

Ambulance service fee

**AODA** Assessment

Artificial teeth— medically necessary

Artificial limbs

**Bandages** 

Birth Control by prescription (and/or over-the-counter contraceptives)

**Braces** 

Braille—books and magazines

Breast pump and supplies

Car controls for the disabled

Care for mentally handicapped child

Chiropractic expense

Co-insurance amounts you pay

Contact lenses

Contact lens solutions and enzyme cleaners

Cost and repair of special telephone equipment for the hearing-impaired

Cost of medically necessary operations and related treatments

Crutches

Dental fees such as X-rays, cleanings, exams or crowns

**Dentures** 

Diabetic supplies

Diagnostic fees

Disposable contact lenses

Eye examinations

Eyeglasses

Fee for in-home practical nurse

Hearing aid devices and batteries

Hospital services

In-patient treatment expense for drug and alcohol addiction

Insulin

Kera Vision Intacs surgery

Laboratory fees as prescribed by a physician

LASIK surgery

Mammograms

Medical deductibles



Medical services

Medical supplies (medically necessary)

Mentally handicapped person's cost for special home nursing services for in-home care (including nurses' meals and Social Security tax)

Mileage for medical care

Obstetrical expenses

Organ donor transplant medical expense payments for surgical, hospital, laboratory and transportation expenses

Orthopedic inserts

Osteopath fees

Oxygen and medically necessary oxygen equipment

Physician fees

Physician-prescribed swimming pool or spa equipment costs and maintenance due to medically necessary reasons

Prescription drugs

Psychiatric care

Psychologist fees

Radial keratotomy

Routine physicals

Service animal and its up keep

Smoking cessation programs (by prescription only)

Special education for the blind

Special plumbing for the handicapped

Special school for mentally impaired or physically disabled person

Sterilization fees

Surgical fees

Television audio display equipment for the hearing-impaired

Therapy treatments for medically necessary reasons

Transportation expenses primarily for and essential to rendering special medical services as prescribed by a physician

Vitamins and Nutritional Supplements (with pre-approved letter of medical necessity from physician)

Weight Loss Program Fees (with pre-approved letter of medical necessity from physician)

Wheelchair

X-rays

## **Expenses NOT Eligible for Reimbursement**

Surgery for cosmetic reasons

Medical supplies that are not medically necessary

Teeth bleaching/bonding/whitening

Health club membership dues

Over-the-counter vitamins and other dietary supplements for general health purposes

Cosmetic drugs

Marriage counseling

Group insurance premiums deducted from your paycheck