

# Eligible and ineligible expenses

## Eligible expenses

### Seeking reimbursement

For expenses to be eligible for reimbursement, they must:

- A. Be for products or services that treat a medical condition
- B. Have been incurred by you, your spouse or your eligible dependent
- C. Be adequately substantiated prior to any run-out period imposed by the plan
- D. Have been incurred during the permitted plan year or applicable period of coverage  
*A medical expense is incurred when the service that causes the expense is provided not when the expense is paid.*

For exact run-out periods imposed by your plan, please reference your **Summary Plan Document** or ask your employer.

### Substantiation requirements

To properly substantiate an eligible medical expense, the claim must include one or more third-party documents that show:

1. The patient receiving care
2. A description of the service or product
3. The provider or vendor's name
4. The date of service or sale
5. The final out-of-pocket expense

Our preferred form of substantiation is an explanation of benefits (EOB) provided by your insurance carrier. It will list the patient, dates of service, billing codes, the dollar amount of patient responsibility and amounts billed to the insurance carrier.

### Timing

#### Run-out considerations

At the end of the plan year, participants are allotted a period of time (decided by the employer) called the “run-out period,” during which the participant can submit claims that were incurred during the plan year or applicable period of coverage. At the end of the run-out period, any amounts remaining in the participant's account may be forfeited.

Please see the **Summary Plan Document** provided by your employer for the exact duration of your run-out period and any exclusions allowed.

### Termination considerations

Terminating employment may affect the amount of time available for participants to use their elections. Termination also may limit the run-out period provided.

Please check with your employer or consult your **Summary Plan Document** for details regarding termination and your health flexible spending account (FSA) and dependent care assistance program (DCAP).

### Additional considerations

Depending on your plan, you may have an additional grace period or carryover allowances that will affect the period available for incurring eligible expenses. Please check with your employer or consult your **Summary Plan Document** for details regarding your health FSA and DCAP.

## Potentially eligible expenses

The guidance permitting the use of pretax dollars for medical expenses expressly forbids expenses that are not exclusively for use in mitigating or treating an eligible medical condition. Potentially eligible expenses include products or services that may be used for general health or cosmetic purposes, and must conform to additional substantiation prior to reimbursement under a health FSA. Depending on the type of expense, the additional documentation can be any of the following:

- A. Letter of medical necessity (LOMN)  
*See [benefithelp.solutions.com/pdfs/med\\_necessity\\_ltr.pdf](https://benefithelp.solutions.com/pdfs/med_necessity_ltr.pdf).*
- B. A prescription  
*A prescription must include the drug prescribed; who the drug is for; the dosage, quantity and instructions for use; and the medical prescriber's signature.*
- C. A cost comparison  
*A typical cost comparison will be the receipt of the item and a demonstration of the price of a comparable nonspecialized similar product.*
- D. An itemized third-party statement including all services

Note: It is important to adhere to the documentation requirements listed in the below table. A prescription does not take the place of a letter of medical necessity because a prescription fails to identify the condition being treated.

Note: Any substantiating document must be valid on the date that your care or service is incurred to be eligible for reimbursement.

Note: Your claim will not be processed until all documentation is received and completed.

## Over-the-counter items

On March 27, 2020, the *CARES Act, H.R. 748* was signed into law, which among other things, no longer requires over-the-counter (OTC) medicines or drugs to be prescribed by a physician in order to be eligible for reimbursement under a health FSA as of January 1, 2020. Prior to this change, Insulin was the only exception to an ACA provision which required such OTC medicines to be prescribed in order to be eligible.

Over-the-counter (OTC) items that are **not** drugs or medicine are still reimbursable under a health FSA without a physician's [prescription](#). Examples of OTC items reimbursable without a [prescription](#) include sunscreen, bandages, contact lens solution, menstrual products and reading glasses.

## Stockpiling

OTC items that are not drugs or medicine are restricted to amounts that can be reasonably used within the period of coverage in order to qualify for reimbursement under a health FSA. This means no more than three of any one item can be reimbursed under a health FSA within a single month. First-aid kits are excluded from this allowance — please see [first aid kit and supplies](#) for additional guidance.

## Ineligible expenses

Expenses that have been labeled as ineligible for reimbursement are those that are usually used for personal, cosmetic or general health purposes. Even if these expenses are accompanied by a [letter of medical necessity](#), the treatments also must be permissible under regulatory provisions.

Note: This eligible and ineligible expense list is meant to be a guide and is not all inclusive.

| TREATMENT                   | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| <b>Abortion</b>             | Eligible         | Excludes expenses for procedures that are illegal under applicable state or federal law.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Acne treatment</b>       | Over-the-counter | <p>Because acne is considered a disease, the cost of prescription acne treatment will usually apply. Over-the-counter acne treatment also will be eligible if prescribed (prior to 2020) and if the product is used primarily for the treatment of acne. Cosmetic or other items that simply contain acne-fighting ingredients are not eligible.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• AcneFree</li> <li>• Acnomel</li> <li>• Ambi Even &amp; Clear</li> <li>• Bye Bye Blemish</li> <li>• Clean &amp; Clear</li> <li>• Clearasil</li> <li>• Murad Acne Complex Kit</li> <li>• Nature's Cure Acne Treatment</li> <li>• Neutrogena Acne Treatment</li> <li>• OXY</li> <li>• Proactiv Solution</li> <li>• Stridex</li> <li>• ZAPZYT Acne Treatment</li> <li>• Zeno Acne Clearing Device</li> </ul> <p>Note: Generic and store-brand equivalents of name-brand acne treatments are also eligible.</p> <p>Laser therapy performed by a medical provider to treat acne is potentially eligible.</p> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p> |
| <b>Acne laser treatment</b> | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Activity Tracker</b>     | Potentially      | <p>Activity trackers will qualify if recommended to treat a diagnosed medical condition and the expense must not have been incurred but for the medical condition. Will be excluded if used for general health or well-being.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Acupressure</b>          | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Acupuncture</b>          | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Adaptive equipment</b>   | Potentially      | <p>Adaptive equipment used to alleviate sickness or disability will be eligible for reimbursement. Depending on the nature of the equipment, a cost comparison may be required. In some instances, only the amounts beyond a nonspecialized similar version will be eligible for reimbursement. Please see <a href="#">capital expenses</a>.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Adoption fees</b>        | Ineligible       | Medical expenses of an adopted child who is claimed as a dependent are eligible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| TREATMENT                                          | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                       |
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| Adoption and pre-adoption medical expenses         | Eligible         | Includes physicals for the adoptive parents and pre-adoption counseling.                                                                                                                                                                                                                                                                                                                                                 |
| Adult diapers                                      | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Advanced payment for future care                   | Ineligible       | Includes deposits and prepayments.                                                                                                                                                                                                                                                                                                                                                                                       |
| Air conditioners and air purifiers                 | Potentially      | Please see <a href="#">allergy products and mitigation</a> .<br><br><b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                                                                                                               |
| Airfare                                            | Potentially      | Primarily for and essential to medical care. Substantiation of related medical care received is required. Please see <a href="#">transportation</a> .<br><br><b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                      |
| Airfare, for companion                             | Potentially      | <b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                                                                                                                                                                                   |
| Airway clearance vest                              | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Alcoholism, drug and substance abuse, treatment of | Eligible         | Meals and lodging provided at the treatment facility or during outpatient care and transportation expenses associated with meetings are eligible.                                                                                                                                                                                                                                                                        |
| Allergy medicines                                  | Over-the-counter | Over-the-counter allergy treatments are potentially eligible for reimbursement. Must be prescribed if expense was incurred before 2020.<br><br>Examples include:<br><ul style="list-style-type: none"> <li>• Actifed</li> <li>• Benadryl</li> <li>• Chlor-Trimeton</li> <li>• Claritin</li> <li>• Sudafed</li> <li>• Zyrtec</li> </ul> <b>Required documents: <a href="#">prescription (if incurred before 2020)</a></b> |

| TREATMENT                              | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| <b>Allergy products and mitigation</b> | Potentially      | <p>Eligible expenses include products and home improvements to treat severe allergies.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Cost to remove carpet (but NOT the cost to replace flooring)</li> <li>• Electrostatic air purifier</li> <li>• HEPA furnace filters and HEPA vacuum cleaner filters (only the difference in cost of the HEPA product minus the standard product can be reimbursed)</li> <li>• Humidifier</li> <li>• Home and automobile air conditioners</li> <li>• Special vacuum cleaners for persons with respiratory problems (only the difference in cost of the special vacuum cleaner minus a standard vacuum can be reimbursed)</li> <li>• Special pillow cases, mattress covers or other bedding barriers that provide protection against allergens to alleviate an allergic condition</li> </ul> <p>Please see <a href="#">capital expenses</a> for important additional guidance. Depending on the nature of the expense, a <a href="#">cost comparison</a> may be necessary prior to reimbursement.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |
| <b>Alternative medical services</b>    | Potentially      | <p>Services must be prescribed and rendered by a licensed healthcare provider to treat a specific illness or disorder.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Ambulance</b>                       | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Analgesics</b>                      | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Advil</li> <li>• Aleve</li> <li>• Aspirin</li> <li>• Ibuprofen</li> <li>• Midol</li> <li>• Naprosyn</li> <li>• Pamprin</li> <li>• Tylenol</li> </ul> <p>Topical examples include:</p> <ul style="list-style-type: none"> <li>• Aspercreme</li> <li>• Bengay</li> <li>• Icy Hot</li> <li>• Zostrix</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred prior to 2020)</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

| TREATMENT                            | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                          |
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| <b>Antacids and acid reducers</b>    | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Axid AR</li> <li>• Gas-X</li> <li>• Maalox</li> <li>• Mylanta</li> <li>• Pepcid AC</li> <li>• Prilosec OTC</li> <li>• Tagamet HB</li> <li>• Tums</li> <li>• Zantac 75</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p> |
| <b>Anti-arthritis</b>                | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Glucosamine</li> <li>• Chondroitin</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                               |
| <b>Antibiotics, topical</b>          | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Bacitracin</li> <li>• Neosporin</li> <li>• Triple Antibiotic Ointment</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                 |
| <b>Anticandidal, yeast infection</b> | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Femstat 3</li> <li>• Gyne-Lotrimin</li> <li>• Monistat</li> <li>• Mycelex-7</li> <li>• Vagistat-1</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                     |
| <b>Anti-diarrheal</b>                | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Imodium A-D</li> <li>• Kaopectate</li> <li>• Pepto-Bismol</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                             |
| <b>Antifungal</b>                    | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Lamisil AT</li> <li>• Lotrimin AF</li> <li>• Micatin</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                  |
| <b>Antihistamines</b>                | Over-the-counter | <p>Please see <a href="#">allergy medicines</a>.</p> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                               |

