



Your Health Care Flexible Spending Account (FSA) is a smart way to save money on everyday expenses!

Take a moment to review the following items for eligibility as outlined by the IRS. Please note that this list is not intended to be a complete list of all expenses. In order to be eligible under an FSA, your expenses must be primarily for medical purposes and not cosmetic in nature. Expenses must fall within the legal definition of medical care as defined in Code § 213(d) and can be incurred by the participant, spouse or tax dependent. Your employer’s plan may be more restrictive so please refer to your Summary Plan Description (SPD) for details.

New OTC Changes for 2011: Due to Health Care Reform, beginning January 1, 2011, a doctor’s prescription will be required for reimbursement of over-the-counter (OTC) drugs and medicines. Items that will require a prescription in order to be eligible are indicated with “Rx” in the list below. Please note the prescription must be dated on or before the date you incurred the expense and submitted with each claim. More information regarding the OTC changes is available on the [Our website](#).

Medical Necessity: Under Internal Revenue Service rules, some health care services and products are only eligible for reimbursement when your practitioner certifies that they are medically necessary. In order to be reimbursed for these types of expenses, you must submit a Certificate of Medical Necessity (CMN). Items that will require a CMN are indicated with “CMN” in the list below. The practitioner’s signature must be dated on or before the date you incurred the expense. You may download a [CMN](#) from our website.

| Item | Eligible | CMN/Rx |
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| Acne treatments (over-the-counter) | Yes | Rx |
| Acupuncture | Yes | |
| Adoption (medical expenses related to) | Yes | |
| Adoption fees | No | |
| Alcoholism treatment | Yes | |
| Allergy & sinus medicine and products (over-the-counter) | Yes | Rx |
| Allergy medication | Yes | Rx |
| Allergy treatments and products | Yes | CMN |
| Alternative dietary supplements (for treatment of a medical condition) | Yes | CMN |
| Alternative drugs, medicines and treatment products (for treatment of a medical condition) | Yes | CMN |
| Alternative healers (for treatment of a medical condition) | Yes | CMN |
| Ambulance and emergency health services | Yes | |
| Anesthesia (for non-cosmetic purposes) | Yes | |
| Antacid (over-the-counter) | Yes | Rx |
| Antibiotic ointment (over-the-counter) | Yes | Rx |
| Aspirin or other pain reliever (over-the-counter) | Yes | Rx |
| Asthma medicines or treatments (over-the-counter) | Yes | Rx |
| Athletic treatments / braces | Yes | |
| Bandages and related items (over-the-counter) | Yes | |
| Birth control (prescription or other) | Yes | |
| Birth control devices (over-the-counter) | Yes | |
| Blood pressure monitor | Yes | |
| Blood sugar test kits and test strips | Yes | |
| Body scans | Yes | |
| Braille books and magazines (difference in cost only) | Yes | CMN |
| Breastfeeding classes | No | |
| Breast pump (to compensate for a medical condition) | Yes | |
| Breast reconstruction surgery (following mastectomy) | Yes | CMN |
| COBRA premiums (dental) | No | |
| COBRA premiums (medical) | No | |
| COBRA premiums (other) | No | |
| COBRA premiums (prescription) | No | |
| COBRA premiums (vision) | No | |

