



## FLEXIBLE SPENDING ACCOUNTS

Examples of Eligible and Ineligible Expenses under a Healthcare Reimbursement Account (FSA)

### Dental/Vision Services

- ✓ Crowns/Bridges
- ✓ Dental Implants
- ✓ Dental X-rays
- ✓ Dentures
- ✓ Exams/Teeth Cleaning
- ✓ Extractions
- ✓ Fillings
- ✓ Occlusal Guard
- ✓ Oral Surgery
- ✓ Orthodontia/Braces
- ✓ Eye Exam
- ✓ Glasses/Contacts

### Insurance Related Items

- ✓ Copay Amounts
- ✓ Deductibles
- ✓ Pre-existing Condition Expenses (medical)
- ✓ Private Hospital Room Differential

### Lab Exams/Tests

- ✓ Blood Tests
- ✓ Cardiographs
- ✓ Diagnostic
- ✓ Laboratory Fees
- ✓ Metabolism Tests
- ✓ Urine/Stool Analyses
- ✓ X-rays

### Medications

- ✓ Prescription Drugs

### Obstetric Services

- ✓ Childbirth Classes (Lamaze)
- ✓ Midwife Expenses
- ✓ OB/GYN Exams
- ✓ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- ✓ Post-natal Treatment/Pre-natal Treatment

### Other Medical Treatments or Procedures

- ✓ Acupuncture
- ✓ Alcoholism (inpatient treatment)
- ✓ Drug Addiction
- ✓ Hearing Exams
- ✓ Hospital Services
- ✓ Infertility
- ✓ In-vitro Fertilization
- ✓ Lasik/Laser and Vision Correction Including prescription glasses
- ✓ Norplant Insertion or Removal
- ✓ Patterning Exercises
- ✓ Physical Examination (if not employment related)
- ✓ Physical /Occupational Therapy
- ✓ Rolwing
- ✓ Smoking Cessation Programs
- ✓ Speech Therapy
- ✓ Sterilization
- ✓ Transplants (including organ donor)
- ✓ Treatment for Handicapped
- ✓ Vaccinations/Immunizations
- ✓ Well Baby Care

### Practitioners

- ✓ Allergist
- ✓ Chiropractor
- ✓ Christian Science
- ✓ Dermatologist
- ✓ Homeopath
- ✓ Naturopath
- ✓ Osteopath
- ✓ Physician (licensed medical professional)
- ✓ Psychiatrist / Psychologist

### Over the Counter Drugs

- ✓ Diabetic Supplies

*\*\*Please see below for more information regarding Over the Counter Drugs*

### Other Medical Equipment

#### Supplies and Services

- ✓ Abdominal/Back Supports
- ✓ Acne Treatment
- ✓ Ambulance Services
- ✓ Band-Aids, bandages, gauze pads
- ✓ Blood Pressure Monitoring devices
- ✓ Braille Books and Magazines
- ✓ Breast Pumps and Lactation supplies
- ✓ Carpal Tunnel Wrist supports
- ✓ Cold/hot packs for injuries
- ✓ Contact lens cleaning solution
- ✓ Contraceptives and Prescribed birth control
- ✓ Counseling
- ✓ Crutches
- ✓ First aid kits
- ✓ Guide Dog (for visually/hearing impaired person)
- ✓ Hearing Aids and Batteries
- ✓ Hospital Bed
- ✓ Incontinence supplies
- ✓ Learning Disability (special school/teacher)
- ✓ Medic Alert Bracelet or Necklace
- ✓ Nasal Strips
- ✓ Nicotine gum or patches for stop-smoking purposes
- ✓ Ovulation Monitor
- ✓ Oxygen Equipment
- ✓ Pregnancy test kits
- ✓ Prosthesis
- ✓ Reading glasses
- ✓ Splints/Casts
- ✓ Syringes
- ✓ Thermometers (ear or mouth)
- ✓ Transportation Expenses (essential to medical care) \*\*
- ✓ Tuition Fee at Special School for Disabled Child
- ✓ Wheelchair

***These over the counter categories may only be covered when accompanied by a medical practitioner's note. Items must be used to treat a specific medical condition of limited duration:***