| TREATMENT                                    | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                         |
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| <b>Anti-itch products, lotions or creams</b> | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Bactine</li> <li>• Benadryl</li> <li>• Caldecort</li> <li>• Caladryl</li> <li>• Calamine</li> <li>• Cortaid</li> <li>• Hydrocortisone</li> <li>• Lanacort</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p>                                                                                                            |
| <b>Arthritis gloves</b>                      | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Artificial insemination</b>               | Potentially      | Please see <a href="#">fertility treatments</a> .                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Artificial limbs</b>                      | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Artificial reproductive technologies</b>  | Potentially      | <p>Includes fertility exams, artificial insemination (intracervical, intrauterine, intravaginal), in vitro/in vivo fertilization, sperm bank storage and fees (not to exceed 12 months), sperm implants, sperm washing, reverse vasectomy, embryo replacement and storage (not to exceed 12 months), egg donor charge for recipient and embryo transfer.</p> <p><b>Required documents: letter of medical necessity</b></p> |
| <b>Artificial teeth</b>                      | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Asthma medicines</b>                      | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Bronitin Mist</li> <li>• Bronkaid</li> <li>• Bronkolixer</li> <li>• Primatene</li> </ul> <p>For delivery devices, please see <a href="#">nebulizer</a>, <a href="#">inhaler</a>, <a href="#">CPAP</a>, <a href="#">BiPAP</a>.</p> <p><b>Required documents: prescription</b></p>                                                                         |
| <b>Automobile modifications</b>              | Potentially      | <p>Please see <a href="#">adaptive equipment</a>.</p> <p><b>Required documents: letter of medical necessity</b></p>                                                                                                                                                                                                                                                                                                        |
| <b>Baby formula</b>                          | Potentially      | <p>If your baby requires a special formula to treat an illness or disorder, the difference in cost between the special formula and routine baby formula may be reimbursed.</p> <p><b>Required documents: letter of medical necessity</b></p>                                                                                                                                                                               |
| <b>Back brace</b>                            | Potentially      | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Bactine</b>                               | Over-the-counter | <b>Required documents: prescription (if incurred before 2020)</b>                                                                                                                                                                                                                                                                                                                                                          |
| <b>Band-Aids and bandages</b>                | Eligible         | Please see <a href="#">over-the-counter supplies</a> for important information regarding the reimbursement of bandages.                                                                                                                                                                                                                                                                                                    |



| TREATMENT                                       | ELIGIBILITY | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>Bath tub rails and grips</b>                 | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Batteries</b>                                | Potentially | Batteries are eligible only used to operate a device that is itself a qualified expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Beds, box springs and foundations</b>        | Ineligible  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Beds, mattresses and bed boards</b>          | Potentially | <p>Only unique mattresses specifically described and prescribed by a physician to treat a specific medical condition will be considered. Reimbursement will be limited to the amounts above a nonspecialized mattress. Any types of support for the mattress, such as box springs or special foundations, are not eligible.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a></p>                                                                                                                       |
| <b>Bedside commodes</b>                         | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Bed-wetting alarm</b>                        | Potentially | <p>Reimbursement is limited to the amounts above that of a nonspecialized alarm.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a></p>                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Behavioral modification programs</b>         | Potentially | <p>Behavior modification programs and counseling may be eligible for reimbursement if used to treat autism, learning disabilities and other behavioral conditions.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> or <a href="#">an explanation of benefits</a></p>                                                                                                                                                                                                                                                                      |
| <b>Bioidentical hormone replacement therapy</b> | Potentially | <p>Will not be covered if used for cosmetic purposes. Please see <a href="#">cosmetic procedures</a>.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Birth control, prescription</b>              | Eligible    | <p>Birth control pills, including but not limited to:</p> <ul style="list-style-type: none"> <li>• Demulen</li> <li>• Depo-Provera</li> <li>• Loestrin</li> <li>• Lo Ovrал</li> <li>• Mircette</li> <li>• NuvaRing</li> <li>• Ortho-Novum</li> <li>• Ortho Tri-Cyclen</li> <li>• Ovcon</li> <li>• Ovrал</li> <li>• Tri-Norinyl</li> <li>• Triphasil</li> <li>• Yasmin</li> </ul> <p>Also included:</p> <ul style="list-style-type: none"> <li>• Intrauterine device (IUD)</li> <li>• Norplant</li> </ul> <p><b>Required documents:</b> <a href="#">prescription</a></p> |

| TREATMENT                                                        | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Birth control, over-the-counter drugs                            | Over-the-counter | Birth control, including but not limited to: <ul style="list-style-type: none"> <li>• Spermicides</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                  |
| Birth control, over-the-counter supplies                         | Eligible         | Birth control, including but not limited to: <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Ovulation kits</li> </ul>                                                                                                                                                                                                                                                                                                                                     |
| Birth classes                                                    | Eligible         | Expenses for birthing classes, Lamaze classes or other methods of childbirth education will qualify to the extent that instruction relates to birth and not childrearing. The fee should be apportioned to exclude instruction in topics such as newborn care, breastfeeding and parenting. Expenses for the coach or significant others do not qualify. <p><b>Required documents:</b> <a href="#">Itemized third-party statement including all covered topics</a></p> |
| Birthing tub                                                     | Eligible         | Includes both rental and purchase costs.                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Blepharoplasty (eyelid surgery)                                  | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                 |
| Blood pressure monitors                                          | Eligible         | Examples includes: <ul style="list-style-type: none"> <li>• Blood pressure monitor docking stations</li> <li>• Blood pressure monitor watches</li> </ul>                                                                                                                                                                                                                                                                                                               |
| Blood storage                                                    | Potentially      | Blood storage is an eligible expense if you are storing blood for use during scheduled elective surgery. Storage fees should not exceed six months. The expense can be reimbursed only after services are rendered. <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                      |
| Blood sugar test kits and test strips                            | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Body scans                                                       | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Botox                                                            | Potentially      | Botox is generally cosmetic and not an eligible expense, please see <a href="#">cosmetic procedure</a> . <p>Botox used for the treatment of migraines can be reimbursed.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                             |
| Boutique practice, concierge and prepaid physician retainer fees | Ineligible       | Monthly or annual fees that your provider may charge for improved access, 24/7 availability and more personalized care are not considered medical care and cannot be reimbursed under a health FSA. <p>Fees for medical services actually received at a boutique/concierge practice are eligible.</p>                                                                                                                                                                  |
| BRACAnalysis testing                                             | Eligible         | Limited to diagnostic testing for genetic mutations that may include DNA collection.                                                                                                                                                                                                                                                                                                                                                                                   |
| Bradley classes                                                  | Eligible         | Please see <a href="#">birthing classes</a> .                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Braille books and magazines                                      | Eligible         | The cost difference of Braille books and magazines that exceed the price for regular books and magazines is an eligible expense.                                                                                                                                                                                                                                                                                                                                       |

| TREATMENT                                          | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                           |
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| Books, health-related                              | Potentially      | Will qualify if recommended by a physician to treat an illness or disease (such as asthma or diabetes), and not to promote general health.<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                     |
| Breast augmentation                                | Ineligible       | Please see <a href="#">cosmetic procedure</a> .                                                                                                                                                                                                                                                                                                                                                              |
| Breast pumps and lactation supplies                | Eligible         | Examples include: <ul style="list-style-type: none"> <li>• Breast pumps</li> <li>• Breast pump parts</li> <li>• Nursing cream and ointment</li> <li>• Nursing pads and shields</li> <li>• Storage bags and bottles</li> </ul> <p>Excludes items that merely make breast feeding more convenient. For example, special bras.</p> <p>Items purchased may be subject to <a href="#">stockpiling</a> limits.</p> |
| Breast reconstruction surgery following mastectomy | Eligible         | Reimbursable if the surgery was done following a mastectomy for cancer.<br><br>Please see <a href="#">cosmetic procedure</a> for additional guidance.                                                                                                                                                                                                                                                        |
| Breast reduction                                   | Potentially      | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                       |
| Breathalyzer                                       | Eligible         | Includes in-home or doctor's office testing.                                                                                                                                                                                                                                                                                                                                                                 |
| Breathing strips                                   | Potentially      | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                       |
| Bris                                               | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                              |
| Bus fare                                           | Eligible         | Please see <a href="#">transportation</a> .                                                                                                                                                                                                                                                                                                                                                                  |
| Calamine lotion                                    | Over-the-counter | <b>Required documents: prescription (if incurred before 2020)</b>                                                                                                                                                                                                                                                                                                                                            |
| Calcium supplements                                | Potentially      | Examples include: <ul style="list-style-type: none"> <li>• Calcium carbonate</li> <li>• Calcium citrate</li> <li>• Calcium gluconate</li> <li>• Calcium lactate</li> <li>• Caltrate</li> <li>• Citracal</li> <li>• Tricalcium phosphate</li> <li>• Viactiv</li> </ul> <p><b>Required documents: letter of medical necessity</b></p>                                                                          |
| Cancer screenings                                  | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                              |