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| Cancer (fixed indemnity, \$x per day) insurance premiums | No | |
| Canker & cold sore treatments (over-the-counter) | Yes | Rx |
| Chest rubs (over-the-counter) | Yes | Rx |
| Child or newborn care instruction | No | |
| Childbirth classes | Yes | |
| Chiropractic office visit or treatment | Yes | |
| Christian Science practitioners | Yes | |
| Cholesterol test kits and supplies | Yes | |
| Co-insurance (dental) | Yes | |
| Co-insurance (medical) | Yes | |
| Co-insurance (prescription) | Yes | |
| Co-insurance (vision) | Yes | |
| Co-payment (dental) | Yes | |
| Co-payment (medical) | Yes | |
| Co-payment (other) | Yes | |
| Co-payment (vision) | Yes | |
| Cold & flu medicine (over-the-counter) | Yes | Rx |
| Cold cream (over-the-counter) | No | |
| Compression or anti-embolism socks, stockings or hose | Yes | CMN |
| Concierge medical fees (billed for actual services received) | Yes | |
| Condoms | Yes | |
| Contact lenses, cleaning solutions, etc. | Yes | |
| Contraceptives (prescription) | Yes | |
| Contraceptives (over-the-counter) | Yes | Rx |
| Cord blood storage (for future treatment of a birth defect or known medical condition) | Yes | CMN |
| Cord blood storage (for unidentified future use) | No | |
| Corn and callus remover (over-the-counter) | Yes | Rx |
| Corneal keratotomy | Yes | |
| Cosmetic procedures or surgery | No | |
| Cough drops & sore throat lozenges (over-the-counter) | Yes | Rx |
| Cough syrup (over-the-counter) | Yes | Rx |
| Counseling (for treatment of a medical condition) | Yes | |
| CPR classes (adult or child) | No | |
| Crutches, canes, walkers or like equipment (purchase or rental) | Yes | |
| Deductible for dental plan | Yes | |
| Deductible for medical plan | Yes | |
| Deductible for prescription plan | Yes | |
| Deductible for vision plan | Yes | |
| Dental care (for non-cosmetic purposes, including sealants) | Yes | |
| Dental co-insurance | Yes | |
| Dental co-payment | Yes | |
| Dental insurance premiums | No | |
| Dental plan premiums | No | |
| Dental products (for treatment of a dental condition and/or general health) | No | |
| Dental reconstruction (including implants) | Yes | |
| Dental veneers | Yes | CMN |
| Dentures, bridges, etc. | Yes | |
| Diabetic monitors, test kits, strips and supplies | Yes | |
| Diagnostic services (other than dental or vision) | Yes | |
| Diagnostic services (dental or vision) | Yes | |
| Diaper rash ointments and creams | Yes | Rx |
| Diapers and diaper services | No | |
| Dietary supplements (for treatment of a medical condition) | Yes | Rx |
| Doula or birthing coach | Yes | CMN |
| Drug addiction treatment | Yes | |
| Drugs (experimental or imported) | No | |
| Drugs (prescription) | Yes | |

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| Dyslexia treatment | Yes | |
| Ear drops & wax removal (over-the-counter) | Yes | Rx |
| Educational classes or tuition | No | |
| Electrolysis | No | |
| Emergency kits (over-the-counter) | No | |
| Eye examinations | Yes | |
| Eye related equipment/materials | Yes | |
| Eye surgery or treatment to correct vision | Yes | |
| Eyeglasses (over-the-counter) | Yes | |
| Eyeglasses (prescription) | Yes | |
| Face lifts | No | |
| Feminine hygiene products | No | |
| Fertility monitor (over-the-counter) | Yes | |
| Fertility treatment (for employee, spouse or dependent) | Yes | |
| Fertility treatment (for non-dependent surrogate) | No | |
| First aid kits (over-the-counter) | Yes | |
| Flu shots | Yes | |
| Funeral expenses | No | |
| Gastrointestinal medication (over-the-counter) | Yes | Rx |
| Guide dog (dog, training, care) | Yes | |
| Hair regrowth products | No | |
| Hair removal | No | |
| Hair transplant | No | |
| Hair treatments | No | |
| Hand lotion (over-the-counter) | No | |
| Health insurance premiums | No | |
| Health plan premiums | No | |
| Health savings account (HSA) contributions | No | |
| Hearing aids and batteries | Yes | |
| Herbal or homeopathic medicines (over-the-counter) | Yes | CMN |
| Hospital (fixed indemnity, \$x per day) insurance premiums | No | |
| Hospital services and fees | Yes | |
| Household help | No | |
| Humidifier, air filter and supplies | Yes | CMN |
| Illegal operations or substances | No | |
| Immunizations | Yes | |
| Incontinence supplies | Yes | |
| Individual dental insurance premiums | No | |
| Individual dental plan premiums | No | |
| Individual insurance premiums | No | |
| Individual medical insurance premiums | No | |
| Individual medical plan premiums | No | |
| Individual plan premiums | No | |
| Individual prescription insurance premiums | No | |
| Individual prescription plan premiums | No | |
| Individual vision insurance premiums | No | |
| Individual vision plan premiums | No | |
| Infertility treatment (for employee, spouse or dependent) | Yes | |
| Insulin, testing materials and supplies | Yes | |
| Insurance or health insurance premiums | No | |
| Insurance or health plan premiums | No | |
| Laboratory fees | Yes | |
| Lactose intolerance (over-the-counter) | Yes | Rx |
| Lamaze classes | Yes | |
| Laser eye surgery | Yes | |
| Lasik | Yes | |
| Late payment fees charged by health care provider | No | |