- ✓ Acid Controllers
- ✓ Allergy & Sinus Medicine
- ✓ Anti-Diarrheals
- ✓ Antibiotics
- ✓ Anti-Gas Products
- ✓ Anti-Itch & Insect Bites
- ✓ Anti-Parasitic Treatments

- ✓ Baby Rash Ointments & Creams
- ✓ Cold Sore Remedies
- ✓ Cough, Cold & Flu Medicines
- ✓ Digestive Aids
- ✓ Feminine Anti-Fungal Treatments
- ✓ Hemorrhoidal Preparations
- ✓ Visine and other such eye products

- ✓ Laxatives
- ✓ Motion Sickness
- ✓ Pain Relievers
- ✓ Respiratory Treatments
- ✓ Sleep Aids & Sedatives
- ✓ Stomach Remedies
- ✓ Wart Removal

### Special Note:

Due to recent IRS guidance, upfront payments for **Orthodontia** may be **Reimbursed** even though the services for all treatments have not as of yet been incurred. With your reimbursement request you must submit the contract which specifies payment and total amount of the contract and the start date of the treatment or complete the orthodontia claim form including provider signature.

*Please note, if orthodontic contract does not indicate insurance information, we will require you to submit the lifetime maximum for orthodontia from insurance carrier.*



## Whose Medical Expenses can I Reimburse using a FSA?

You can generally include medical expenses you pay for yourself as well as those you pay for someone who was your spouse, qualifying child or qualifying relative when the product or services were acquired.

The expenses of an employee's child who is under age 27 as of the end of the entire taxable year will qualify for tax-free reimbursement from a health FSA, even if the child does not qualify as the employee's tax dependent. For this purpose, a "child" is an individual who is the employee's son, daughter, stepson, or stepdaughter, and includes both a legally adopted individual of the employee and an individual lawfully placed with the employee for legal adoption by the employee. The term "child" also includes an eligible foster child, which is defined as a child placed with the employee by an authorized placement agency or by judgment, decree, or other order of any court of competent jurisdiction.

A qualifying relative is virtually anyone who lived with you throughout the year and who was not a qualifying child for another taxpayer and who you provided over half of the support.

## Dependent Care Reimbursement Accounts

Examples of Eligible and Ineligible Expenses under a Dependent Care Reimbursement Account (DCA)

You can use pre-tax dollars to pay for eligible child and/or adult dependent care expenses incurred. The care of a dependent must enable you and your spouse, if you are married to be employed, seek employment or attend school full time. The amount of reimbursement cannot exceed the lower of your or your spouse's income. This is assumed to be \$250 per child per month up to two children if one spouse is seeking work or attending school.

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|---|--|--|
| ✓ After School Care                               | ✓ Elder Care, non-medical and in the home  | ✓ Nanny expenses that are directly related to child care   |
| ✓ Au Pair Expense                                 | ✓ FICA and FUTA Taxes of Day Care Provider | ✓ Payments to a relative for child care as long as the relative is not a dependent and over the age of 19. |
| ✓ Baby Sitting                                    | ✓ Summer Day Camps                         |  |
| ✓ Day Care Center                                 |  |  |
| ✓ Educational Expenses as long as it's Pre-school |  |  |

Items that are NOT eligible for reimbursement under a Dependent Care Reimbursement Account:

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|--|--|---|
| ✓ Advance Payment of Day Care Expenses         | ✓ Educational Expenses – <b>Kindergarten</b> | ✓ Over Night Camps – Day Portion reimbursable |
| ✓ Amounts Paid to a Dependent                  | ✓ Food Expenses                              | ✓ Registration Fees for Care                  |
| ✓ Cook Expenses                                | ✓ Gardener                                   | ✓ Transportation Expenses                     |
| ✓ Elder Care Expenses outside the home         | ✓ Household Services                         | ✓ Field Trip Fees                             |
| ✓ Educational Expenses – First Grade and above | ✓ Maid Services                              | ✓ Meals/Diapers/Clothing costs                |
|  |  | ✓ Activity Fees                               |

## Whose Dependent Care Expenses can I Reimburse?

Expenses must be for a qualifying individual under a Dependent Care Reimbursement Account DCRA. You can reimburse expenses for:

- Your dependent who has not reached the age of 13.
- Your dependent who is physically or mentally incapable of caring for himself or herself and who lives with you.
- Your spouse who is physically or mentally incapable of caring for himself or herself and who lives with you.