| TREATMENT                                          | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Capital expenses</b>                            | Potentially      | <p>A capital expense (permanent or portable) can be reimbursed if its purpose is to provide medical care for you, your spouse or your dependent.</p> <p>Expenses for improvements or special equipment added to your home can be reimbursed if the main purpose of the item is medical care. How much is reimbursed depends on the extent to which the expense permanently improves the property and whether others benefit.</p> <p>The amount paid for the improvement is reduced by the increase in the value of your home or property. The cost of the improvement minus the increased value equals the eligible expense. In addition, the cost should be divided by the number of individuals living in the household to determine the amount that is reimbursable for the person with the medical condition.</p> <p>If the value of your home or property is not increased by the improvement, the entire cost is an eligible expense.</p> <p>Examples include but are not limited to:</p> <ul style="list-style-type: none"> <li>• Constructing entrance or exit ramps</li> <li>• Widening or otherwise modifying doorways, hallways and stairways</li> <li>• Installing railings, support bars or other modifications to bathrooms</li> <li>• Kitchen modifications, including lowering cabinets and other equipment</li> <li>• Electrical and plumbing modifications</li> <li>• Exterior grading of the property to provide access to your home</li> <li>• Lead-based paint removal</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a></p> |
| <b>Car seats</b>                                   | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Cardiopulmonary resuscitation (CPR) classes</b> | Potentially      | <p>As part of a childbirth class or in situations where it is deemed medically necessary.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Carpal tunnel wrist supports</b>                | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Carpet removal</b>                              | Potentially      | <p>Please see <a href="#">allergy products and mitigation</a>.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Cayenne pepper</b>                              | Over-the-counter | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Cenegentics</b>                                 | Potentially      | <p>Will be excluded if the service is primarily for the purpose of general health or well-being.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| TREATMENT                                                | ELIGIBILITY | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <b>Chairs: reclining, ergonomic, convalescent</b>        | Potentially | <p>Reclining chairs that both elevate the legs and tilt the torso may be considered for reimbursement. The chair must be specifically prescribed by a physician to alleviate a specific medical condition, and you must submit a fully completed letter of medical necessity that clearly documents how the chair will alleviate the condition or diagnosis for the expense to be considered.</p> <p>Only the amount above the cost of a regular chair will be eligible for reimbursement.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a></p> |
| <b>Chelation therapy</b>                                 | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Chinese herbal practitioner and herbal treatments</b> | Potentially | <b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">itemized third-party statement including all covered services</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>Chiropractic care</b>                                 | Eligible    | <p>Services performed by a chiropractor are eligible, including:</p> <ul style="list-style-type: none"> <li>• TENS treatment</li> <li>• Ultrasound therapy</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Chondroitin</b>                                       | Potentially | <p>Please see <a href="#">anti-arthritis</a>.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Christian Science practitioners</b>                   | Eligible    | Payments for medical care can be reimbursed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Cialis</b>                                            | Potentially | <p>If purchased through a pharmacy, we do not need a prescription.</p> <p><b>Required documents:</b> <a href="#">prescription</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Circumcision</b>                                      | Eligible    | A bris performed in the home by a rabbi or nonlicensed provider is not an eligible expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Classes, health-related</b>                           | Potentially | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>COBRA premiums</b>                                    | Ineligible  | <p>Under IRS rules, insurance premiums cannot be reimbursed under a health FSA.</p> <p>COBRA premiums which qualify as medical expenses under Section 213(d) can be considered eligible for reimbursement under a HRA.</p> <p>See Also: <a href="#">Insurance Premiums</a></p>                                                                                                                                                                                                                                                                                                                                   |
| <b>Cochlear implants</b>                                 | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Coinsurance</b>                                       | Eligible    | To be eligible for reimbursement, the underlying cost must be permissible under regulatory guidance and cannot be reimbursed by secondary insurance or any other source.                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| TREATMENT                     | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Cold and flu medicines        | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Actifed</li> <li>• Advil Cold and Sinus</li> <li>• Alka-Seltzer Cold and Flu</li> <li>• Children's Advil Cold</li> <li>• DayQuil</li> <li>• Drixoral</li> <li>• Neo-Synephrine 12-Hour</li> <li>• NyQuil</li> <li>• PediaCare</li> <li>• Robitussin</li> <li>• Sudafed</li> <li>• Tavist-D</li> <li>• Theraflu</li> <li>• Triaminic</li> <li>• Tylenol Cold and Flu</li> <li>• Cough drops</li> <li>• Nasal sprays</li> <li>• Throat lozenges</li> </ul> <p>The following are not eligible for reimbursement:</p> <ul style="list-style-type: none"> <li>• Cold-EEZE</li> <li>• Zicam</li> <li>• Airborne</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p> |
| Cold sore medicines           | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Abreva</li> <li>• Herpeclin</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cold and hot packs            | Eligible         | Cold and hot packs as medical supplies ONLY.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Collagen injections           | Potentially      | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Colonics                      | Over-the-counter | <p>Example includes:</p> <ul style="list-style-type: none"> <li>• Colonix</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Compression hosiery and socks | Potentially      | <p>Example includes:</p> <ul style="list-style-type: none"> <li>• Jobst surgical support hose and socks</li> </ul> <p><b>Required documents: letter of medical necessity and cost comparison</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Condoms                       | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Conference, medical           | Eligible         | Excludes meals and lodging while attending the conference. Includes individual admission and related transportation expenses. Substantiating documents must contain medical diagnosis.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Contact lenses                | Eligible         | Includes cleaning solution and storage. Please see <a href="#">eyewear, medical supplies and repair</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| TREATMENT                                 | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-------------------------------------------|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Contraceptives                            | Over-the-counter | Spermicidal products such as: <ul style="list-style-type: none"> <li>• Gels</li> <li>• Advantage-S</li> <li>• Encare</li> <li>• Gynol II</li> <li>• Ortho</li> <li>• VCF</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                         |
| Contraceptives, device                    | Eligible         | Examples include: <ul style="list-style-type: none"> <li>• Condoms</li> <li>• Films</li> <li>• Diaphragms</li> </ul>                                                                                                                                                                                                                                                                                                                                 |
| Contraceptives, prescription              | Eligible         | Examples include: <ul style="list-style-type: none"> <li>• Birth control pills</li> <li>• Norplant, including insertion and removal</li> </ul>                                                                                                                                                                                                                                                                                                       |
| Controlled substances                     | Potentially      | Examples include: <ul style="list-style-type: none"> <li>• Darvon</li> <li>• Percocet</li> <li>• Ritalin</li> <li>• Valium</li> </ul> <p><b>Required documents:</b> <a href="#">prescription</a></p>                                                                                                                                                                                                                                                 |
| Controlled substances, obtained illegally | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Copayments                                | Eligible         | Cannot be reimbursed by secondary insurance or any other source.                                                                                                                                                                                                                                                                                                                                                                                     |
| Cord blood storage                        | Potentially      | Can be reimbursed if there is a specific medical condition that the cord blood is intended to treat. Indefinite storage is not an eligible expense. <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                    |
| Corneal ring segments                     | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Cosmetic dentistry                        | Ineligible       | Expenses for cosmetic dentistry, such as teeth whitening or bleaching, porcelain veneers or bonding are not eligible for reimbursement, unless the procedure is necessary to improve a deformity arising from a congenital abnormality or personal injury from accident or trauma, or to restore appearance related to treatment for another medical diagnosis or condition. Please see <a href="#">cosmetic procedures</a> for additional guidance. |
| Cosmetic procedures                       | Ineligible       | Cosmetic procedures to improve or enhance appearance are not eligible.                                                                                                                                                                                                                                                                                                                                                                               |
| Cosmetic procedures (cont.)               | Potentially      | A cosmetic procedure or service necessary to improve a deformity arising from a congenital abnormality or personal injury from accident or trauma, or to restore appearance related to treatment for another medical diagnosis or condition, can be reimbursed. <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                        |

| TREATMENT                                          | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cotton balls                                       | Ineligible       | Examples include: <ul style="list-style-type: none"> <li>• Cotton balls</li> <li>• Swabs</li> <li>• Q-tips</li> </ul>                                                                                                                                                                                                                |
| Cough medicines                                    | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Chloraseptic</li> <li>• Cough drops</li> <li>• Mucinex</li> <li>• Robitussin</li> <li>• Throat lozenges</li> <li>• Vicks 44</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                           |
| Cough suppressants                                 | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• PediaCare</li> <li>• Robitussin</li> <li>• Cough drops</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                |
| Counseling                                         | Ineligible       | Life coaching, career counseling and marriage counseling do not qualify.                                                                                                                                                                                                                                                             |
| Counseling (cont.)                                 | Potentially      | Counseling must be provided to treat a medical or mental diagnosis and be rendered by a licensed provider. <p>Diagnosis examples include:</p> <ul style="list-style-type: none"> <li>• Bereavement</li> <li>• Behavior modification</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>         |
| Counseling (cont.)                                 | Eligible         | Examples include: <ul style="list-style-type: none"> <li>• Psychoanalysis</li> <li>• Psychotherapy</li> </ul> <p><b>Required documents:</b> <a href="#">explanation of benefits</a>, <a href="#">letter of medical necessity</a> or <a href="#">itemized third-party statement including diagnosis and treatment codes (CPT)</a></p> |
| CPAP (continuous positive airway pressure) devices | Eligible         |                                                                                                                                                                                                                                                                                                                                      |
| Cranial technology                                 | Potentially      | Eligible if used to correct plagiocephaly. <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                             |
| Crowns                                             | Potentially      | Crowns will not qualify if obtained for cosmetic purposes. Please see <a href="#">dental care</a> .                                                                                                                                                                                                                                  |
| Crutches                                           | Eligible         |                                                                                                                                                                                                                                                                                                                                      |



| TREATMENT                                    | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                            |
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| Dancing lessons                              | Potentially      | May qualify if only for a short duration and if prescribed for a special medical condition, such as part of a rehabilitation program after surgery.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                             |
| Decongestants                                | Over-the-counter | Examples include:<br><ul style="list-style-type: none"> <li>• Dimetapp</li> <li>• Sudafed</li> </ul><br><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a>                                                                                                                                                                                                     |
| Deductibles                                  | Eligible         | Cannot be reimbursed by secondary insurance or any other source.                                                                                                                                                                                                                                                                                                                              |
| Defibrillator, portable                      | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                               |
| Dental care                                  | Eligible         | Covered services include but are not limited to:<br><ul style="list-style-type: none"> <li>• Bridges</li> <li>• Cleanings</li> <li>• Crowns</li> <li>• Dental implants</li> <li>• Dentures</li> <li>• Endodontic care (root canal)</li> <li>• Extractions</li> <li>• Fillings</li> <li>• Periodontal services</li> <li>• Routine prophylaxis</li> <li>• Sealants</li> <li>• X-rays</li> </ul> |
| Dental Floss                                 | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                               |
| Dental maintenance organization (DMO)        | Ineligible       | Please see <a href="#">insurance premiums</a> .                                                                                                                                                                                                                                                                                                                                               |
| Dentures and denture adhesives               | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                               |
| Dependent care expenses, disabled            | Potentially      | May qualify as an eligible expense under a health FSA or a Dependent Care Assistance Program (DCAP) but not both.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                               |
| Dermatologist                                | Eligible         | Excludes cosmetic-related care.                                                                                                                                                                                                                                                                                                                                                               |
| Diabetic socks                               | Potentially      | Diabetic socks and shoes are eligible, but only the cost difference between the diabetic socks or shoes and regular socks or shoes will be reimbursed.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity and cost comparison</a>                                                                                                                                      |
| Diabetic supplies                            | Eligible         | Includes insulin, glucose-monitoring equipment, blood sugar test strips and kits.                                                                                                                                                                                                                                                                                                             |
| Diagnostic items, services and test services | Eligible         | Includes tests to detect heart attack, stroke, diabetes, osteoporosis, thyroid conditions and cancer.                                                                                                                                                                                                                                                                                         |

| TREATMENT                        | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| Diaper rash ointments and creams | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Balmex</li> <li>• Desitin</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Diapers, diaper service          | Ineligible       | Not for routine care of a healthy newborn.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Diapers, diaper service (cont.)  | Potentially      | <p>To relieve or ameliorate the effect of a particular illness or disease on you, your disabled child or a dependent, who would not need this product if it weren't for the medical condition.</p> <p><b>Required documents: letter of medical necessity</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Diarrhea medicine                | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Imodium</li> <li>• Kaopectate</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Diet drugs                       | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Dexatrim</li> <li>• Alli</li> </ul> <p><b>Required documents: prescription (if incurred before 2020) and letter of medical necessity</b></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Diet drugs, prescription         | Potentially      | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Diet foods                       | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Diet programs                    | Potentially      | <p>Reimbursement for diet programs varies extensively depending on the nature of the program. Each program is evaluated independently. Your physician will need to provide the specific condition that the diet program is treating (such as obesity or heart disease). Components of the diet program also will be reviewed.</p> <ul style="list-style-type: none"> <li>• Enrollment costs may be reimbursable after the conclusion of the program.</li> <li>• Food, drugs, vitamins and supplements associated with the diet program will be addressed independently. Please see <a href="#">food</a>, <a href="#">diet drugs</a>, <a href="#">dietary supplements</a> and <a href="#">vitamins</a> for additional information.</li> </ul> <p>An itemized listing of all services rendered will be required prior to reimbursement.</p> <p><b>Required documents: letter of medical necessity and itemized third-party statement including all covered services</b></p> |

| TREATMENT                      | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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| Dietary supplements            | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Ensure</li> <li>• Glucerna</li> <li>• Power drinks</li> <li>• Protein bars</li> </ul> <p>Meal replacements are not eligible. Dietary supplements must be necessary to treat a specific medical condition.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                               |
| DNA collection and storage     | Potentially      | <p>This service generally will not qualify. Temporary storage (under 12 months) may be eligible if DNA collection is included in the diagnosis, treatment or prevention of an existing or imminent medical condition.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                     |
| Doctor fees                    | Eligible         | <p>In addition to all expenses for care not reimbursed by any other source, eligible expenses include fees for:</p> <ul style="list-style-type: none"> <li>• Out-of-network providers</li> <li>• Charges by your physician for letters of medical necessity to schools, etc.</li> <li>• Physician tele-advice, including email communication</li> </ul>                                                                                                                                                                                     |
| Doula                          | Potentially      | <p>If the doula is a licensed healthcare professional who renders medical care, his or her fees can be reimbursed. Typically doulas do not provide medical care. In order for doula services to be considered for reimbursement, a licensed medical provider, such as the patient's OB/GYN, must provide a statement detailing that a medical service was provided by the doula.</p> <p><b>Required documents:</b> <b>Itemized third-party statement including all covered services and</b> <a href="#">letter of medical necessity</a></p> |
| Driving lessons                | Potentially      | <p>Will qualify if used by a handicapped individual learning to use special vehicle equipment.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                            |
| Drug addiction, treatment of   | Eligible         | <p>Eligible expenses include:</p> <ul style="list-style-type: none"> <li>• Inpatient treatment, including meals and lodging provided by a licensed addiction center</li> <li>• Outpatient care</li> <li>• Transportation expenses associated with attending outpatient meetings, including Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) groups, if attending on a doctor's advice</li> </ul>                                                                                                                                       |
| Drug overdose treatment        | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Drug testing kits for home use | Ineligible       | <p>A drug testing kit for at-home use may potentially qualify as a diagnostic device if the kit is necessary for the treatment of a medical condition (such as addiction) and would require a <a href="#">letter of medical necessity</a>.</p>                                                                                                                                                                                                                                                                                              |
| Drugs and medicines            | Over-the-counter | <p>Please see <a href="#">prescription drugs</a> and over-the-counter medicines and drugs.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                              |