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| Laxatives (over-the-counter) | Yes | Rx |
| Learning disability treatments | Yes | |
| Lice treatment (over-the-counter) | Yes | Rx |
| Listening therapy | Yes | |
| Lodging (essential to receive medical care) | Yes | CMN |
| Long term care premiums (up to IRS tax-free limit, see IRS Publication 502) | No | |
| Long term care services | No | |
| Long term disability insurance premiums | No | |
| Magnetic therapy (over-the-counter) | Yes | CMN |
| Marriage counseling | No | |
| Massage therapy (for treatment of a medical condition) | Yes | CMN |
| Mastectomy-related special bras | Yes | |
| Maternity clothes | No | |
| Medical abortion | Yes | |
| Medical co-insurance | Yes | |
| Medical co-payment | Yes | |
| Medical equipment (for treatment of medical condition) and repairs | Yes | |
| Medical insurance premiums | No | |
| Medical plan premiums | No | |
| Medical literature, books, pamphlets or audio | No | |
| Medical monitoring and testing devices | Yes | |
| Medical records charges | Yes | |
| Medical savings account (MSA) contributions | No | |
| Medical supplies (for treatment of a medical condition) | Yes | |
| Medicare alternative insurance or plan premiums | No | |
| Medicare Part B insurance | No | |
| Medicare Part B premiums | No | |
| Medicare alternative insurance premiums (vs. Part A & Part B) | No | |
| Medicare alternative plan premiums (vs. Part A & Part B) | No | |
| Medicare supplement policy premiums | No | |
| Medicines (over-the-counter) | Yes | Rx |
| Medicines (prescription) | Yes | |
| Midwife | Yes | |
| Modified equipment (difference in cost only) | Yes | CMN |
| Monitors & test kits (over-the-counter) | Yes | |
| Motion & nausea | Yes | Rx |
| Nasal sprays | Yes | Rx |
| Nasal strips (over-the-counter) | Yes | Rx |
| No show fees charged by health care provider | No | |
| Norplant insertion or removal | Yes | |
| Nursing services (wages and taxes) | Yes | |
| Nutritional supplements (for treatment of a medical condition) | Yes | CMN |
| OB/GYN fees | Yes | |
| Occlusal guards to prevent teeth grinding | Yes | |
| Occupational therapy (related to a medical condition or disability) | Yes | |
| Office visits (chiro) | Yes | |
| Office visits (dental) | Yes | |
| Office visits (medical) | Yes | |
| Office visits (psych/therapy) | Yes | |
| Office visits (vision) | Yes | |
| Operations (for non-cosmetic purposes) | Yes | |
| Operations (for vision and dental only) | Yes | |
| Optometrist / ophthalmologist fees | Yes | |
| Oral care (over-the-counter) | No | |
| Organ transplants (recipient and donor) | Yes | |
| Orthotics | Yes | |
| Ortho keratotomy | Yes | |

