














Eligible Expenses

You can use your account to pay for a variety of healthcare products and services for you, your spouse, and your dependents. The IRS determines which expenses are eligible for reimbursement.

A good rule of thumb is to keep receipts and other supporting documentation related to your expenses and reimbursement requests. The IRS may request itemized receipts to verify select expenses. Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.

Eligibility Legend

| | |
|---|--|
|  | Items that are eligible for reimbursement |
|  LETTER | Items that are eligible for reimbursement with a detailed receipt and a Letter of Medical Necessity, signed by your doctor |
|  RX | Items that are eligible for reimbursement with a prescription from your doctor, in addition to a detailed receipt |















| Expense | Eligible |
|--|---|
| Acne treatments (over-the-counter) |  RX |
| Acupuncture |  |
| Adoption (medical expenses related to) |  |
| Adoption fees | |
| Alcoholism treatment |  |
| Allergy and sinus medicine and products (over-the-counter) |  RX |
| Allergy medication |  RX |
| Allergy treatments and products |  LETTER |
| Alternative dietary supplements (for treatment of a medical condition) |  LETTER |
| Alternative drugs, medicines and treatment products (for treatment of a medical condition) |  LETTER |
| Alternative healers (for treatment of a medical condition) |  LETTER |

| Expense | Eligible |
|---|---|
| Ambulance and emergency health services |  |
| Anesthesia (for noncosmetic purposes) |  RX |
| Antacid (over-the-counter) |  RX |
| Antibiotic ointment (over-the-counter) |  RX |
| Aspirin or other pain reliever (over-the-counter) |  RX |
| Asthma medicines or treatments (over-the-counter) |  RX |
| Athletic treatments/braces |  |
| Bandages and related items (over-the-counter) |  |
| Birth control (over-the-counter) |  RX |
| Birth control (prescription or other) |  |
| Blood pressure monitor |  |
| Body scans |  |
| Braille books and magazines (difference in cost only) |  |
| Breast pump (for a lactating woman) |  |
| Breast Pumps & Accessories |  |
| Breast reconstruction surgery (following mastectomy) |  LETTER |
| Breastfeeding classes |  |
| Cancer (fixed indemnity) insurance premiums | |
| Canker and cold sore treatments (over-the-counter) |  RX |
| Car modifications (as required for a medical condition diagnosed by a licensed healthcare professional) |  LETTER |
| Chest rubs (over-the-counter) |  RX |

| Expense | Eligible |
|---|-------------|
| Child or newborn care instruction | |
| Childbirth classes (charges for mother only) | ✓ |
| Chiropractic care | ✓ |
| Chiropractic office visit or treatment | ✓ |
| Cholesterol test kits and supplies | ✓ |
| Christian Science practitioners | ✓ |
| Co-insurance (dental) | ✓ |
| Co-insurance (medical) | ✓ |
| Co-insurance (prescription) | ✓ |
| Co-insurance (vision) | ✓ |
| COBRA premiums (dental; paid with after-tax dollars only) | |
| COBRA premiums (medical; paid with after-tax dollars only) | |
| COBRA premiums (other; paid with after-tax dollars only) | |
| COBRA premiums (prescription; paid with after-tax dollars only) | |
| COBRA premiums (vision; paid with after-tax dollars only) | |
| Cold and flu medicine (over-the-counter) | ✓ RX |
| Cold and flu prevention (over-the-counter) | ✓ RX |
| Cold cream (over-the-counter) | |
| Compression or anti-embolism socks, stockings or hose | ✓ LETTER |
| Concierge medical fees (billed for actual services received) | ✓ |
| Concierge medical fees (billed for future availability of services, with no services actually received) | |

| Expense | Eligible |
|--|------------|
| Condoms | |
| Contact lenses and solutions | |
| Contraceptives (over-the-counter) | |
| Contraceptives (prescription) | |
| Copayment (dental) | |
| Copayment (medical) | |
| Copayment (prescription) | |
| Copayment (vision) | |
| Cord blood storage (for future treatment of a birth defect or known medical condition) | LETTER |
| Cord blood storage (for unidentified future use) | |
| Corn and callus remover (over-the-counter) | RX |
| Corneal keratotomy | |
| Cosmetic procedures or surgery | |
| Cosmetic procedures or surgery for birth defects, accidents, and/or disease | LETTER |
| Cough drops and sore throat lozenges (over-the-counter) | RX |
| Cough syrup (over-the-counter) | RX |
| Counseling (for treatment of a medical condition) | |
| Counseling (marriage) | |
| CPR classes (adult or child) | |
| Crutches, canes, walkers or like equipment (purchase or rental) | |
| Dancing lessons (for treatment of a medical condition) | LETTER |





