| TREATMENT                      | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Durable medical equipment      | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Continuous positive airway pressure (CPAP) device</li> <li>• Walker</li> <li>• Wheelchair</li> </ul>                                                                                                                                                                                                                                                                                                                                                                 |
| Dyslexia Treatment             | Potentially      | <p>Includes treatment or a program.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Ear care, solutions            | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Murine Ear Wax Removal System</li> <li>• Swim-Ear drops</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                          |
| Ear molds                      | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ear piercing                   | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Ear plugs                      | Potentially      | <p>Must be prescribed to treat a specific medical condition, such as the presence of middle or inner ear tubes.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                      |
| Eczema treatments              | Potentially      | <p>Expenses associated with preventative care are not eligible.</p> <p><b>Required documents:</b> <a href="#">prescription</a></p>                                                                                                                                                                                                                                                                                                                                                                                                     |
| Education                      | Potentially      | <p>Payments made to a special school for a mentally impaired or physically disabled person qualify as reimbursable if the main reason for using the school is its resources for relieving the disability. This includes braille lessons for a visually impaired person, lip reading for a hearing-impaired person and remedial language training to correct a condition caused by a birth defect.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">itemized third-party statement</a></p> |
| Egg donor fees                 | Potentially      | <p>Reimbursement is available if preformed on you, your spouse or your dependent and include:</p> <ul style="list-style-type: none"> <li>• Agency fees</li> <li>• Egg donor's medical and psychological testing</li> <li>• Legal fees for preparation of the egg donor contract</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                               |
| Eggs and embryos, storage fees | Potentially      | <p>The intent is for immediate conception or for temporary storage (used within a year). Storage fees for an undefined future conception may be excluded.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                            |
| Electrolysis                   | Ineligible       | <p>Please see <a href="#">cosmetic procedures</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Electrolyte replacements       | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Pedialyte</li> </ul> <p>Please see <a href="#">over-the-counter supplies</a> for additional information.</p>                                                                                                                                                                                                                                                                                                                                                         |

| TREATMENT                            | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                               |
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| Elevator                             | Potentially      | Please see <a href="#">capital expenses</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a>                                                                                                                                                  |
| Epsom salts                          | Over-the-counter | <b>Required documents:</b> <a href="#">prescription</a>                                                                                                                                                                                                                                                          |
| Exercise equipment                   | Potentially      | May be eligible for reimbursement if prescribed by a physician to treat a medical condition (such as obesity or heart disease) and the purchase would not have been made if it weren't for the medical condition.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                  |
| Exercise programs                    | Potentially      | Please see <a href="#">fitness programs</a> , <a href="#">weight loss programs</a> and <a href="#">gym membership</a> . Only those amounts paid for the participant with the medical necessity will be eligible for reimbursement.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a> |
| Expectorants                         | Over-the-counter | Examples include:<br><ul style="list-style-type: none"> <li>• Mucinex</li> <li>• Triaminic</li> <li>• Robitussin</li> <li>• Comtrex</li> </ul><br><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a>                                                                              |
| Eye care                             | Over-the-counter | Examples include:<br><ul style="list-style-type: none"> <li>• Eye patches</li> </ul><br>Please see <a href="#">over-the-counter supplies</a> for additional information.                                                                                                                                         |
| Eye drops                            | Over-the-counter | Examples include:<br><ul style="list-style-type: none"> <li>• Murine</li> <li>• Opcon</li> <li>• Patanol</li> <li>• Visine</li> </ul><br><b>Required documents:</b> <a href="#">prescription</a>                                                                                                                 |
| Eyewear, corrective                  | Eligible         | Examples include:<br><ul style="list-style-type: none"> <li>• Prescription sunglasses</li> <li>• Reading glasses</li> </ul> Excludes:<br><ul style="list-style-type: none"> <li>• Frames without lenses</li> </ul>                                                                                               |
| Eyewear, medical supplies and repair | Eligible         | Examples include:<br><ul style="list-style-type: none"> <li>• Lens-cleaning supplies</li> <li>• Contact solution</li> <li>• Eyeglass repair</li> </ul>                                                                                                                                                           |
| Eyewear, noncorrective               | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                           |

| TREATMENT                                       | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>Eyewear, nonmedical supplies</b>             | Ineligible       | Examples include: <ul style="list-style-type: none"> <li>• Protection plans</li> <li>• Warranties</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Face creams</b>                              | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Face lifts</b>                               | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Face masks</b>                               | Potentially      | May be eligible if used to prevent airborne diseases.<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Feminine hygiene products</b>                | Potentially      | Feminine hygiene products used post-surgery or after childbirth may be reimbursed.<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Fertility monitoring and testing devices</b> | Eligible         | Includes ovulation predictor kits and pregnancy tests.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Fertility treatments</b>                     | Potentially      | To the extent that the procedure is used to overcome an inability to have children. Potentially eligible medical expenses include but are not limited to: <ul style="list-style-type: none"> <li>• Artificial insemination (intracervical, intrauterine, intravaginal)</li> <li>• Embryo replacement and storage</li> <li>• Embryo transfer</li> <li>• Fertility exams</li> <li>• FSH injections</li> <li>• Gamete intrafallopian transfer</li> <li>• In vitro/in vivo fertilization</li> <li>• Mucinex</li> <li>• Sperm implants</li> <li>• Sperm washing</li> <li>• Reverse vasectomy</li> </ul> <b>Required documents: letter of medical necessity</b> |
| <b>Fever-reducing medications</b>               | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Aspirin</li> <li>• Motrin</li> <li>• Tylenol</li> </ul> <b>Required documents: prescription (if incurred before 2020)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Fiber supplements</b>                        | Potentially      | Examples include: <ul style="list-style-type: none"> <li>• Metamucil</li> <li>• Citrucel</li> <li>• Benefiber</li> </ul> <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Finance charges</b>                          | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>First-aid cream</b>                          | Over-the-counter | <b>Required documents: prescription (if incurred before 2020)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| TREATMENT                               | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| <b>First-aid kit and supplies</b>       | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Antiseptics</li> <li>• Bandages</li> <li>• Cold and hot packs</li> <li>• Joint supports</li> <li>• Liquid bandages</li> <li>• Peroxide</li> <li>• Rubbing alcohol</li> <li>• Splints</li> </ul> <p>Because of <a href="#">stockpiling</a> concerns, only one first-aid kit is reimbursable per plan year.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Fish oil and omega-3 supplements</b> | Potentially      | <p>Please see <a href="#">dietary supplements</a>.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Fitness programs</b>                 | Potentially      | <p>Fees paid for a fitness program may be an eligible expense if prescribed by a physician and substantiated with a statement that treatment is necessary to alleviate a medical problem. A fitness program will not be reimbursed if it is being used for general health. Monthly payments will not be eligible for reimbursement until the end of the month. Enrollment fees will not be eligible for reimbursement until the completion of the fitness treatment. Only the amounts paid for the participant suffering from a medical condition will be reimbursed (i.e., if a family program is purchased and only one member of the family requires the fitness program, only the amounts paid for the family member requiring the program will be reimbursed).</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |
| <b>Flu remedies, homeopathic</b>        | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Oscillocoquinum</li> <li>• Sambucol</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Flu shots</b>                        | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Fluoride rinse, pills, gels</b>      | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Act</li> <li>• Colgate Phos-Flur</li> </ul> <p>Will not qualify if used to maintain general health or for other personal reasons. Must be prescribed, even if available over-the-counter.</p> <p><b>Required documents:</b> <a href="#">prescription</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Food</b>                             | Potentially      | <p>Food may be eligible if prescribed by a medical practitioner to treat a specific illness or ailment and if the food does not substitute for normal nutritional requirements. However, the amount that may qualify for reimbursement is limited to the amount by which the cost of the special food exceeds the cost of commonly available versions of the same product.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Gluten-free foods for people with celiac disease</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a></p>                                                                                                                                                                                                                        |

| TREATMENT                                   | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                         |
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| Foot care                                   | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Arch and insole supports</li> <li>• Bunion, blister and corn treatments</li> <li>• Callus removers</li> </ul>                                                                                                                                            |
| Foreign countries, medical care received in | Eligible         | <p>Expenses incurred in other countries must meet the same requirements as would apply in the U.S. Procedures or treatments received abroad must be legal in the U.S.</p> <p><b>Required documents: foreign currency exchange rate on date of service</b></p>                                                              |
| Founder's fee                               | Ineligible       |                                                                                                                                                                                                                                                                                                                            |
| Funeral expenses                            | Ineligible       |                                                                                                                                                                                                                                                                                                                            |
| Gambling addiction, treatment of            | Potentially      | <p>Pathological gambling is considered a mental illness, a letter of medical necessity confirming the diagnosis will be requested.</p> <p><b>Required documents: letter of medical necessity</b></p>                                                                                                                       |
| Gauze pads                                  | Eligible         | Please see <a href="#">over-the-counter supplies</a> .                                                                                                                                                                                                                                                                     |
| Genetic testing and counseling              | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Diagnosis of a medical condition of the unborn fetus</li> <li>• Determination of any birth defects of the unborn fetus</li> </ul> <p>Excludes testing to determine the sex of a fetus.</p> <p><b>Required documents: letter of medical necessity</b></p> |
| Gloves                                      | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Cara</li> <li>• Playtex</li> <li>• Safe skin</li> <li>• Kimberly-Clark</li> </ul> <p><b>Required documents: letter of medical necessity</b></p>                                                                                                          |
| Glucosamine                                 | Over-the-counter | <p>Please see <a href="#">anti-arthritis</a>.</p> <p><b>Required documents: prescription</b></p>                                                                                                                                                                                                                           |
| Groupon or Living Social coupon             | Eligible         | Discount coupons such as Groupon or Living Social for eligible expenses can be reimbursed. You must provide third-party substantiation that the Groupon or Living Social deal was purchased, the terms of the deal and documentation from the provider that includes the date of service and the amount charged.           |
| Guide dogs                                  | Eligible         | Please see <a href="#">service animals</a> for additional information.                                                                                                                                                                                                                                                     |



| TREATMENT                          | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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| Gym membership                     | Potentially      | <p>In very limited circumstances, fees paid for a gym membership may be an eligible expense if prescribed by a physician and substantiated by his or her statement that treatment is necessary to alleviate a medical problem. Monthly payments for the gym membership will not be reimbursed until the end of the month.</p> <p>Enrollment or initiation fees will not be eligible for reimbursement until the completion of the gym membership treatment. Only the amounts paid for the participant suffering from a medical condition will be reimbursed (i.e., if a family membership is purchased and only one member of the family requires the gym membership, only the amounts paid for the family member requiring the program will be reimbursed).</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |
| Hair colorants                     | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hair loss treatment                | Potentially      | <p>May be eligible when used to treat hair loss because of a specific medical condition.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Hair transplant                    | Ineligible       | Please see <a href="#">cosmetic procedures</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Hand lotion                        | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Hand sanitizer                     | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Germ-X</li> <li>• Nexcare</li> <li>• Purell</li> </ul> <p>Lotions, soaps or other personal items that merely contain sanitizing ingredients are not eligible for reimbursement.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Handicapped parking sticker or tag | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Headache medications               | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Advil</li> <li>• Aspirin</li> <li>• Tylenol</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Healing ointments                  | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Aquaphor</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Health club fees                   | Potentially      | <p>Only in very limited circumstances would fees paid to a health club qualify. Will be excluded if used for general health or well-being. Please see <a href="#">gym membership</a> for additional guidance.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Health institute fees              | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |

| TREATMENT                      | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                  |
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| Health screenings              | Eligible         | Please see <a href="#">preventive care screenings</a> .                                                                                                                                                                                                                                                                                                                                                                             |
| Hearing aids                   | Eligible         | Includes batteries for the devices, repairs and repair kits but excludes warranties or insurance.                                                                                                                                                                                                                                                                                                                                   |
| Heart-rate monitors            | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Hemorrhoidal treatments        | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Preparation H</li> <li>• Tronolane</li> </ul> <b>Required documents:</b> <a href="#">prescription</a>                                                                                                                                                                                                                                                                    |
| Herbal supplements             | Potentially      | Examples include: <ul style="list-style-type: none"> <li>• Echinacea</li> <li>• Ginkgo biloba</li> <li>• Milk thistle</li> <li>• Soy</li> <li>• St. John's Wort</li> <li>• Turmeric</li> <li>• Valerian</li> </ul> Only herbal supplements used to treat a medical condition will be eligible for reimbursement. Please see <a href="#">supplements</a> .<br><b>Required documents:</b> <a href="#">letter of medical necessity</a> |
| Home diagnostic kits and tests | Eligible         | Examples include: <ul style="list-style-type: none"> <li>• Cholesterol tests</li> <li>• Colorectal screenings</li> <li>• Diabetic equipment and supplies</li> <li>• HIV tests</li> </ul>                                                                                                                                                                                                                                            |
| Home healthcare                | Potentially      | Please see <a href="#">nursing care and services</a> .<br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                    |
| Home medical equipment         | Potentially      | The letter of medical necessity must state why the equipment needs to be in the home.<br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                     |
| Homeopathic care               | Eligible         | Homeopathic care rendered by a licensed healthcare professional who provides this care for the treatment of a specific illness or disorder for you, your spouse or a dependent can be reimbursed under a health FSA. Supporting documentation must show the care was prescribed and signed by the licensed medical provider, even if a different provider renders the homeopathic care.                                             |
| Homeopathic medicines          | Potentially      | Homeopathic medicines used for treatment of a specific illness or disorder may be reimbursed. Cannot be used for general health.<br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                          |
| Hormone replacement therapy    | Over-the-counter | Will qualify if used primarily for medical care (i.e., treatment of menopausal symptoms such as hot flashes). Must be prescribed, even if available over-the-counter.<br><b>Required documents:</b> <a href="#">prescription</a>                                                                                                                                                                                                    |

| TREATMENT                                            | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| <b>Hormone replacement therapy, prescription</b>     | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Hormone supplements</b>                           | Over-the-counter | Supplements used for the relief of perimenopausal or menopausal symptoms may be reimbursed.<br><br><b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Hospital services</b>                             | Eligible         | Expenses of inpatient care (including meals and lodging for the patient) at a hospital or similar institution will qualify if the principle reason for being there is to get medical care. The underlying expense must be an eligible expense.<br><br>Amounts paid for hospital services surrounding a cosmetic procedure will not be eligible for reimbursement.                                                                                                                                                                                                                                                                                |
| <b>Household help</b>                                | Ineligible       | Please see <a href="#">nursing care and services</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Human chorionic gonadotropin (hCG) drops</b>      | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Human chorionic gonadotropin (hCG) injections</b> | Potentially      | The cost of hCG may be reimbursed only when used to treat a medical condition related to infertility.<br><br><b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Humidifiers</b>                                   | Potentially      | Please see <a href="#">allergy products and mitigation and capital expenses</a> .<br><br><b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Hydrotherapy</b>                                  | Potentially      | <b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Hypnobabies home study course</b>                 | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>HypnoBirthing</b>                                 | Potentially      | <b>Required documents: <a href="#">letter of medical necessity</a></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Hypnosis</b>                                      | Potentially      | Reimbursement may be available if performed by a professional to treat a medical condition. Expenses incurred for hypnosis to assist with general stress relief, personal enjoyment or other personal purposes will not be eligible for reimbursement. Advanced payments are not eligible for reimbursement until the service has been provided. To receive reimbursement for a program that requires prepayment, please submit documentation showing continuity of payments and participation.<br><br>Eligible examples include:<br>• Smoking cessation treatment<br><br><b>Required documents: <a href="#">letter of medical necessity</a></b> |

| TREATMENT                               | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>Immunizations</b>                    | Eligible         | Common immunizations and vaccinations for adults and children are eligible, including: <ul style="list-style-type: none"> <li>• Hepatitis A</li> <li>• Hepatitis B</li> <li>• HPV (Gardasil)</li> <li>• Influenza</li> <li>• Measles-mumps-rubella (MMR) booster</li> <li>• Pneumococcal vaccine (PPSV)</li> <li>• Polio (IVR)</li> <li>• Tdap booster</li> <li>• Varivax (chicken pox)</li> <li>• Zostavax (shingles)</li> </ul> |
| <b>In vitro fertilization</b>           | Potentially      | Please see <a href="#">fertility treatments</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                   |
| <b>Inclinator</b>                       | Potentially      | Please see <a href="#">capital expenses</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                       |
| <b>Incontinence products</b>            | Potentially      | Incontinence products used for a diagnosed medical condition may be reimbursed.<br><br>Examples include: <ul style="list-style-type: none"> <li>• Attends</li> <li>• Poise</li> </ul> <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                      |
| <b>Infertility treatments</b>           | Potentially      | Please see <a href="#">fertility treatments</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                   |
| <b>Insect bite creams and ointments</b> | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Benadryl</li> <li>• Cortaid</li> </ul> <b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a>                                                                                                                                                                                                                                               |
| <b>Insect repellent</b>                 | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Cutter</li> <li>• OFF!</li> </ul> <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                               |
| <b>Insulin</b>                          | Eligible         | Includes necessary equipment.                                                                                                                                                                                                                                                                                                                                                                                                     |

| TREATMENT                       | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
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| Insurance premiums              | Ineligible       | <p>Under IRS rules, insurance premiums cannot be reimbursed under a health FSA. However, under a qualifying HRA (for example, QSEHRA's or Retiree-Only HRA's), the following insurance premiums are considered eligible for reimbursement:</p> <ul style="list-style-type: none"> <li>• Traditional Health Insurance premiums; which include Dental, Vision, and COBRA premiums</li> <li>• Qualified Long-Term Care Insurance premiums</li> </ul> <p>Per IRS rules, insurance premiums for employer-sponsored Group Health Plans paid on a pre-tax basis under an employer's Cafeteria Plan, LTD insurance, Hospital indemnity insurance, and fixed-indemnity insurance premiums cannot be reimbursed under a HRA.</p> |
| Inversion therapy               | Potentially      | <p>Examples include an inversion table.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Invisalign (invisible braces)   | Eligible         | <p><b>Required documents:</b> <a href="#">orthodontia contract</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Jock-itch treatment             | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Tinactin</li> <li>• Micatin</li> <li>• Lotrimin</li> <li>• Lamisil AF</li> <li>• Cruex</li> <li>• Store brands</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Lab fees                        | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Lactation consultant            | Eligible         | <p>Please see <a href="#">breast pumps and lactation supplies</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Lactose intolerance supplements | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• DairyCare</li> <li>• Digestive Advantage</li> <li>• Lactaid</li> </ul> <p>Please see <a href="#">dietary supplements</a> for additional guidance.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Lamaze classes                  | Eligible         | <p>Please see <a href="#">birthing classes</a>.</p> <p><b>Required documents:</b> <a href="#">Itemized third-party statement including all covered topics</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Language training               | Potentially      | <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Laser eye surgery               | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Lasik</li> </ul> <p>Please see <a href="#">vision care</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Laser hair removal              | Ineligible       | <p>Please see <a href="#">cosmetic procedures</a>.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

| TREATMENT                       | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| <b>Laser therapy</b>            | Potentially      | <p>Laser therapy may be potentially eligible when used to treat the following medical conditions:</p> <ul style="list-style-type: none"> <li>• Acne</li> <li>• Jaundice</li> <li>• Mood disorders</li> <li>• Pain management</li> <li>• Psoriasis</li> <li>• Sinus-related disorders</li> <li>• Sleep disorders</li> <li>• Wound healing</li> </ul> <p>This is not a comprehensive list of medical conditions that may be treated with laser therapy.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                 |
| <b>Latex gloves</b>             | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Latisse</b>                  | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Laxatives</b>                | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Dulcolax</li> <li>• Ex-lax</li> <li>• Kaopectate</li> <li>• MiraLAX</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Lead-based paint removal</b> | Potentially      | <p>Reimbursement is limited to removing lead-based paint from surfaces in the participant’s home to prevent a child who has (or has had) lead poisoning from eating the paint. Covering the affected surfaces is considered <a href="#">capital expenses</a> and will require an appraisal of the home value. The replacement paint is excluded from reimbursement.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                   |
| <b>Learning disabilities</b>    | Potentially      | <p>The portion of tuition or tutoring fees covering services rendered specifically for your child’s severe learning disabilities caused by mental or physical impairments (such as nervous system disorders or closed head injuries) and paid to a special school or specially trained teacher may be reimbursed under a health FSA if prescribed by a physician.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Remedial reading for your child or dependent with dyslexia</li> <li>• Testing to diagnose disabilities</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |

| TREATMENT                                 | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| Legal fees                                | Potentially      | <p>Reimbursement only available if the fees have a direct or proximate relationship to medical care.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Legal fees paid to authorize treatment for mental illness</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                      |
| Leisure trips                             | Ineligible       | Will not be eligible for reimbursement even if prescribed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Levitra                                   | Potentially      | <p>If purchased through a pharmacy, we do not need to see a prescription.</p> <p><b>Required documents:</b> <a href="#">prescription</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Lice treatment                            | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Nix</li> <li>• Rid</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Lifeline and other medical alert services | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Lifetime care                             | Ineligible       | Fees or advance payments made to a retirement home or continuing care facility are not eligible expenses.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Lip products, medicated                   | Over-the-counter | <p>Medicated lip products that are used to treat severely dry, chapped lips or cold sores are eligible for reimbursement from your health FSA.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Blistex Medicated Lip Ointment</li> <li>• Carmex Medicated Lip Balm</li> <li>• Neosporin lip treatment</li> </ul> <p>Nonmedicated lip products with moisturizers are not eligible.</p> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                               |
| Liquid adhesive for small cuts            | Eligible         | Please see <a href="#">over-the-counter supplies</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Lodging                                   | Potentially      | <p>Up to \$50 per night per person is potentially eligible if the following conditions are met:</p> <ul style="list-style-type: none"> <li>• The lodging is primarily for and essential to medical care.</li> <li>• The medical care is provided by a doctor in a licensed hospital or medical care facility related to or equivalent to a licensed hospital.</li> <li>• The lodging is not lavish or extravagant.</li> <li>• There is no significant element of personal pleasure or leisure in the travel.</li> <li>• Expenses for food and beverages are not eligible.</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |

| TREATMENT                                                                   | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <b>Lodging, for companion</b>                                               | Potentially      | <p>Your companion’s lodging can be reimbursed if he or she is accompanying you or your eligible dependents for medical reasons and the lodging meets the criteria listed above. Meals are not eligible for reimbursement.</p> <p>Example includes:</p> <ul style="list-style-type: none"> <li>• The lodging for a parent traveling with a sick child; up to \$100 may qualify (\$50 per person)</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |
| <b>Lodging, special</b>                                                     | Potentially      | <p>The cost of a special home or step-down facility for your mentally handicapped dependent, recommended by a psychiatrist to help your dependent adjust after inpatient mental healthcare to community living, can be reimbursed.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                     |
| <b>Long-term care insurance premiums</b>                                    | Ineligible       | <p>Under IRS rules, insurance premiums cannot be reimbursed under a health FSA.</p> <p>Under a qualifying HRA (QSHRA or Retiree-Only HRA), Long-Term Care insurance premiums can be eligible for reimbursement.</p> <p>See Also: <a href="#">Insurance Premiums</a></p>                                                                                                                                                                                                                  |
| <b>Long-term care services</b>                                              | Ineligible       | Refer to Section 106(c) of the IRS Code for more information.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Lubricants</b>                                                           | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• K-Y</li> <li>• Lubrin</li> <li>• Replens</li> <li>• Vagisil</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                   |
| <b>Makeup</b>                                                               | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Male pattern baldness, treatment of</b>                                  | Potentially      | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Propecia</li> <li>• Rogaine</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                   |
| <b>Marijuana or other controlled substances in violation of federal law</b> | Ineligible       | Please see <a href="#">controlled substances</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Masks, disposable</b>                                                    | Over-the-counter | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                   |



| TREATMENT                                         | ELIGIBILITY | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
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| Massage therapy                                   | Potentially | <p>Includes reiki, rolfing and rubdowns. Excludes services for general health or well-being, such as stress reduction.</p> <p>Membership programs, such as those available at Massage Envy Spa, will only be eligible for reimbursement upon the completion of a massage, and only the amounts paid for that massage will be considered. Documentation must include date of service and amount for the session.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                     |
| Mastectomy-related special bras                   | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Maternity aids                                    | Eligible    | Please see <a href="#">pregnancy aids</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Maternity clothes                                 | Ineligible  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Meal substitutes                                  | Ineligible  | Includes protein bars and shakes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Meals                                             | Ineligible  | <p>Meals do not qualify if used to meet regular nutritional requirements. Replacements associated with weight-loss programs will typically not apply because they meet normal nutritional needs.</p>                                                                                                                                                                                                                                                                                                                                                                                  |
| Meals (cont.)                                     | Potentially | <p>Reimbursement for meals to treat a medical condition may qualify to the extent of the cost exceeding the cost of a nonspecialized meal.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a></p>                                                                                                                                                                                                                                                                                                                      |
| Medical alert bracelet, necklace or USB data card | Eligible    | Watches with medical alert identifications are not eligible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Medical conference                                | Potentially | <p>Includes expenses for admission and transportation to a medical conference, if it relates to a chronic disease suffered by you, your spouse or your dependent and if the conference is primarily for and essential to the person in need of medical care. Reimbursement also includes transportation expenses to the city where the conference is held, plus local transportation to the conference. Most of the time at the conference must be spent attending sessions on medical information.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |
| Medical information                               | Eligible    | Amounts paid to a plan that maintains electronic medical information for you, your spouse or dependents are eligible for reimbursement under a health FSA.                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Medical records                                   | Eligible    | Costs associated with copying or transferring medical records to a new provider are eligible for reimbursement.                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Medical savings accounts                          | Ineligible  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Medical services                                  | Eligible    | Expenses for medical services prescribed by physicians or other healthcare providers acting within their scope of licensure can be reimbursed under a health FSA.                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Medical supplies                                  | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| TREATMENT                                | ELIGIBILITY                  | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
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| <b>Menstrual care products</b>           | Potentially/Over-the-counter | <p>Will qualify if expense was incurred after 2019. Such expenses generally will not be eligible for reimbursement if they were incurred before 2020.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>Tampons</li> <li>Liners</li> <li>Pads</li> <li>Sponges</li> </ul>                                                                                                                                                                                                                                                                                              |
| <b>Menstrual pain relievers</b>          | Over-the-counter             | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Midol</li> <li>• Pamprin</li> <li>• Premysyn PMS</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Mentally handicapped special home</b> | Potentially                  | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Midwife</b>                           | Eligible                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Migraine relief</b>                   | Over-the-counter             | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Advil Migraine</li> <li>• Excedrin</li> <li>• Motrin Migraine</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                                                                      |
| <b>Mileage</b>                           | Eligible                     | <p>Only mileage corresponding to services rendered for eligible medical care expenses will be considered.</p> <p>For 2020 dates of service, the mileage rate is 17 cents per mile.</p> <p>For 2019 dates of service, the mileage rate is 20 cents per mile.</p> <p>If you are submitting only a mileage claim, you must include the provider's name and address, the date(s) of service, type of service and number of miles traveled.</p> <p>If you are submitting a mileage claim along with a corresponding medical claim, you only need to provide the number of miles traveled.</p> |
| <b>Mineral supplements</b>               | Potentially                  | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Calcium</li> <li>• Caltrate</li> <li>• Feosol</li> <li>• Ferrous sulfate</li> </ul> <p>Please see <a href="#">supplements</a> for additional guidance.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                               |
| <b>Missed appointment fees</b>           | Ineligible                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

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| <b>Moisturizers</b>              | Ineligible       |                                                                                                                                                                                                                      |
| <b>Motion sickness medicines</b> | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Bonine</li> <li>• Dramamine</li> <li>• Marzine</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p> |

| TREATMENT                        | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                            |
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| Mouth guard                      | Potentially      | Eligible if used to prevent teeth from grinding. This does not include mouth guards used for sports activities. Please see <a href="#">occlusal guards</a> or <a href="#">bite guard</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                      |
| Mouthwash                        | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                               |
| Nail polish                      | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                               |
| Nasal spray                      | Over-the-counter | Nasal sprays that are used to alleviate snoring or reduce nasal congestion are eligible for reimbursement from your health FSA with a prescription from your healthcare provider. Examples include:<br><ul style="list-style-type: none"> <li>• Afrin Nasal Spray</li> <li>• Dristan Nasal Spray</li> </ul> <b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a> |
| Nasal strips                     | Over-the-counter | Nasal strips or supplies that are used to alleviate snoring or reduce nasal congestion are eligible for reimbursement from your health FSA.<br><br>Examples include:<br><ul style="list-style-type: none"> <li>• Breathe Right</li> <li>• Snoreeze</li> </ul> <b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a>                                               |
| Naturopathic care                | Eligible         | Naturopathic care rendered by a licensed healthcare professional who provides this care for the treatment of a specific illness or disorder for you, your spouse or a dependent can be reimbursed under a health FSA.                                                                                                                                                                         |
| Nebulizers, inhaler, CPAP, BIPAP | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                               |
| Neti pot                         | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                               |
| Neuromuscular re-education       | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                        |
| Newborn nursing care             | Ineligible       | Nursing services for a normal, healthy newborn are not an eligible expense.                                                                                                                                                                                                                                                                                                                   |
| Nicotine gum or patches          | Over-the-counter | Examples include:<br><ul style="list-style-type: none"> <li>• NicoDerm</li> <li>• Nicorette</li> </ul> <b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a>                                                                                                                                                                                                      |
| Night guard                      | Potentially      | Eligible if used to prevent teeth from grinding. This does not include mouth guards used for sports activities. Please see <a href="#">occlusal guards</a> or <a href="#">bite guard</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                      |

| TREATMENT                        | ELIGIBILITY | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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| <b>Nursing care and services</b> | Potentially | <p>Nursing services are an eligible expense, whether provided in your home or another facility. The nurse need not be an R.N. or L.P.N., so long as the services rendered are of a kind generally performed by a nurse. These include services directly related to caring for and monitoring your, your spouse's or a dependent's condition, including:</p> <ul style="list-style-type: none"> <li>• Preparing and giving medication</li> <li>• Changing dressings and providing wound care</li> <li>• Monitoring vital signs</li> <li>• Assessing responses to prescribed treatments and documenting those assessments in written notes</li> </ul> <p>If the individual providing nursing services also provides household and personal services, only those charges related to actual nursing care are eligible expenses.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a> and an <b>itemized third-party statement including all covered services</b></p> |
| <b>Nursing home</b>              | Potentially | <p>Expenses for medical care in a nursing home for you, your spouse and your dependent(s), including meals and lodging, may be reimbursed if the main purpose of the stay is to receive medical care.</p> <p>If the primary reason for confinement is personal (i.e., you or your spouse or a dependent needs assistance with activities of daily living, safety issues, etc.), only the portion of the cost that is directly related to medical care or nursing services will be reimbursed.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Nutritional supplements</b>   | Potentially | <p>Dietary, nutritional and herbal supplements; vitamins; and natural medicines are not reimbursable if they are merely beneficial for general health. However, they may be reimbursable if recommended by a medical practitioner to treat a specific medical condition.</p> <p>To show that the nutritional supplement is for medical care, a note from a medical practitioner recommending the item to treat a specific condition is normally required.</p> <p>Example includes:</p> <ul style="list-style-type: none"> <li>• 18 mg of iron daily to treat anemia</li> </ul> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                              |
| <b>Nutritionist</b>              | Potentially | <p>Nutritional services related to the treatment and guidance of a specific diagnosis or medical condition can be reimbursed.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Obstetrical expenses</b>      | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Occlusal or bite guards</b>   | Eligible    | <p>Eligible if used to prevent teeth from grinding. This does not include mouth guards used for sports activities.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>Occupational therapy</b>      | Potentially | <p>Occupational Therapy will qualify if it treats or alleviates a medical condition.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

| TREATMENT                                  | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Optometrist                                | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Oral care                                  | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Anbesol</li> <li>• Biotene Dry Mouth</li> <li>• Orajel</li> <li>• Oral Balance</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p>                                                                                                                                                                                                                                                                                                                                              |
| Organ donors                               | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Orthodontia                                | Eligible         | <p>Unlike most expenses, orthodontia expenses are eligible for reimbursement when the contract is enacted. The contract must include:</p> <ul style="list-style-type: none"> <li>• Length of treatment</li> <li>• Total cost showing the initial amount and monthly payments</li> </ul> <p>If services were paid in full by cash, check or credit card, the entire amount may be reimbursed if allowed by the plan. If not, the total may be apportioned as the services are being provided during the treatment plan.</p> <p><b>Required documents: orthodontia contract</b></p> |
| Orthopedic shoes                           | Potentially      | <p>These will not qualify if used for personal or preventive reasons. If used to treat or alleviate a special medical condition, only the cost difference between the specialized shoe and a regular comparable shoe is reimbursable. Mass-produced shoes are not eligible.</p> <p><b>Required documents: letter of medical necessity and cost comparison</b></p>                                                                                                                                                                                                                 |
| Orthotic inserts                           | Eligible         | <p>Custom-made and over-the-counter inserts are eligible for reimbursement if used to treat injured or weakened body parts.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Osteopathy                                 | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Over-the-counter (OTC) medicines and drugs | Over-the-counter | <p>OTC medicines and drugs no longer require a prescription to be eligible for reimbursement under a health FSA, HRA, or HSA as of January 1, 2020. OTC medicines must have a prescription if the expense was incurred prior to 2020.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Advil</li> <li>• Tylenol</li> </ul> <p><b>Required documents: prescription (if incurred before 2020)</b></p>                                                                                                                                                          |
| Over-the-counter supplies                  | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Band-Aids</li> <li>• First-aid supplies</li> <li>• Menstrual care products</li> </ul> <p>Please review the guidance provided on <a href="#">stockpiling</a>.</p>                                                                                                                                                                                                                                                                                                                                                |
| Ovulation monitor                          | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Oxygen                                     | Eligible         | <p>Includes any necessary equipment.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