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| Orthodontia (braces and retainers) | Yes | |
| Orthopedic and surgical supports | Yes | |
| Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe) | Yes | CMN |
| Over-the-counter acne treatments | Yes | Rx |
| Over-the-counter allergy & sinus medicine | Yes | Rx |
| Over-the-counter antacid | Yes | Rx |
| Over-the-counter antibiotic ointment | Yes | Rx |
| Over-the-counter aspirin or other pain reliever | Yes | Rx |
| Over-the-counter asthma medicines or treatments | Yes | Rx |
| Over-the-counter bandages and related items | Yes | |
| Over-the-counter canker & cold sore treatments | Yes | Rx |
| Over-the-counter chest rubs | Yes | Rx |
| Over-the-counter cold & flu medicine | Yes | Rx |
| Over-the-counter cold & flu prevention | Yes | Rx |
| Over-the-counter cold cream | No | |
| Over-the-counter cough drops & sore throat lozenges | Yes | Rx |
| Over-the-counter cough syrup | Yes | Rx |
| Over-the-counter medication (including for motion sickness, sleep aids and sedatives) | Yes | Rx |
| Over-the-counter products for dental, oral and teething pain | Yes | Rx |
| Over-the-counter products for general dental care | No | |
| Over-the-counter vision products | Yes | |
| Ovulation monitor (over-the-counter) | Yes | |
| Oxygen | Yes | |
| Pain reliever (over-the-counter) | Yes | Rx |
| Personal use items (toothbrush, toothpaste, etc.) | No | |
| Physical exams | Yes | |
| Physical therapy | Yes | |
| Physician retainer fee (for on-call or concierge services) | No | |
| Pregnancy tests (over-the-counter) | Yes | |
| Prescription co-insurance | Yes | |
| Prescription co-payment | Yes | |
| Prescription drugs (for non-cosmetic purposes) | Yes | |
| Prescription drugs for cosmetic purposes | No | |
| Prescription drugs for hair regrowth | No | |
| Prescription insurance premiums | No | |
| Prescription plan premiums | No | |
| Propecia (for treatment of a medical condition) | Yes | Rx |
| Prosthesis | Yes | |
| Psychiatric care | Yes | |
| Psychoanalysis | Yes | |
| Psychologist fees | Yes | |
| Radial keratotomy (RK) | Yes | |
| Reading glasses (over the counter) | Yes | |
| Reconstructive surgery (following accident or medical procedure or condition) | Yes | CMN |
| Removal of benign mole, cyst or tumor | Yes | |
| Retainer fee (to physician for on-call or concierge services) | No | |
| Retin-A (for non-cosmetic purposes) | Yes | Rx |
| Rogaine or other hair regrowth medications (even if prescribed) | No | |
| Sales tax, shipping and handling fees (for any eligible expense) | Yes | |
| Smoking cessation (programs / counseling) | Yes | |
| Smoking cessation drugs (prescription) | Yes | |
| Smoking cessation gum or patches (over-the-counter) | Yes | Rx |
| Special equipment | Yes | CMN |
| Special school (for mental and physical disabilities) | Yes | CMN |
| Speech therapy | Yes | |
| Spermicidals | Yes | Rx |

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| Sterilization | Yes | |
| Student health fees for dental services (billed for actual services received) | Yes | |
| Student health fees for medical services (billed for actual services received) | Yes | |
| Student health fees for prescriptions (billed for actual services received) | Yes | |
| Student health fees for vision services (billed for actual services received) | Yes | |
| Sunglasses (over-the-counter) | No | |
| Sunglasses (prescription) | Yes | |
| Sunscreen with SPF<30 or suntan lotion (over-the-counter) | No | |
| Sunscreen with SPF 30+, sunburn creams and ointments (over-the-counter) | Yes | Rx |
| Supplies (for treatment of a medical condition) | Yes | |
| Surgery (for non-cosmetic purposes) | Yes | |
| Swimming lessons (for treatment of a medical condition) | Yes | CMN |
| Teeth bleaching or whitening | No | |
| Teeth grinding prevention devices | Yes | |
| Therapy (for treatment of a medical condition) | Yes | |
| Toothache and teething pain reliever (over-the-counter) | Yes | Rx |
| Toothpaste, toothbrush, floss, etc. | No | |
| Transgender treatments/surgery | No | |
| Tubal ligation | Yes | |
| Tuition or educational classes | No | |
| Urological products | Yes | |
| UV protection clothing | No | |
| Vaccinations | Yes | |
| Varicose vein removal surgery (for medical care) | Yes | |
| Vasectomy | Yes | |
| Viagra and similar prescription medications | Yes | |
| Vision co-insurance | Yes | |
| Vision co-payment | Yes | |
| Vision insurance premiums | No | |
| Vision plan premiums | No | |
| Vitamins/Supplements (over-the-counter, for general health purposes) | No | |
| Vitamins/Supplements (prescription) | Yes | CMN or Rx |
| Walking aids (canes, walkers, crutches and related supplies) | Yes | |
| Warranties or other charges for future anticipated services (with none actually received) | No | |
| Wart removal treatments (over-the-counter) | Yes | Rx |
| Weight loss counseling | Yes | CMN |
| Weight loss foods | No | |
| Weight loss program (to improve or maintain general health) | No | |
| Weight loss program (for treatment of a medical condition) | Yes | CMN |
| Weight loss drugs (for treatment of a medical condition) | Yes | Rx |
| Wheelchair and repairs | Yes | |
| Wound care (over-the-counter) | Yes | |
| X-ray fees (dental) | Yes | |
| X-ray fees (medical) | Yes | |

PLEASE NOTE:

The expenses listed are subject to change without notice based on IRS guidance and/or WageWorks interpretation of regulations.