

Flexible Spending Accounts ~ List of Eligible Expenses

ELIGIBLE MEDICAL EXPENSES

A

Acupuncture
Alcoholism Treatment
Ambulance
Artificial Limb
Autoette/Wheelchair

B

Bandages
Breast Reconstruction Surgery
Birth Control Pills
Braille Books and Magazines

C

Chiropractor
Christian Science Practitioner
Crutches

D

Diagnostic Services
Disabled Dependent Medical Care
Drug Addiction Treatment
Drugs and Medicines (*prescription and OTC eligible for HCFSA*)

F

Fertility Treatment (*to Overcome Infertility*)

G

Guide Dog or Other Animal

H

Hearing Aids
Home Care
Hospital Services

L

Laboratory Fees
Lead Based Paint Removal
Lodging Essential to Medical Care

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M

Maternity Care & Related Services
Meals for Inpatient
Medical Information Plan
Medical Services (*e.g. physician, surgeon, specialists*)
Mentally Retarded, Special Home for

N

Nursing Home
Nursing Services

O

Operations
Organ Donor's Medical Expenses and Transportation
Osteopath
Oxygen

P

Prosthesis
Psychiatric Care
Psychoanalysis
Psychologist

S

Special Education
Sterilization
Stop-Smoking Programs
Surgery

T

Telephone for Hearing-Impaired
Television for Hearing-Impaired
Therapy
Transplants
Transportation Essential to Medical Care

V

Vasectomy

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W

Weight-loss Program that is part of Specific Disease Treatment Program

Wheelchair

Wig to Replace Hair Lost to Disease

X

X-ray

ELIGIBLE DENTAL EXPENSES

A

Artificial Teeth

D

Dental Treatment (*e.g. root canals, orthodontia*)

Dental Fluoride Products (*medically necessary, not general use*)

ELIGIBLE EYE CARE EXPENSES

C

Contact Lenses

E

Eyeglasses

Eye Examinations

Eye Surgery (*e.g. LASIK*)

O

Optometrist

P

Prescription Sunglasses

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ELIGIBLE OVER-THE-COUNTER (OTC) MEDICATION EXPENSES

A

Acne Treatments (*medically necessary, not general use*)*
Allergy Prevention and Treatment
Analgesics/Antipyretics
Antacids and Acid Reducers
Anti-arthritis
Antibiotics
Anticandidal (Yeast)
Antidiarrheal and Laxatives
Antifungal
Antihistamines
Anti-itch Lotions and Creams
Antiseptics
Asthma Medicines

B

Bandages
Blood Pressure Monitor
Bug Bite Medication

C

Carpal Tunnel Support
Cold and Flu Remedies
Cold Sore/Fever Blister
Contact Lens Solution
Contraceptive Products (*e.g., condoms*)
Cough Suppressants or Expectorants

D

Decongestants
Dehydration
Denture Adhesives
Diabetic Supplies
Diaper Rash
Dietary/Fiber Supplements (*medically necessary, not general use*)*
Diuretics and Water Pills

E

Ear Care
Eye Care
Eye Drops

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F

First Aid Supplies
Feminine Hygiene Products (*post surgery or childbirth*)*

H

Head Lice Treatment
Hearing Aid Batteries
Hemorrhoidal Preparations
Hormone Therapy, OTC*

J

Joint Supplements (*e.g. for arthritis*), (*medically necessary, not general use*)*

L

Lactose Intolerance

M

Medicated Shampoo/Soaps (*medically necessary, not general use*)*
Migraine Relief
Motion Sickness
Muscle/Joint Pain

N

Nausea/Vomiting Remedies
NSAIDS

O

Ophthalmic Preparations
Orthopedic Shoes and Inserts*

P

Pain Relievers/Fever Reducers
Pediculicide
Personal Test Kits
Pinworm Treatment
Poison Treatment
Pregnancy Tests
Prenatal Vitamins (*medically necessary, not general use*)

R

Reading Glasses
Respiratory Stimulant Ammonia

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S

Sinus Products
Sleeping Aids (*to treat insomnia*)
Smoking Cessation
Snoring Cessation Aids (*for sleep apnea, not general use*)*
Sunscreen (*medically necessary, not general use*)*

T

Teething/Toothaches/Mouth Pain
Throat Pain Medications
Topical Steroids

W

Wart Removal
Weight Loss Products (*medically necessary, not general use*)*
Wound Care (*e.g., gauze*)

**This item may require a doctor's note of explanation for reimbursement to be granted.*