| Expense | Eligible |
|---|----------|
| Deductible for dental plan | |
| Deductible for medical plan | |
| Deductible for prescription plan | |
| Deductible for vision plan | |
| Dental care (for non-cosmetic purposes, including sealants) | |
| Dental insurance/plan premiums (paid with after-tax dollars only) | |
| Dental products for general health | |
| Dental reconstruction (including implants) | |
| Dental veneers | LETTER |
| Dental, oral, and teething pain products (over-the-counter) | RX |
| Dentures, bridges, etc. | |
| Dermatology treatments and products | LETTER |
| Diabetic monitors, test kits, strips and supplies | |
| Diagnostic services (dental or vision) | |
| Diagnostic services (other than dental or vision) | |
| Diaper rash ointments and creams (over-the-counter) | RX |
| Diapers and diaper services | |
| Dietary supplements (for treatment of a medical condition) | LETTER |
| Doula or birthing coach | LETTER |
| Drug addiction treatment | |
| Drugs (imported) | |

| Expense | Eligible |
|--|---|
| Drugs and medicines (over-the-counter) |  RX |
| Dyslexia treatment |  LETTER |
| Ear drops and wax removal (over-the-counter) |  RX |
| Electrolysis | |
| Emergency kits (over-the-counter) | |
| Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed healthcare professional) |  LETTER |
| Eye drops and treatments (over-the-counter) |  RX |
| Eye examinations |  |
| Eye related equipment/materials |  |
| Eye surgery or treatment to correct vision |  |
| Eyeglasses (prescription) |  |
| Face lifts | |
| Feminine hygiene products | |
| Fertility monitor (over-the-counter) |  |
| Fertility treatment (for employee, spouse or dependent) |  |
| Fertility treatment (for non-dependent surrogate) | |
| First aid kits (over-the-counter) |  |
| Fitness programs (as treatment for a medical condition diagnosed by a licensed healthcare professional) |  LETTER |
| Flu shots |  |
| Funeral expenses | |
| Gastrointestinal medication (over-the-counter) |  RX |






| Expense | Eligible |
|---|---|
| Guide dog (dog, training, care) |  |
| Hair regrowth products | |
| Hair removal | |
| Hair transplant | |
| Hair treatments | |
| Hand lotion (over-the-counter) | |
| Health club dues (as treatment for a medical condition diagnosed by a licensed healthcare professional) |  LETTER |
| Health insurance/plan premiums (paid with after-tax dollars only) | |
| Health Savings Account (HSA) contributions | |
| Hearing aids and batteries |  |
| Herbal or homeopathic medicines (over-the-counter) |  LETTER |
| Home improvements (as required for a medical condition diagnosed by a licensed healthcare professional) |  LETTER |
| Hospital (fixed indemnity, \$x per day) insurance premiums | |
| Hospital services and fees |  |
| Household help | |
| Humidifier, air filter and supplies |  LETTER |
| Illegal surgeries or substances | |
| Immunizations |  |
| Incontinence supplies |  |
| Individual dental insurance/plan premiums (paid with after-tax dollars only) | |
| Individual medical insurance/plan premiums (paid with after-tax dollars only) | |

| Expense | Eligible |
|--|-------------|
| Individual prescription insurance/plan premiums (paid with after-tax dollars only) | |
| Individual vision insurance/plan premiums (paid with after-tax dollars only) | |
| Infertility treatment (for employee, spouse or dependent) | ✓ |
| Insulin, testing materials and supplies | ✓ |
| Insurance/plan premiums (paid with pre-tax dollars) | |
| Lab (medical) | ✓ |
| Laboratory fees | ✓ |
| Lactose intolerance medication (over-the-counter) | ✓ RX |
| Lamaze classes (charges for mother only) | ✓ |
| Laser eye surgery | ✓ |
| Lasik | ✓ |
| Late payment fees charged by healthcare provider | |
| Laxatives (over-the-counter) | ✓ RX |
| Learning disability treatments | ✓ |
| Lice treatment (over-the-counter) | ✓ RX |
| Listening therapy | ✓ |
| Lodging (limited to \$50 per night for patient to receive medical care and \$50 per night for one caregiver) | ✓ LETTER |
| Long-term care premiums (up to IRS tax-free limit, see IRS Publication 502) | |
| Long-term care services | |
| Long-term disability insurance premiums | |
| Magnetic therapy (over-the-counter) | ✓ LETTER |









| Expense | Eligible |
|--|---|
| Massage therapy (for treatment of a medical condition) |  LETTER |
| Mastectomy-related special bras |  |
| Maternity clothes | |
| Medical abortion |  |
| Medical equipment (for treatment of medical condition) and repairs |  |
| Medical insurance/plan premiums (paid with after-tax dollars only) | |
| Medical literature, books, pamphlets or audio | |
| Medical monitoring and testing devices |  |
| Medical records charges |  |
| Medical savings account (MSA) contributions | |
| Medical supplies (for treatment of a medical condition) |  |
| Medicare alternative insurance/plan premiums (paid with after-tax dollars only) | |
| Medicare alternative insurance/plan premiums (vs. Part A & Part B, paid with after-tax dollars only) | |
| Medicare Part B insurance | |
| Medicare supplement policy premiums | |
| Midwife |  |
| Mileage (for travel to/from anything other than eligible care) | |
| Mileage (for travel to/from eligible healthcare) |  |
| Modified equipment (difference in cost only) |  LETTER |
| Monitors and test kits (over-the-counter) |  |
| Motion sickness medication (over-the-counter) |  RX |

| Expense | Eligible |
|---|---|
| Nasal sprays |  RX |
| Nasal strips (over-the-counter) |  RX |
| No show fees charged by healthcare provider | |
| Nonprescription drugs and medicines (for non-cosmetic purposes) |  RX |
| Norplant insertion or removal |  |
| Nursing services (wages and taxes) |  |
| Nutritional supplements (for treatment of a medical condition) |  LETTER |
| OB/GYN fees |  |
| Occlusal guards to prevent teeth grinding |  |
| Occupational therapy (related to a medical condition or disability) |  |
| Office visits (chiro) |  |
| Office visits (dental) |  |
| Office visits (medical) |  |
| Office visits (psych/therapy) |  |
| Office visits (vision) |  |
| Operations (for non-cosmetic purposes) |  |
| Operations (for vision and dental only) |  |
| Optometrist/ophthalmologist fees |  |
| Organ transplants (recipient and donor) |  |
| Ortho keratotomy |  |
| Orthodontia (braces and retainers) |  |

| Expense | Eligible |
|---|----------|
| Orthopedic and surgical supports | |
| Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe) | LETTER |
| Orthotics | |
| Ovulation monitor (over-the-counter) | |
| Oxygen | |
| Parental fees (billed for actual services received; for disabled children) | |
| Parental fees (billed for future availability of services, with no services actually received; for disabled children) | |
| Physical exams | |
| Physical therapy | |
| Physician retainer fee (for on-call or concierge services) | |
| Pregnancy tests (over-the-counter) | |
| Prescription drugs (for non-cosmetic purposes) | |
| Prescription drugs for cosmetic purposes | |
| Psych/therapy | |
| Radial keratotomy (RK) | |
| Reading glasses (over-the-counter) | |
| Sales tax, shipping and handling fees (for any eligible expense) | |
| Sleep aids and sedatives (over-the-counter) | |
| Smoking cessation (programs/counseling) | |
| Smoking cessation drugs (prescription) | |
| Smoking cessation gum or patches (over-the-counter) | RX |

| Expense | Eligible |
|---|---|
| Special equipment |  LETTER |
| Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only) |  LETTER |
| Special school (for mental and physical disabilities) |  LETTER |
| Speech therapy |  |
| Spermicidals |  RX |
| Sterilization |  |
| Student health fees for dental services (billed for actual services received) |  |
| Student health fees for dental services (no services actually received; billed for future availability of services) | |
| Student health fees for medical services (billed for actual services received) |  |
| Student health fees for medical services (no services actually received; billed for future availability of services) | |
| Student health fees for prescription services (no services actually received; billed for future availability of services) | |
| Student health fees for prescriptions (billed for actual services received) |  |
| Student health fees for vision services (billed for actual services received) |  |
| Student health fees for vision services (no services actually received; billed for future availability of services) | |
| Sunglasses (over-the-counter) | |
| Sunglasses (prescription) |  |
| Sunscreen with SPF 15+ and broad spectrum, sunburn creams and ointments (over-the-counter) |  |
| Sunscreen with SPF <15 or suntan lotion (over-the-counter) | |
| Supplies (for treatment of a medical condition) |  |
| Surgery (for non-cosmetic purposes) |  |
| Swimming lessons (for treatment of a medical condition) |  LETTER |

| Expense | Eligible |
|--|---|
| Teeth bleaching or whitening | |
| Toothpaste, medicated (difference in cost only of medicated toothpaste over the standard toothpaste) |  RX |
| Toothpaste, toothbrush, floss, etc. | |
| Transgender treatments/surgery |  LETTER |
| Transportation, parking and related travel expenses (essential to receive eligible care) |  |
| Transportation, parking and related travel expenses, for non-eligible expenses | |
| Tubal ligation |  |
| Tuition or educational classes (for a specific medical condition) |  LETTER |
| Urological products |  |
| UV protection clothing | |
| Vaccinations |  |
| Varicose vein removal surgery (for medical care) |  |
| Vasectomy |  |
| Viagra and similar prescription medications |  |
| Vision care |  |
| Vision insurance/plan premiums (paid with after-tax dollars only) | |
| Vision products (over-the-counter) |  |
| Vitamins (prescription) |  |
| Vitamins for general health purposes (over-the-counter) | |
| Walking aids (canes, walkers, crutches and related supplies) |  |
| Warranties or other charges for future anticipated services (with none actually received) | |

| Expense | Eligible |
|---|---|
| Wart removal treatments (over-the-counter) |  RX |
| Weight loss counseling |  LETTER |
| Weight loss drugs (for treatment of a medical condition) |  RX |
| Weight loss foods | |
| Weight loss program (for treatment of a medical condition) |  LETTER |
| Weight loss program (to improve or maintain general health) | |
| Wheelchair and repairs |  |
| Wound care (over-the-counter) |  |
| X-ray fees (dental) |  |
| X-ray fees (medical) |  |