

# Health Care Extended

## Eligible Expenses

Section 213(d) expenses are eligible under Health FSAs and Health Savings Accounts (HSAs)

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| <p><b>Baby/Child To Age 13</b></p> <ul style="list-style-type: none"> <li>• Lactation Consultant*</li> <li>• Lead-Based Paint Removal</li> <li>• Special Formula*</li> <li>• Tuition: Special School/teacher for Disability or Learning Disability*</li> <li>• Well Baby/Well Child Care</li> </ul> <p><b>Dental</b></p> <ul style="list-style-type: none"> <li>• Dental X-Rays</li> <li>• Dentures and Bridges</li> <li>• Exams and Teeth Cleaning</li> <li>• Extractions and Fillings</li> <li>• Oral Surgery</li> <li>• Orthodontia</li> <li>• Periodontal Services</li> </ul> <p><b>Eyes</b></p> <ul style="list-style-type: none"> <li>• Eye Exams</li> <li>• Eyeglasses and Contact Lenses</li> <li>• Laser Eye Surgeries</li> <li>• Prescription Sunglasses</li> <li>• Radial Keratotomy</li> </ul> <p><b>Hearing</b></p> <ul style="list-style-type: none"> <li>• Hearing Aids and Batteries</li> <li>• Hearing Exams</li> </ul> <p><b>Lab Exams/Tests</b></p> <ul style="list-style-type: none"> <li>• Blood Tests and Metabolism Tests</li> <li>• Body Scans</li> <li>• Cardiograms</li> <li>• Laboratory Fees</li> <li>• X-Rays</li> </ul> | <p><b>Medical Equipment/Supplies</b></p> <ul style="list-style-type: none"> <li>• Air Purification Equipment*</li> <li>• Arches and Orthotic Inserts</li> <li>• Contraceptive Devices</li> <li>• Crutches, Walkers, Wheel Chairs</li> <li>• Exercise Equipment*</li> <li>• Hospital Beds*</li> <li>• Mattresses*</li> <li>• Medic Alert Bracelet or Necklace</li> <li>• Nebulizers</li> <li>• Orthopedic Shoes*</li> <li>• Oxygen*</li> <li>• Post-Mastectomy Clothing</li> <li>• PPE (masks, hand sanitizer, sanitizing wipes)</li> <li>• Prosthetics</li> <li>• Syringes</li> <li>• Wigs*</li> </ul> <p><b>Medical Procedures/Services</b></p> <ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)</li> <li>• Ambulance</li> <li>• Fertility Enhancement and Treatment</li> <li>• Hair Loss Treatment*</li> <li>• Hospital Services</li> <li>• Immunization</li> <li>• In-Vitro Fertilization</li> <li>• Physical Examination (not employment-related)</li> <li>• Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)</li> <li>• Service Animals</li> <li>• Sterilization/Sterilization Reversal</li> <li>• Transplants (including organ donor)</li> <li>• Transportation*</li> </ul> | <p><b>Medications</b></p> <ul style="list-style-type: none"> <li>• Insulin</li> <li>• Prescription Drugs</li> </ul> <p><b>Obstetrics</b></p> <ul style="list-style-type: none"> <li>• Breast Pumps and Lactation</li> <li>• Supplies</li> <li>• Doulas*</li> <li>• Lamaze Class</li> <li>• OB/GYN Exams</li> <li>• OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)</li> <li>• Pre and Postnatal Treatments</li> </ul> <p><b>Practitioners</b></p> <ul style="list-style-type: none"> <li>• Allergist</li> <li>• Chiropractor</li> <li>• Christian Science Practitioner</li> <li>• Dermatologist</li> <li>• Homeopath</li> <li>• Naturopath*</li> <li>• Optometrist</li> <li>• Osteopath</li> <li>• Physician</li> <li>• Psychiatrist or Psychologist</li> </ul> <p><b>Therapy</b></p> <ul style="list-style-type: none"> <li>• Alcohol and Drug Addiction</li> <li>• Counseling (not marital or career)</li> <li>• Exercise Programs*</li> <li>• Hypnosis</li> <li>• Massage*</li> <li>• Occupational</li> <li>• Physical</li> <li>• Smoking Cessation Programs*</li> <li>• Speech</li> <li>• Weight Loss Programs*</li> </ul> <p><b>HSA Eligible</b></p> <ul style="list-style-type: none"> <li>• Certain Insurance Premiums**</li> <li>• Long Term Care Premiums</li> </ul> |
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Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are potentially eligible expenses\* that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

\*\*Eligible premiums include Health care continuation coverage under federal law (such as COBRA), any health plan maintained while you are receiving unemployment compensation under federal or state law (note that premiums for supplemental coverage, including Medicare supplemental plans, and hospital, accident, and critical-illness policies are not eligible.)

