# Flexible Spending Account Expense Listing

# Health Care Expenses that are Eligible - Health Care Reimbursement

The following list identifies some of the common medical, dental and health related expenses that the Internal Revenue Service\* considers to be deductible expenses. These expenses are eligible for reimbursement through your Flexible Spending Account provided that you have not been reimbursed for them through any other benefits plan. Allowable Flexible Spending expenses include:

Abortion, legal Acupuncture

Alcoholism treatment

Ambulance

Artificial limbs and teeth Birth control pills

Braces

Braille books and magazines (to the extent prices exceed prices

for regular books and magazines)
Car (special medical equipment within)

Contact lenses including saline solution and enzyme cleaner (Must

submit cash register receipt)

Crutches

Dental Treatment Diathermy

Durable Medical Equipment

Electrolysis or hair removal (medically necessary)

Examination, physical Eye examination Eyeglasses

Fees for health club (medically necessary)

Fees to doctors, hospitals, etc. for:

Anesthesiologist Chiropractor

Christian Science practitioners

Clinic charges
Dentist
Dermatologist
General Practitioner
Gynecologist
Internist
Midwife
Neurologist

Ophthalmologist Optometrist Osteopath, licensed Podiatrist

Practical Nurse Psychiatrist

Obstetrician

Psychoanalyst (medical care only) Psychologist (medical care only) Sex therapist (medical care only)

Surgeon

Guidedog and its upkeep

Hair transplant (medically necessary)

Health spa in home (to extent value of home not increased)

Hearing aids and batteries

Hospital services

HMO (Health Maintenance Organization) copayments

Insulin Iron Lung Laboratory fees

Lead-based paint removal to prevent lead poisoning Legal fees to allow treatment for mental illness

Lip-reading lessons Lodging for medical care

Medical information plan (amounts paid to plan that keeps your

medical information)

Mentally retarded, special home Nurses' expenses and board

Nursing care

Nursing home (if for medical reasons) Operations and related treatments

Over the counter drugs (some restrictions apply)

Oxygen equipment

Prescribed drugs and medicine

Radial Keratotomy

Rental of medical equipment

Sanitarium

Smoking cessation programs

Special schooling for physically or mentally handicapped family

member Sterilization

Telephone (for the deaf)

Television equipment which displays the audio part of TV programs for

the deaf

Therapy (for medical treatment)

Transplants

Transportation costs to and from doctor, hospital and/or pharmacy

(See IRS Publication 502 for amount per mile) Vitamins (that require a prescription for purchase) Weight loss programs (physician approved)

Wheelchair

Wigs to cover baldness due to medical reasons

X-ray

## **Health Care Expenses that are Not Reimbursable**

Any illegal treatment

Cosmetic services and procedures (unless necessary to restore normal functioning)

Medications specifically used for cosmetic purposes Cost of remedial reading classes for non-disabled child Dancing or ballet, even when recommended by doctor

Funeral expenses

Food for weight loss programs

\*Refer to IRS Publication 502 for additional information.

Diaper service

Health and beauty aids Insurance premiums

Over-the-counter drugs (including health & beauty aids, vitamins and

nutritional supplements for general well being)

Teeth whitening

#### Dependent Care Expenses that are Eligible - \$5,000 Maximum

#### **Dependent Care Reimbursement**

An eligible dependent is any dependent who is less than 13 years old and your dependent under federal income tax rules. An eligible dependent may also include your mentally or physically impaired spouse or a dependent who is incapable of caring for him or herself (for example, an invalid parent). The dependent must spend at least eight hours per day in your home.

Child care services will qualify for reimbursement from the Dependent Care Reimbursement Account if they meet these requirements:

- The child must be under 13 years old and must be your dependent under federal tax rules. Note: If your child turns 13 during the year, you cannot stop your contribution at that time.
- The services may be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes (for example, an older child).
- If the services are provided by a day-care facility that cares for six or more children at the same time, it must be a qualified day-care center.
- The services must be incurred to enable you, or you and your spouse if you are married, to be employed.
- The amount to be reimbursed must not be greater than your income or the combined income of an employee and spouse, whichever is lower.
- Services must be for the physical care of the child, not for education, meals, etc.