| TREATMENT                | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                         |
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| Pain relievers           | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Advil</li> <li>• Aleve</li> <li>• Aspercreme</li> <li>• Aspirin</li> <li>• Bengay</li> <li>• Ibuprofen</li> <li>• Icy Hot</li> <li>• Midol</li> <li>• Naprosyn</li> <li>• Pamprin</li> <li>• Tylenol</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p> |
| Parental fees            | Ineligible       | Fees or premiums paid to participate in a state-funded assistance program for the medical care of disabled dependents are not eligible for reimbursement from your health FSA.                                                                                                                                                                                             |
| Parking fees and tolls   | Eligible         | You must submit documentation of services rendered that correspond to the dates requested. Please see <a href="#">transportation</a> .                                                                                                                                                                                                                                     |
| Patterning exercises     | Potentially      | <p>While these exercises are often done by family members, the cost to hire someone to perform patterning exercises is an eligible expense.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                              |
| Penile implants          | Potentially      | <p>Amounts paid for implants may be eligible if the diagnosis of impotence is due to organic causes, such as diabetes, post-prostatectomy complications or spinal cord injury.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                           |
| Perfume                  | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                            |
| Permanent contact lenses | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Corneal ring segments</li> <li>• Intacs</li> </ul>                                                                                                                                                                                                                                                       |
| Permanent waves          | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                            |
| Personal items           | Ineligible       | Items that are used for personal grooming and not to treat a specific medical condition are not eligible for reimbursement.                                                                                                                                                                                                                                                |
| Personal trainer fees    | Potentially      | <p>Will qualify to the extent that a medical practitioner has prescribed a supervised exercise regimen to treat a disease or injury. The expense will only be considered if the regimen was incurred after the diagnosis and would not have been incurred had it not been prescribed.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>    |
| Petroleum jelly          | Over-the-counter | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                     |

| TREATMENT                                        | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                         |
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| Physical therapy                                 | Eligible         | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Neurological therapy</li> <li>• Orthopedic therapy</li> <li>• Rehabilitation</li> </ul>                                                                                                                                                                                                                                  |
| Physician fees, prepaid /Physician Retainer Fees | Ineligible       | <p>Prepaid physician fees that cover the cost of services such as exams, physicals, screenings, checkups and immunizations are not eligible for reimbursement. A common example is an annual prepaid fee to access the services of an on-staff physician.</p> <p>For additional guidance, please see <a href="#">boutique practice, concierge and prepaid physician retainer fees</a>.</p> |
| Pillows, lumbar support                          | Potentially      | <p>Pillows or cushions that provide lumbar support may be eligible for reimbursement if prescribed by a licensed healthcare provider to alleviate a specific medical condition.</p> <p><b>Required documents: <a href="#">letter of medical necessity and cost comparison</a></b></p>                                                                                                      |
| Post-mastectomy clothing                         | Eligible         | <p>Prosthetic bras and related clothing purchased after any surgical procedure related to breast cancer (lumpectomy, mastectomy, etc.) are eligible for expenses. Prosthetic bras and inserts are reimbursable at 100 percent. Tank tops or swimwear with built-in prosthetic bras are reimbursed up to 50 percent of the total cost, not to exceed \$75.</p>                              |
| Pregnancy aids                                   | Eligible         | <p>Items that relieve or reduce the discomfort of pregnancy may be reimbursed under a health FSA.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Maternity girdles</li> <li>• Elastic hosiery</li> <li>• Maternity support belts</li> </ul>                                                                                                                         |
| Pregnancy tests                                  | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                            |
| Prenatal vitamins                                | Over-the-counter | <p>If pregnant, prenatal vitamins are an eligible expense, and a letter of medical necessity will not be required for reimbursement.</p> <p>If taken when not pregnant, please see <a href="#">vitamins</a> for additional guidance.</p> <p><b>Required documents: <a href="#">letter of medical necessity</a></b></p>                                                                     |
| Prepayments                                      | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                            |
| Prescription drug discount program               | Ineligible       | <p>Fees paid to get access to drugs at a reduced cost are not eligible for reimbursement under a health FSA. Actual costs paid for prescription drugs are an eligible expense.</p>                                                                                                                                                                                                         |
| Prescription drugs                               | Eligible         | <p>Eligible expenses include deductibles, copayments or coinsurance, as well as the costs for prescription drugs that may not be covered under your health insurance.</p> <p>Please note, the prescription drug is considered incurred when the prescription is filled.</p>                                                                                                                |



| TREATMENT                                        | ELIGIBILITY | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Prescription drugs, obtained outside of the U.S. | Ineligible  | Importing prescription drugs from other countries generally will violate federal law. However, a drug or medicine may qualify for reimbursement if one of the following applies: <ul style="list-style-type: none"> <li>• It is purchased and consumed in the other country and is legal in both that country and the U.S.</li> <li>• The FDA announces that it can be legally imported by individuals</li> </ul>                                                                                                          |
| Preventive care screenings                       | Eligible    | If the tests are designed to assess symptoms of a medical diagnosis, they are eligible for reimbursement. Examples include clinical and home testing kits for blood pressure, glaucoma, cataracts, hearing, cholesterol, etc.                                                                                                                                                                                                                                                                                              |
| Private hospital room                            | Potentially | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Probiotics                                       | Potentially | Probiotic supplements are not reimbursable if they are merely taken for general health. However, they may be reimbursable if recommended by a medical practitioner to treat a specific medical condition. <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Culturelle</li> <li>• Flora-Q</li> <li>• Sustenex</li> </ul> <b>Required documents: letter of medical necessity</b>                                                                                                                            |
| Prolotherapy                                     | Eligible    | Prolotherapy or injection therapy for joint pain is eligible.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Prosthetics                                      | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Protein shakes                                   | Ineligible  | Please see <a href="#">meal substitutes</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Psychiatric services and care                    | Eligible    | Please see <a href="#">counseling</a> for additional guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Psychoanalysis                                   | Eligible    | Please see <a href="#">counseling</a> for additional guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Psychology sessions                              | Eligible    | Please see <a href="#">counseling</a> for additional guidance.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Pulse oximeter                                   | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Radial keratotomy                                | Eligible    | Please see <a href="#">laser eye surgery</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Radon mitigation                                 | Potentially | If a physician requires radon mitigation in your home because of a medical condition caused or aggravated by an unacceptable level of radon, some expenses may be eligible. However, if the home's value is increased because of the mitigation, some or all of the expenses may not be reimbursable. The cost of the test to determine if radon is present in the home is not eligible. Please see <a href="#">capital expense</a> for additional guidance. <p><b>Required documents: letter of medical necessity</b></p> |
| Reading glasses                                  | Eligible    | Please see <a href="#">eyewear, corrective</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Reflexology                                      | Potentially | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Rehydration solution                             | Eligible    | Examples include: <ul style="list-style-type: none"> <li>• Pedialyte</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                            |

| TREATMENT                      | ELIGIBILITY | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Rental cars                    | Eligible    | If used for travel to and from healthcare providers, hospitals and pharmacies.<br><br><b>Required documents: itemized receipts that coincide with service(s) rendered</b>                                                                                                                                                                                                                                                                                                                                                                                                        |
| Retin-A, prescription          | Potentially | If used for cosmetic purposes, the cost will not be eligible even if the treatment is prescribed. Please see <a href="#">acne treatment</a> .<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                      |
| Rubbing alcohol                | Eligible    | Must be used for first-aid purposes.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Safety glasses                 | Ineligible  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Sales tax                      | Eligible    | Please see <a href="#">taxes</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Scales                         | Ineligible  | Includes scales for food, drugs and weight.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Schools and education, special | Potentially | Payments made for a mentally impaired or physically disabled person to attend a special school will qualify if the principal reason for attending the school is to overcome or alleviate the disability.<br><br>Examples include:<br><ul style="list-style-type: none"> <li>• Braille lessons for visually impaired person</li> <li>• Lip reading for a person with a hearing disability</li> </ul> Excludes services for courses and disciplinary methods that have a beneficial effect on the person's attitude.<br><br><b>Required documents: letter of medical necessity</b> |
| Schools and education          | Potentially | Payments made to a school or program to treat an individual for behavioral, emotional or addictive conditions will qualify if a principal reason for attending the program is to receive medical care. Ordinary education must be an incidental component.<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                         |
| Scooters                       | Potentially | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Screening tests                | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Service animals                | Potentially | Expenses to train or procure any guide dog, signal dog or other animal individually trained to provide assistance to you, your spouse or a dependent with a disability can be reimbursed under a health FSA. Expenses such as food, medications, vet visits and dental care products needed for the care or maintenance of service animals are eligible expenses.<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                  |

| TREATMENT                        | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| Shampoo, medicated               | Potentially      | <p>May be eligible when used to treat a specific medical condition.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Denorex</li> <li>• DHS Tar Shampoo</li> <li>• Nizoral</li> </ul> <p>A letter of medical necessity from your physician must be signed by your healthcare practitioner. The letter must state your medical diagnosis, the name of the medicated shampoo and the length of time the shampoo is required.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |
| Shaving cream or lotion          | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Shipping and handling            | Eligible         | Shipping and handling charges for medical needs, such as mail-order prescriptions and eligible over-the-counter items.                                                                                                                                                                                                                                                                                                                                                                                                            |
| Shoes, specialized               | Potentially      | <p>Only amounts above the cost of the nonspecialized equivalent will be eligible for reimbursement.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity and cost comparison</a></p>                                                                                                                                                                                                                                                                                                                         |
| Shower chairs                    | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Sinus medications                | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Sinutab</li> <li>• Sudafed</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                                                                  |
| Sitz bath                        | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Skin moisturizers                | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Skin tag removal                 | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Sleep aids                       | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Nytol</li> <li>• Sominex</li> <li>• Tylenol PM</li> <li>• Unisom</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                            |
| Sleep deprivation, treatment for | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Smoking cessation medicines      | Over-the-counter | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Commit</li> <li>• NicoDerm CQ</li> <li>• Nicorette</li> <li>• Nicotrol</li> </ul> <p><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a></p>                                                                                                                                                                                                                                                                                      |

| TREATMENT                         | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Smoking cessation programs        | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Snoring-aid supplies              | Over-the-counter | Includes nasal strips.<br><br><b>Required documents: prescription (if incurred before 2020)</b>                                                                                                                                                                                                                                                                                                                                                                                                               |
| Soaps                             | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Special education and schools     | Potentially      | Please see <a href="#">learning disabilities</a> .<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                              |
| Special foods                     | Potentially      | Special foods are reimbursable if prescribed by a physician to treat a special illness or ailment and used not merely as a substitute for normal nutritional requirements, but only to the extent that the cost of the special food exceeds the cost of commonly available versions of the same product.<br><br>Example includes: <ul style="list-style-type: none"> <li>• Gluten-free items for people celiac disease.</li> </ul> <b>Required documents: letter of medical necessity and cost comparison</b> |
| Specialized equipment or services | Potentially      | Please see <a href="#">adaptive equipment</a> .<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                 |
| Speech therapy                    | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Sperm storage                     | Potentially      | Reimbursable if stored and used within one year. Storage fees for undefined future conception usually are not considered to be for medical care.<br><br><b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                |
| Spermicidal foam                  | Over-the-counter | <b>Required documents: prescription (if incurred before 2020)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| St. John's wort                   | Potentially      | <b>Required documents: letter of medical necessity</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Sterilization procedures          | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Sterilization reversal            | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Student health fee                | Potentially      | Fees for actual medical services received may qualify                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Substance abuse                   | Eligible         | Please see <a href="#">alcoholism, drug and substance abuse, treatment of</a> .                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Subway fare                       | Eligible         | Please see <a href="#">transportation</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Sunburn and other burn relief     | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Aloe vera</li> <li>• Solarcaine</li> </ul> <b>Required documents: prescription (if incurred before 2020)</b>                                                                                                                                                                                                                                                                                                                                       |