**Eligible Over-the-Counter Supplies** (Product categories are listed in bold face; common examples are listed in regular face)

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| <ul style="list-style-type: none"> <li>• <b>Baby Electrolytes and Dehydration</b><br/>Pedialyte, Enfalyte</li> <li>• <b>Contraceptives</b><br/>Unmedicated condoms</li> <li>• <b>Denture Adhesives, Repair, and Cleansers</b><br/>PoliGrip, Benzodent, Plate Weld, Efferdent</li> <li>• <b>Diabetes Testing and Aids</b><br/>Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</li> <li>• <b>Diagnostic Products</b><br/>Thermometers, blood pressure monitors, cholesterol testing</li> <li>• <b>Ear Care</b><br/>Unmedicated ear drops, syringes, ear wax removal</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Elastics/Athletic Treatments</b><br/>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</li> <li>• <b>Eye Care</b><br/>Contact lens care</li> <li>• <b>Family Planning</b><br/>Pregnancy and ovulation kits</li> <li>• <b>First Aid Dressings and Supplies</b><br/>Band Aid, 3M Nexcare, non-sport tapes</li> <li>• <b>Foot Care Treatment</b><br/>Unmedicated corn and Callus Treatments (e.g., callus cushions), devices, therapeutic insoles</li> <li>• <b>Glucosamine &amp;/or Chondroitin</b><br/>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</li> </ul> | <ul style="list-style-type: none"> <li>• <b>Hearing Aid/Medical Batteries</b></li> <li>• <b>Home Health Care (limited segments)</b><br/>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints &amp; casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs</li> <li>• <b>Incontinence Products</b><br/>Attends, Depend, GoodNites for juvenile incontinence, Prevail</li> <li>• <b>Menstrual Care Products</b><br/>Tampons, pads and cups</li> <li>• <b>Prenatal Vitamins</b><br/>Stuart Prenatal, Nature's Bounty Prenatal Vitamins</li> <li>• <b>Reading Glasses and Maintenance Accessories</b></li> </ul> |
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Note: This list is not meant to be all-inclusive

**Eligible Over-the-Counter Medicines and Drugs**

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| <ul style="list-style-type: none"> <li>• Acid controllers</li> <li>• Acne medications</li> <li>• Allergy &amp; sinus</li> <li>• Antibiotic products</li> <li>• Antifungal (Foot)</li> <li>• Antiparasitic treatments</li> <li>• Antiseptics &amp; wound cleansers</li> <li>• Anti-diarrheals</li> <li>• Anti-gas</li> <li>• Anti-itch &amp; insect bite</li> <li>• Baby rash ointments &amp; creams</li> <li>• Baby teething pain</li> <li>• Cold sore remedies</li> </ul> | <ul style="list-style-type: none"> <li>• Cough, cold &amp; flu</li> <li>• Denture pain relief</li> <li>• Digestive aids</li> <li>• Ear care</li> <li>• Eye care</li> <li>• Feminine antifungal &amp; anti-itch</li> <li>• Fiber laxatives (bulk forming)</li> <li>• First aid burn remedies</li> <li>• Foot care treatment</li> <li>• Hemorrhoidal preps</li> <li>• Homeopathic remedies</li> <li>• Incontinence protection &amp; treatment products</li> <li>• Laxatives (non-fiber)</li> </ul> | <ul style="list-style-type: none"> <li>• Medicated nasal sprays, drops, &amp; inhalers</li> <li>• Medicated respiratory treatments &amp; vapor products</li> <li>• Motion sickness</li> <li>• Oral remedies or treatments</li> <li>• Pain relief (includes aspirin)</li> <li>• Skin treatments</li> <li>• Sleep aids &amp; sedatives</li> <li>• Smoking deterrents</li> <li>• Stomach remedies</li> <li>• Unmedicated nasal sprays, drops &amp; inhalers</li> <li>• Unmedicated vapor products</li> </ul> |
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The IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

**Ineligible Expenses**

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| <ul style="list-style-type: none"> <li>• Contact Lens or Eyeglass Insurance</li> <li>• Cosmetic Surgery/Procedures</li> <li>• Electrolysis</li> </ul> | <ul style="list-style-type: none"> <li>• Insurance Premiums**</li> <li>• Long Term Care Premiums (eligible under HSAs only)</li> <li>• Marriage or Career Counseling</li> </ul> | <ul style="list-style-type: none"> <li>• Personal Trainers</li> <li>• Sunscreen (spf less than 30)</li> <li>• Swimming Lessons</li> </ul> |
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