#### **Dependent Care Expenses that are Eligible**

Allowable Dependent Care expenses include payments to the following when the expenses enable you to work\*:

- · Child care centers
- · Family day care providers
- Baby-sitters
- · Nursery schools

- · Caregivers for a disabled dependent or spouse who lives with you
- Household services, provided that a portion of these expenses are for a qualifying dependent incurred to ensure the dependent's well-being and maintenance

#### **Dependent Care Expenses that are not Eligible**

- Dependent care expenses that are provided to one of your dependents by a family member, unless the family member is age 19 or over by the end of the year and will not be claimed as a dependent
- · Expenses for food and clothing
- · Education expenses from kindergarten on
- Health care expenses for your dependents
- · Overnight camps

#### EMPLOYER REQUIRES TAX ID # FOR DEPENDENT CARE.

\*Refer to IRS Publication 503 for additional information.

#### **CLAIM SUBMISSION GUIDELINES**

The federal regulations governing the administration of Flexible Spending Accounts (FSAs) are definitive and specific regarding reimbursements through the FSA.

Participants in the FSA program must provide a written statement from an independent third party along with a completed Reimbursement Form to receive reimbursement through the FSA. Cancelled checks are not acceptable. The statement does not have to be elaborate; a handwritten statement or a copy of the bill is adequate. However, the statement <u>must</u> include the following information:

- The name of the provider (the person providing the service)
- The dates of service (the dates on which service was provided)
- A description of the service(s) rendered
- The amount charged
- · The name of the person receiving the services
- For dependent care claims, the provider's tax ID number or Social Security number must be included, if required by your employer.

Additionally, if the service performed has been submitted for payment and is reimbursed under a health insurance plan, then a copy of the Explanation of Benefits (EOB) must accompany the completed Reimbursement Form.

Also, for over-the-counter drugs, please circle or highlight the eligible item(s) on your receipt, and list each item separately on your Reimbursement form.



# GUIDELINES FOR THE USE OF FSA, HRA and HSA FUNDS TO PURCHASE OVER THE COUNTER PRODUCTs AFTER 1/1/11

### Dear Participant:

The recently enacted Patient Protection and Affordable Care Act of 2010 has changed the rules for the purchase of over the counter (OTC) products using your Flexible Spending Account (FSA) or Health Reimbursement Arrangement (HRA) pre-tax funds.

## Effective January 1, 2011:

1. FSA or HRA funds can **no longer be used to purchase OTC medicine and drugs** unless a medicine or drug is prescribed. A "prescription" means a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state in which the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state.

Acid Controllers Baby Rash Ointments/Creams Motion Sickness Allergy & Sinus Cold Sore Remedies Pain Relief **Antibiotic Products** Cough, Cold & Flu **Respiratory Treatments** Anti-Diarrheals Digestive Aids Sleep Aids & Sedatives Stomach Remedies Anti-Gas Feminine Anti-Fungal/Anti-Itch Anti-Itch & Insect Bite Hemorrhoidal Preps

Anti-Parasitic Treatments

Laxatives

# The following categories of items do not need a prescription to be paid from your FSA and HRA:

Denture adhesives	First aid supplies	Orthopedic aids
Diagnostic tests and monitors	Hearing aid batteries	Ostomy products
Elastic bandages and wraps	Infant electrolytes and dehydration	Reading glasses
Eye care and contact lens	solutions	Smoking deterrents
Supplies	Infant teething pain supplies	Syringes
Family planning kits	Insulin and diabetic supplies	Thermometers
Fiber laxatives	Nebulizers	Wheelchairs, walkers and canes

- 2. You can continue to use your FSA or HRA funds to purchase OTC items that are not considered a medicine or drug (e.g., bandages, splints, contact lens solution, etc.) Please note that **insulin remains an eligible expense** with or without a prescription.
- 3. Remember to consider these new OTC rules when estimating the dollar amount to put in your FSA or HRA account for the next plan year.

The Preferred Group - P.O. Box 15136 - Albany, New York 12203 Toll-Free (800) 573-7474