

Flexible Spending Accounts

List of Eligible Medical Expenses

Standard FSA

01 - Rx (prescription)	Yes
02 - Co-payment (medical)	Yes
03 - Office visit (medical)	Yes
04 - Dental	Yes
05 - Over-the-counter (eligible)	Yes
06 - Vision	Yes
07 - Psych / therapy	Yes
08 - Chiropractic care	Yes
09 - Lab (medical)	Yes
10 - Orthodontia	Yes
11 - Hospital fees	Yes
12 - X-ray (medical)	Yes
13 - Over-the-counter vision products	Yes
Acne treatments (over-the-counter)	Yes
Acupuncture	Yes
Adoption (medical expenses related to)	Yes
Adoption fees	No
Alcoholism treatment	Yes
Allergy & sinus medicine and products (over-the-counter)	Yes
Allergy medication	Yes
Allergy treatments and products	Yes
Alternative dietary supplements (for treatment of a medical condition)	Maybe
Alternative drugs, medicines and treatment products (for treatment of a medical condition)	Maybe

Alternative healers (for treatment of a medical condition)	Maybe
Ambulance and emergency health services	Yes
Anesthesia (for non-cosmetic purposes)	Yes
Antacid (over-the-counter)	Yes
Antibiotic ointment (over-the-counter)	Yes
Aspirin or other pain reliever (over-the-counter)	Yes
Asthma medicines or treatments (over-the-counter)	Yes
Athletic treatments / braces	Yes
Bandages and related items (over-the-counter)	Yes
Birth control (over-the-counter)	Yes
Birth control (prescription or other)	Yes
Blood pressure monitor	Yes
Body scans	Yes
Braille books and magazines (difference in cost only)	Maybe
Breastfeeding classes	No
Breast pump (to compensate for a medical condition)	Maybe
Breast reconstruction surgery (following mastectomy)	Maybe
COBRA premiums (dental)	No
COBRA premiums (medical)	No
COBRA premiums (other)	No
COBRA premiums (prescription)	No
COBRA premiums (vision)	No
Cancer insurance premiums	No
Canker & cold sore treatments (over-the-counter)	Yes
Car modifications (as required for a medical condition diagnosed by a	Maybe

licensed health care professional)	
Chest rubs (over-the-counter)	Yes
Child or newborn care instruction	No
Childbirth classes	Yes
Chiropractic office visit or treatment	Yes
Christian Science practitioners	Yes
Cholesterol test kits and supplies	Yes
Co-insurance (dental)	Yes
Co-insurance (medical)	Yes
Co-insurance (prescription)	Yes
Co-insurance (vision)	Yes
Co-payment (dental)	Yes
Co-payment (medical)	Yes
Co-payment (other)	Yes
Co-payment (vision)	Yes
Cold & flu medicine (over-the-counter)	Yes
Cold cream (over-the-counter)	No
Compression or anti-embolism socks, stockings or hose	Yes
Concierge medical fees (billed for actual services received)	Yes
Concierge medical fees (billed for future availability of services, with no services actually received)	No
Condoms and spermicides	Yes
Contact lenses, cleaning solutions, etc.	Yes
Contraceptives (prescription or over-the-counter)	Yes
Cord blood storage (for future treatment of a birth defect or known medical condition)	Maybe
Cord blood storage (for unidentified future use)	No
Corn and callus remover (over-the-	Yes

counter)	
Corneal keratotomy	Yes
Cosmetic procedures or surgery	No
Cough drops & sore throat lozenges (over-the-counter)	Yes
Cough syrup (over-the-counter)	Yes
Counseling (for treatment of a medical condition)	Yes
CPR classes (adult or child)	No
Crutches, canes, walkers or like equipment (purchase or rental)	Yes
Dancing lessons (for treatment of a medical condition)	Maybe
Deductible for dental plan	Yes
Deductible for medical plan	Yes
Deductible for prescription plan	Yes
Deductible for vision plan	Yes
Dental care (for non-cosmetic purposes, including sealants)	Yes
Dental co-insurance	Yes
Dental co-payment	Yes
Dental insurance premiums	No
Dental plan premiums	No
Dental products (for treatment of a dental condition and/or general health)	No
Dental reconstruction (including implants)	Yes
Dental veneers	Maybe
Dentures, bridges, etc.	Yes
Diabetic monitors, test kits, strips and supplies	Yes
Diagnostic services	Yes
Diaper rash ointments and creams	Yes
Diapers and diaper services	No
Dietary supplements (for treatment	Maybe

of a medical condition)	
Doula or birthing coach	No
Drug addiction treatment	Yes
Drugs (experimental or imported)	No
Drugs (prescription)	Yes
Dyslexia treatment	Yes
Ear drops & wax removal (over-the-counter)	Yes
Educational classes or tuition	No
Electrolysis	No
Emergency kits (over-the-counter)	No
Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed health care professional)	Maybe
Eye examinations	Yes
Eye related equipment/materials	Yes
Eye surgery or treatment to correct vision	Yes
Eyeglasses (over-the-counter)	Yes
Eyeglasses (prescription)	Yes
Face lifts	No
Feminine hygiene products	No
Fertility monitor (over-the-counter)	Yes
Fertility treatment (for employee, spouse or dependent)	Yes
Fertility treatment (for non-dependent surrogate)	No
First aid kits (over-the-counter)	Yes
Fitness programs (as treatment for a medical condition diagnosed by a licensed health care professional)	Maybe
Flu shots	Yes
Funeral expenses	No
Gastrointestinal medication (over-the-counter)	Yes