| TREATMENT                          | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Sunglasses                         | Potentially      | Please see <a href="#">eyewear, noncorrective</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Sunglasses, prescribed             | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Sun-protective clothing            | Potentially      | Clothing that offers at least 30+ UVA and UVB sun protection for individuals with melanoma or other skin cancer, systemic lupus erythematosus (SLE), acute cutaneous lupus (ACLE) or other significant dermatologic conditions may be eligible with a letter of medical necessity from your doctor. The clothing is reimbursed for the difference between normal apparel and this specially constructed clothing, up to 33 percent of the total cost. The receipt must show the purchase was from an accredited sun-protective company, such as Solumbra or Coolibar.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity and cost comparison</a> |
| Sunscreen                          | Eligible         | Sunscreen products with an SPF 15 or higher are eligible. Lotions or cosmetics that contain ingredients to protect you from the sun or that list an SPF are not eligible.<br><br>Please see <a href="#">over-the-counter supplies</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Suntan lotion without sunscreen    | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Supplements                        | Over-the-counter | Excludes use for general health. Examples include nutritional supplements, dietary supplements and vitamins.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Support braces                     | Eligible         | Examples include:<br>• Ace bandage wrap<br>• Tru-fit<br><br>Please see <a href="#">over-the-counter supplies</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Surgery                            | Eligible         | Cosmetic surgery will not be reimbursable from the health FSA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Swim and ski goggles, prescription | Eligible         | Only the amounts above the cost of a non-specialized version will be eligible for reimbursement.<br><br><b>Required documents:</b> <a href="#">cost comparison</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Swimming lessons                   | Potentially      | Please see <a href="#">dancing lessons</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Swimming pool maintenance          | Potentially      | If the swimming pool is used primarily for medical care by someone who has been diagnosed with a medical condition and a medical practitioner has substantiated that the pool is part of medical treatment, then the cost of maintaining the pool may qualify. Please see <a href="#">capital expenses</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                              |

| TREATMENT                                         | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                         |
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| Tanning salon or equipment                        | Ineligible       |                                                                                                                                                                                                                                                                                                            |
| Taxes                                             | Eligible         | Taxes on medical services and products may be reimbursed under a health FSA. This includes local, state, service and other taxes.                                                                                                                                                                          |
| Taxi fare                                         | Eligible         | Excludes any gratuities paid. Please see <a href="#">transportation</a> .                                                                                                                                                                                                                                  |
| Teeth whitening                                   | Ineligible       | Teeth whitening products or services to enhance the brightness of your teeth are cosmetic and cannot be reimbursed.                                                                                                                                                                                        |
| Teeth whitening (cont.)                           | Potentially      | Teeth whitening performed to restore function after an injury or trauma or to correct a congenital disease can be reimbursed. Usually only the teeth affected by the trauma or disease will be considered for reimbursement.<br><br><b>Required documents: <a href="#">letter of medical necessity</a></b> |
| Telephone for the hearing-impaired                | Eligible         | The cost difference associated with purchasing or repairing special telephone equipment versus a standard telephone for you, your spouse or a dependent with a hearing impairment is eligible for reimbursement under a health FSA.<br><br><b>Required documents: <a href="#">cost comparison</a></b>      |
| Television for the hearing-impaired               | Potentially      | Reimbursable only for amounts above a nonspecialized similar product.<br><br><b>Required documents: <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a></b>                                                                                                                    |
| Temporary continuation of coverage (TCC) premiums | Ineligible       | Under IRS rules, insurance premiums cannot be reimbursed under a health FSA.                                                                                                                                                                                                                               |
| Thermometers                                      | Eligible         |                                                                                                                                                                                                                                                                                                            |
| Throat lozenges                                   | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Cepacol</li> <li>• Chloraseptic</li> </ul> <b>Required documents: <a href="#">prescription (if incurred before 2020)</a></b>                                                                                                                    |
| Tips (gratuities)                                 | Ineligible       |                                                                                                                                                                                                                                                                                                            |
| Toilet-seat extenders                             | Eligible         |                                                                                                                                                                                                                                                                                                            |
| Toiletries                                        | Ineligible       |                                                                                                                                                                                                                                                                                                            |
| Toothache and teething pain relievers             | Over-the-counter | Examples include: <ul style="list-style-type: none"> <li>• Anbesol</li> <li>• Orajel</li> </ul> <b>Required documents: <a href="#">prescription (if incurred before 2020)</a></b>                                                                                                                          |
| Toothbrushes                                      | Ineligible       | Toothbrushes, including electric or battery-powered, are personal care items and not eligible for reimbursement.                                                                                                                                                                                           |

| TREATMENT                           | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>Toothpaste</b>                   | Potentially      | Generally will not qualify for reimbursement. However, special toothpaste that is recommended to treat a specific medical condition may qualify. Only the amounts above the cost of nonspecialized toothpaste will be eligible for reimbursement.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a> and <a href="#">cost comparison</a>                                                                                                                                                                                                                                                                                                                                                                               |
| <b>Topical products</b>             | Over-the-counter | Examples include:<br><ul style="list-style-type: none"> <li>• Bengay</li> <li>• Arth-RX</li> </ul><br><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <b>Train fare</b>                   | Eligible         | Please see <a href="#">transportation</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Transplants</b>                  | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Transportation</b>               | Potentially      | Reimbursements for the cost of a rental car, bus, taxi, train, airplane, ferry or ambulance transportation services are eligible if the transportation is essential to medical care. Parking fees and tolls also may qualify. The medical care or service received must be an eligible medical care expense. Please see <a href="#">mileage</a> for rates available for reimbursement.<br><br>The following will not be eligible for reimbursement:<br><ul style="list-style-type: none"> <li>• Transportation to and from work</li> <li>• Transportation for personal reasons</li> <li>• Transportation for general health, even if recommended</li> <li>• Operating a specially equipped car for reasons other than medical purposes</li> </ul> |
| <b>Treadmill</b>                    | Potentially      | Please see <a href="#">exercise equipment</a> for additional guidance.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b>Tricare premiums</b>             | Ineligible       | Under IRS rules, insurance premiums cannot be reimbursed under a health FSA.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Trips</b>                        | Ineligible       | Excursions taken for a change in environment, general health improvement, etc. (even those taken on the advice of your healthcare provider) are not an eligible expense.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Tuition expenses or fees</b>     | Potentially      | Please see <a href="#">learning disabilities</a> .<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>Ultrasound, prenatal</b>         | Eligible         | Will qualify if used as a diagnostic tool to determine health and development of an unborn child.<br><br><b>Required documents:</b> <a href="#">explanation of benefits</a> or <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Umbilical cord blood storage</b> | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Usual and customary charges</b>  | Eligible         | Medical expenses in excess of your plan's usual, customary and reasonable (UCR) charges may be reimbursed under a health FSA if the underlying expense is eligible.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

| TREATMENT                      | ELIGIBILITY      | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                         |
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| Uvuloplasty, uvulopalatoplasty | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                     |
| Vaccines                       | Eligible         | Please see <a href="#">immunizations</a> .                                                                                                                                                                                                                                                                                                                                                                                 |
| Varicose vein treatment        | Potentially      | This treatment will not qualify if the procedure is meant to improve appearance. The treatment may qualify if the procedure promotes the proper function of the body or prevents or treats an illness or disease.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                            |
| Vasectomy reversal             | Eligible         | Please see <a href="#">sterilization reversal</a> .                                                                                                                                                                                                                                                                                                                                                                        |
| Vasectomy                      | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Veneers                        | Ineligible       |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Veterinary fees                | Potentially      | These fees will qualify if incurred for the care of a guide dog or other animal used by a disabled person.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                   |
| Viagra                         | Eligible         | Must be prescribed.                                                                                                                                                                                                                                                                                                                                                                                                        |
| Vision care                    | Eligible         | Expenses such as eye exams, vision correction procedures, vision therapy and glasses or contact lenses are eligible.                                                                                                                                                                                                                                                                                                       |
| Vision discount programs       | Ineligible       | Fees paid to gain access to a vision network or reduced fee structure are not an eligible expense under a health FSA.                                                                                                                                                                                                                                                                                                      |
| Vitamin B-12 injections        | Potentially      | <b>Required documents:</b> <a href="#">letter of medical necessity</a>                                                                                                                                                                                                                                                                                                                                                     |
| Vitamins                       | Potentially      | Vitamins; natural medicines; and dietary, nutritional and herbal supplements are not reimbursable if they are merely taken for general health. However, they may be eligible if recommended by a medical practitioner to treat a specific medical condition. Please see <a href="#">prenatal vitamins</a> for guidance on prenatal vitamins.<br><br><b>Required documents:</b> <a href="#">letter of medical necessity</a> |
| Walkers                        | Eligible         |                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Warranties                     | Ineligible       | Warranties that cover the replacement of items such as eyeglasses, hearing aids or adaptive equipment are not eligible for reimbursement.                                                                                                                                                                                                                                                                                  |
| Wart removal                   | Over-the-counter | Examples include:<br><ul style="list-style-type: none"> <li>• Compound W</li> <li>• Dr. Scholl's Clear Away</li> <li>• Wart-Off</li> </ul><br><b>Required documents:</b> <a href="#">prescription (if incurred before 2020)</a>                                                                                                                                                                                            |
| Weight-loss drugs              | Over-the-counter | Over-the-counter drugs, such as Alli, are only potentially eligible.<br><br><b>Required documents:</b> <a href="#">prescription</a>                                                                                                                                                                                                                                                                                        |



| TREATMENT                                 | ELIGIBILITY | NOTES AND EXAMPLES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Weight-loss procedures and surgery</b> | Eligible    | <p>Examples include:</p> <ul style="list-style-type: none"> <li>• Bariatric surgery</li> <li>• Gastric bypass</li> <li>• Lap band surgery</li> </ul> <p>Excludes services for general health, improving one's appearance or overall well-being.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                   |
| <b>Weight-loss programs</b>               | Potentially | <p>Weight-loss programs will be eligible for reimbursement if recommended by a physician to treat a specific medical condition. Each component of the weight loss program is evaluated independently. Food is not eligible, even if it is part of the weight-loss program. Additional supplements will need to be addressed in the letter of medical necessity to be considered for reimbursement. Drugs and medicine will need to be prescribed separately. Please see <a href="#">food</a>, <a href="#">supplements</a> and <a href="#">diet drugs</a> for additional guidance.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p> |
| <b>Wheelchairs</b>                        | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Whirlpool baths</b>                    | Potentially | Please see <a href="#">capital expenses</a> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Wig</b>                                | Potentially | <p>The full cost of a wig purchased because the patient has lost all of his or her hair from disease or treatment is eligible.</p> <p><b>Required documents:</b> <a href="#">letter of medical necessity</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>X-ray fees</b>                         | Eligible    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |