

Flexible Spending Account (FSA) Covered and Excluded Expenses

Covered Expenses (no letter of medical necessity required)

- Acupuncture
- Alcoholism treatment (inpatient treatment)
- Ambulance Service
- Bandages/Band-Aids
- Birth control (prescription pills and devices)
- Birthing classes
- Blood pressure monitor
- Braces for knee, ankle, wrist
- Braille books & magazines
- Breast pumps & lactation supplies (excludes breastfeeding bras)
- Chiropractic care
- Cochlear implants
- Coinsurance
- Cold/hot packs
- Condoms
- Contact lenses (corrective) & contact lens solution
- Copays
- Counseling (excludes marriage counseling, life coach or career counseling)
- Crutches
- Deductibles
- Dental care (excludes cosmetic services)
- Dentures (includes denture adhesives)
- Diabetic supplies
- Diagnostic tests/health screening
- Eye exams
- First aid kit & supplies
- Gauze pads
- Glasses (includes cleaners and supplies)
- Hearing aids and exams (includes batteries)
- Immunizations
- Incontinence supplies
- Insulin
- Invisalign
- Laboratory fees

- Lactation consultant
- Laser eye surgery/Lasik/Radial Keratotomy
- Medical records fees
- Nursing services
- Optometrist
- Orthodontia*
- Orthotic inserts
- Physical exams
- Physical therapy
- Pregnancy tests
- Prenatal expenses
- Prosthesis
- Psychiatric care (must have medical diagnosis on file)
- Prescription medicines/drugs
- Reading glasses
- Smoking cessation programs
- Sunglasses (prescription lens only)
- Sunscreen (SPF 15 or higher)
- Surgery (excludes cosmetic procedures)
- Thermometers
- Transportation/travel expenses for medical care (lodging, mileage, tolls & parking)
- Vasectomy/vasectomy reversal
- Walkers
- Wheelchairs
- X-rays

Potentially Eligible Expenses (requires letter of medical necessity or prescription on file)

- Acne treatments (prescription)
- Allergy medication (prescription)
- Air purifiers & humidifiers (letter of medical necessity)
- Capital expenses (letter of medical necessity + cost comparisons, before & after)
- Cord blood storage (letter of medical necessity-excludes indefinite storage)
- Cosmetic procedures (letter of medical necessity)
- Ear plugs (letter of medical necessity)
- Fertility treatments (letter of medical necessity)
- Gym membership (letter of medical necessity)
- Guide dogs (letter of medical necessity)
- Homeopathic medicines (letter of medical necessity)
- Lead based paint removal (letter of medical necessity)

- Learning disabilities (letter of medical necessity-includes testing and/or tutoring)
- Massage therapy (letter of medical necessity)
- Nutritionist (letter of medical necessity)
- Orthopedic shoes (letter of medical necessity + cost comparison)
- Over-the-counter medications (cold & flu, sinus, pain relievers, etc. require a prescription)
- Personal trainer fees (letter of medical necessity)
- Vitamins/nutritional supplements (letter of medical necessity)
- Weight loss programs (letter of medical necessity)

Ineligible Expenses

- Concierge, boutique or prepaid physician fees
- Cosmetic dentistry (includes teeth whitening/bleaching, veneers or bonding)
- Cosmetic procedures (to improve appearance)
- Diapers or diaper services
- Eyewear protection plans or warranties
- Finance charges
- Funeral expenses
- Missed appointment fees
- Personal items
- Premiums – includes COBRA, Insurance premiums, DMO, Long-term care
- Prepayment for medical expenses not yet incurred
- Prescriptions if purchased outside of the U.S.
- Late fees charged on medical bills

***Note:**

Orthodontia is handled differently than other FSA expenses. There are two different ways to use the FSA for orthodontia. First, a lump sum payment can be made once services have started, even if future services cross over to the next plan year. A copy of the orthodontia contract would be required. This needs to have the date services started, the contracted amount, services to be rendered and the amount paid by the participant. This is required for both manual requests for reimbursement as well as for FSA debit card use. Second, payments can be made on a monthly basis. The orthodontia contract showing the dates services started, the expected amount of time services will continue and the monthly contracted amount to be paid. If this is submitted as a manual request, the proof of payment to the provider must be sent in. If the participant uses the FSA debit card, documentation must be sent in with the first monthly payment and will then be set up as a recurring expense going forward. If the amount paid does not match the monthly contracted amount, the participant will need to submit documentation showing what service is being paid for.