Guide dog (dog, training, care)	Yes
Hair regrowth products	No
Hair removal	No
Hair transplant	No
Hair treatments	No
Hand lotion (over-the-counter)	No
Health club dues (as treatment for a medical condition diagnosed by a licensed health care professional)	Maybe
Health insurance premiums	No
Health plan premiums	No
Health savings account (HSA) contributions	No
Hearing aids and batteries	Yes
Herbal or homeopathic medicines (over-the-counter)	No
Home improvements (as required for a medical condition diagnosed by a licensed health care professional)	Maybe
Hospital insurance premiums	No
Hospital services and fees	Yes
Household help	No
Humidifier, air filter and supplies	Maybe
Illegal operations or substances	No
Immunizations	Yes
Incontinence supplies	Yes
Individual dental insurance premiums	No
Individual dental plan premiums	No
Individual insurance premiums	No
Individual medical insurance premiums	No
Individual medical plan premiums	No
Individual plan premiums	No
Individual prescription insurance premiums	No

Individual prescription plan premiums	No
Individual vision insurance premiums	No
Individual vision plan premiums	No
Infertility treatment (for employee, spouse or dependent)	Yes
Insulin, testing materials and supplies	Yes
Insurance or health insurance premiums	No
Insurance or health plan premiums	No
Laboratory fees	Yes
Lactose intolerance (over-the-counter)	Yes
Lamaze classes	Yes
Laser eye surgery	Yes
Lasik	Yes
Late payment fees charged by health care provider	No
Laxatives (over-the-counter)	Yes
Learning disability treatments	Yes
Lice treatment (over-the-counter)	Yes
Listening therapy	Yes
Lodging (essential to receive medical care)	Maybe
Long term care premiums (up to IRS tax-free limit, see IRS Publication 502)	No
Long term care services	No
Long term disability insurance premiums	No
Magnetic therapy (over-the-counter)	No
Marriage counseling	No
Massage therapy (for treatment of a medical condition)	Maybe
Mastectomy-related special bras	Yes

Maternity clothes	No
Medical abortion	Yes
Medical co-insurance	Yes
Medical co-payment	Yes
Medical equipment (for treatment of medical condition) and repairs	Yes
Medical insurance premiums	No
Medical plan premiums	No
Medical literature, books, pamphlets or audio	No
Medical monitoring and testing devices	Yes
Medical records charges	Yes
Medical savings account (MSA) contributions	No
Medical supplies (for treatment of a medical condition)	Yes
Medicare alternative insurance or plan premiums	No
Medicare Part B insurance	No
Medicare Part B premiums	No
Medicare alternative insurance premiums (vs. Part A & Part B)	No
Medicare alternative plan premiums (vs. Part A & Part B)	No
Medicare supplement policy premiums	No
Medicines (over-the-counter)	Yes
Medicines (prescription)	Yes
Midwife	Yes
Mileage (for travel to / from eligible health care – \$.24 per documented mile for travel to/from eligible care effective 1/1/2009; \$.27 per documented mile for travel to/from eligible health care effective 7/1/2008 to 12/31/2008; \$.19 per documented mile for travel to/from eligible health care prior to 7/1/2008)	Yes

Modified equipment (difference in cost only)	Maybe
Monitors & test kits (over-the-counter)	Yes
Motion & nausea	Yes
Nasal sprays	Yes
Nasal strips (over-the-counter)	Yes
No show fees charged by health care provider	No
Non-prescription drugs and medicines (for non-cosmetic purposes)	Yes
Norplant insertion or removal	Yes
Nursing services (wages and taxes)	Yes
Nutritional supplements (for treatment of a medical condition)	Maybe
OB/GYN fees	Yes
Occlusal guards to prevent teeth grinding	Yes
Occupational therapy (related to a medical condition or disability)	Yes
Office visits (chiro)	Yes
Office visits (dental)	Yes
Office visits (medical)	Yes
Office visits (psych/therapy)	Yes
Office visits (vision)	Yes
Operations (for non-cosmetic purposes)	Yes
Optometrist / ophthalmologist fees	Yes
Oral care (over-the-counter)	No
Organ transplants (recipient and donor)	Yes
Orthotics	Yes
Ortho keratotomy	Yes
Orthodontia (braces and retainers)	Yes
Orthopedic and surgical supports	Yes

Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non- specialized shoe)	Maybe
Over-the-counter acne treatments	Yes
Over-the-counter allergy & sinus medicine	Yes
Over-the-counter antacid	Yes
Over-the-counter antibiotic ointment	Yes
Over-the-counter aspirin or other pain reliever	Yes
Over-the-counter asthma medicines or treatments	Yes
Over-the-counter bandages and related items	Yes
Over-the-counter canker & cold sore treatments	Yes
Over-the-counter chest rubs	Yes
Over-the-counter cold & flu medicine	Yes
Over-the-counter cold & flu prevention	Yes
Over-the-counter cold cream	No
Over-the-counter cough drops & sore throat lozenges	Yes
Over-the-counter cough syrup	Yes
Over-the-counter (eligible medical)	Yes
Over-the-counter health care products (eligible)	Yes
Over-the-counter health care products (not eligible)	No
Over-the-counter medication (including for motion sickness, sleep aids and sedatives)	Yes
Over-the-counter for dental, oral and teething pain	Yes
Over-the-counter products for general dental care	No
Over-the-counter vision products	Yes
Ovulation monitor (over-the-counter)	Yes

Oxygen	Yes
Pain reliever (over-the-counter)	Yes
Parental fees (billed for actual services received; charged by the State of Minnesota for disabled children)	Yes
Parental fees (billed for future availability of services, with no services actually received; charged by the State of Minnesota for disabled children)	No
Personal use items (toothbrush, toothpaste, etc.)	No
Physical exams	Yes
Physical therapy	Yes
Physician retainer fee (for on-call or concierge services)	No
Pregnancy tests (over-the-counter)	Yes
Prescription co-insurance	Yes
Prescription co-payment	Yes
Prescription drugs (for non-cosmetic purposes)	Yes
Prescription drugs for cosmetic purposes	No
Prescription drugs for hair regrowth	No
Prescription insurance premiums	No
Prescription plan premiums	No
Propecia (for treatment of a medical condition)	Maybe
Prosthesis	Yes
Psychiatric care	Yes
Psychoanalysis	Yes
Psychologist fees	Yes
Radial keratotomy (RK)	Yes
Reading glasses (over the counter)	Yes
Reconstructive surgery (following accident or medical procedure or condition)	Maybe

Removal of benign mole, cyst or tumor	Yes
Retainer fee (to physician for on-call or concierge services)	No
Retin-A (for non-cosmetic purposes)	Maybe
Rogaine or other hair regrowth medications (even if prescribed)	No
Sales tax, shipping and handling fees (for any eligible expense)	Yes
Smoking cessation (programs / counseling)	Yes
Smoking cessation drugs (prescription)	Yes
Smoking cessation gum or patches (over-the-counter)	Yes
Special equipment	Maybe
Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only)	Maybe
Special school (for mental and physical disabilities)	Maybe
Speech therapy	Yes
Sterilization	Yes
Student health fees for dental services (no services actually received; billed for future availability of services)	No
Student health fees for dental services (billed for actual services received)	Yes
Student health fees for medical services (no services actually received; billed for future availability of services)	No
Student health fees for medical services (billed for actual services received)	Yes
Student health fees for prescription services (no services actually received; billed for future availability of services)	No
Student health fees for prescriptions	Yes

(billed for actual services received)	
Student health fees for vision services (no services actually received; billed for future availability of services)	No
Student health fees for vision services (billed for actual services received)	Yes
Sunglasses (over-the-counter)	No
Sunglasses (prescription)	Yes
Sunscreen with SPF <30 or suntan lotion (over-the-counter)	No
Sunscreen with SPF 30+, sunburn creams and ointments (over-the-counter)	Yes
Supplies (for treatment of a medical condition)	Yes
Surgery (for non-cosmetic purposes)	Yes
Swimming lessons (for treatment of a medical condition)	Maybe
Teeth bleaching or whitening	No
Teeth grinding prevention devices	Yes
Therapy (for treatment of a medical condition)	Yes
Toothache and teething pain reliever (over-the-counter)	Yes
Toothpaste, toothbrush, floss	No
Transgender treatments / surgery	No
Transportation, parking and related travel expenses (essential to receive eligible care)	Yes
Tubal ligation	Yes
Tuition or educational classes	No
Urological products	Yes
UV protection clothing	No
Vaccinations	Yes
Varicose vein removal surgery	Yes
Vasectomy	Yes

Viagra and similar prescription medications	Yes
Vision co-insurance	Yes
Vision co-payment	Yes
Vision insurance premiums	No
Vision plan premiums	No
Vitamins (over-the-counter, for general health purposes)	No
Vitamins (prescription)	Yes
Walking aids (canes, walkers, crutches and related supplies)	Yes
Warranties or other charges for future anticipated services (with none actually received)	No
Wart removal treatments (over-the-counter)	Yes
Weight loss counseling	Maybe
Weight loss foods	No
Weight loss program (to improve or maintain general health)	No
Weight loss program or drugs (for treatment of a medical condition)	Maybe
Wheelchair and repairs	Yes
Wound care (over-the-counter)	Yes
X-ray fees (dental)	Yes
X-ray fees (medical)	Yes