

FSA – Section 213(d) Eligible Medical Expenses

Abortion

Acupuncture

Alcoholism Treatment

Ambulance

Artificial Limbs

Asthma Treatments/Nebulizer

Blood Pressure monitoring devices

Body Scans (e.g. MRI, CAT Scan)

Brace (e.g. knee, back, wrist)

Braille books/magazines (Excess Cost)

Chiropractic Treatments (e.g. adjustments)

Circumcision

Co-insurance amounts (health, dental or vision)

Contact lenses (corrective)

Contraceptives (e.g. birth control pills, condoms, Norplant)

Convalescent home (for medical treatment only)

Co-payments (health, dental or vision)

C-PAP Machine and Supplies

Crutches (purchase or rental)

Deductibles (health, dental or vision)

Dental Procedures, non-cosmetic (e.g. x-rays, fillings, extractions, crowns, implants)

Dentures/Denture Adhesive

Diabetic supplies (e.g. insulin, syringe, monitor, insulin pump)

Drug Addiction/Substance Abuse Treatment

Embryo, Egg and Sperm Storage Fees

Eye exams

Eye surgery (laser or radial keratotomy)

Eyeglasses - prescription sunglasses/safety glasses

Eyeglasses - reading

Fertility Treatments (e.g. artificial insemination, egg donor fees, in vitro)

Flu shots

Fluoridation Treatment at a dental office

Gambling Problem Treatment

Hearing tests, aids and batteries

Home Healthcare

Hormone Replacement Therapy (HRT)

Immunizations

Individual Counseling (counseling must be performed to alleviate or prevent a physical or mental defect or illness)

Lab tests

Medical alert bracelet or necklace

Medical records charges

Mental health treatment facility

"Morning-after" contraceptive pills

Occlusal guards to prevent teeth grinding

Oral Surgery

Organ Transplant (including donor's expenses)

Orthodontics

Oxygen and oxygen equipment

Patient responsibilities under the medical, dental or vision plan solely because of the plan's deductible, co-pay (coinsurance), reasonable and customary charge limit or benefit limit

Physical Exams (routine, medical, well-child)

Physical Therapy

Prenatal/Postnatal Exams

Prescription drugs (Special rules apply, e.g. prescription drugs obtained from out of country are not covered)

Preventive care screenings (e.g. mammogram, colonoscopy)

Prosthesis

Psychiatric care

Shipping and handling fees for eligible expenses

Sleep study

Smoking Cessation medications/programs

Speech Therapy

Support (e.g. wrist, knee, elbow)

Surgical Stockings (e.g. Jobst Stockings)

Taxes paid for eligible expenses

Telephone/television equipment for hearing-impaired persons (Excess Cost)

Transportation expenses relative to health care (Corresponding medical documentation requested)

Tubal Ligation / Tubal Ligation Reversal

Vaccinations

Vasectomy / Vasectomy Reversal

Walkers/Canes (purchase or rental)

Wheelchair (purchase or rental)

X-rays

Eligible Over-the-Counter (OTC) Expenses

Allergy Medicine

Analgesics

Antacids

Antibiotics, First Aid

Anti-Diarrhea Medicine

Antihistamines

Anti-Inflammatory

Aspirin

Band-aids/Bandages

Burn Treatments

Calamine Lotion

Cold and Flu Medicine

Cold/Hot Packs

Contact Lens Solutions/Cleaners

Contraceptives

Corn and Callus Removers

Cough Drops

Crutches

Decongestants

Denture Adhesive

Diabetic Supplies

Diaper Rash Treatment

Digestive Aids

Ear Wax Removal Kits

Elastic Wraps

Expectorants

Eye Drops

First Aid Kits

Head Lice Treatment

Heating Pads

Hemorrhoid Treatments

Incontinence Supplies

Insect Bite/Sting Medicine

Laxatives

Menstrual Pain Relievers

Motion Sickness Medicine

Muscle/Joint Pain Relievers
Nasal Sinus Sprays
Nicotine Patches, Gum, Lozenges
Oral Wound Treatments (cold sores)
Oxygen Equipment
Pain Relievers
Pedialyte (dehydration)
Pregnancy Test Kits
Prenatal Vitamins
Psoriasis Treatment
Reading Glasses
Rubbing Alcohol
Sinus Medication
Skin Irritation Treatment
Sunburn Treatments
Thermometers
Throat Lozenges
Wart Remover Products
Wrist/Joint Supports
Yeast Infection Medication