

## ELIGIBLE EXPENSES

According to IRS guidelines, the following examples are eligible for reimbursement under the Flexible Spending Account as long as the expenses are not reimbursed from any other source. See your plan coordinator if you have questions.

Acupuncture	Psychologist Services
Chiropractic Services	Prescriptions
Contact Lenses	Routine Care
Deductibles & Co-insurance	Smoking Cessation: Programs and associated prescription drugs
Dental Services	Special Schools: To relieve handicapped condition
Doctor Services	Sterilization
Eyeglasses	Therapy: Physical, speech or occupational therapy for medical reasons
Fertility Treatments	Vitamins: Prescribed by a physician to treat a specific medical condition
Hearing Aids: Includes cost of batteries	Weight-Loss Programs: Programs and/or drugs prescribed to induce weight loss. Qualifies if the weight-loss program is recommended by a physician to treat a specific medical condition (such as obesity, heart disease, or diabetes). The cost of food associated with the weight-loss program would not qualify.
Laser Eye Surgery: Including Radial Keratotomy	Wheelchairs: Rental, purchase, operating costs for relief of sickness or disability
Learning Disability: Tutoring by licensed school or therapist for child with severe disability, as recommended by a physician	
Mineral Supplements: Prescribed for treatment of illness	
Optometrist Services	
Orthodontia: See Specific Requirements	
Over the Counter Medicines: See List of Over the Counter Medicines/Qualifying Expenses	

**\*\*Prescription Co-Pay Reimbursement** – Must attach the RX Label or a print out from the pharmacy. The receipt only will not be sufficient for reimbursement.

**\*\*Medical Receipts/Statements** – The receipt or statement will need to list the date(s) of service. The statement date or balance forward date will not be sufficient for reimbursement.

### *Over-the-Counter Medications/Qualifying Expenses*

*Please note this is not a complete list, but is intended to provide you with examples to help determine what OTC items may be eligible from your medical FSA. (Must provide itemized receipt)*

- Allergy Medications (e.g. Alavert, Claritin)
- Antacid Medications (e.g. Maalox, Prilosec OTC, Zantac)
- Antibiotic Ointments (e.g. Neosporin, Bacitracin)
- Antihistamines (e.g. Benadryl, Claritin)
- Anti-Itch Creams (e.g. Benadryl, Cortaid, Ivarest)
- Bandages, Gauze Pads, and Liquid Adhesive for Small Cuts
- Blood Pressure Monitoring Devices
- Diabetic Monitoring Supplies - Blood Sugar Test Kits and Test Strips
- Calamine Lotion
- Cold Medicines (e.g. Comtrex, Sudafed)
- Cold/Hot Packs
- Contraceptives (e.g. Condoms, Spermicidal Foam)
- Contact Solutions and Eye Drops
- Cough Suppressants (e.g. Pediacare, Robitussin, Cough Drops)
- Decongestants (e.g. Dimetapp, Sudafed)
- Diaper Rash Ointments and Creams (e.g. Desitin)
- Diarrhea Medicines (e.g. Imodium, Kaopectate)
- Expectorants (e.g. Comtrex, Robitussin)
- Fever Reducing Medications (e.g. Motrin, Tylenol, Aspirin)
- First Aid Kits
- Headache Medications (e.g. Tylenol, Aspirin, Advil)
- Hemorrhoid Treatments (e.g. Preparation H)
- Insect Bite Creams and Ointments (e.g. Benadryl, Cortaid)
- Laxatives
- Menstrual Pain Relievers (e.g. Midol)
- Motion Sickness Pills (e.g. Bonine, Dramamine)
- Nicotine Gum or Patches
- Ovulation Monitors
- Pain Relievers (e.g. Advil, Aspirin, Tylenol)
- Pregnancy Test Kits
- Sinus Medications (e.g. Sudafed)
- Sunburn Creams and Ointments (e.g. Solarcaine)
- Thermometers
- Throat Lozenges (e.g. Cepacol, Chloraseptic)
- Toothache and Teething Pain Relievers (e.g. Orajel)
- Wart Remover Treatments (e.g. Compound W)
- Yeast Infection Medications (e.g. Monistat)

### INELIGIBLE EXPENSES

*The following examples are not eligible for medical reimbursement:*

- Baby Diapers
- Cosmetic Procedures and Cosmetics (Make-up, Cosmetic Surgeries, Electrolysis or Hair Removal, Face Creams, etc.)
- Dancing or swimming lessons, even if recommended by a physician
- Diaper Services and Household Help
- Funeral Expenses
- General Hygiene Drug Supplies (toothpaste, toothbrushes, deodorants, feminine hygiene products, etc.)
- Health Club Dues
- Herbs or vitamins for general health and not used to treat a specific medical condition
- Maternity Clothes
- Pre-payments for medical and dental treatment
- Tattooing or the removal of a tattoo, ear or body piercing.
- Trips or vacations taken for general health, morale, change in environment
- Teeth Whitening and Veneers

## ***Orthodontia***

Ortho reimbursements should allow for reimbursement of pre-paid orthodontia expenses, up to the elected amount, regardless of the date of service. The payment must have been made during the Benefit Period. Following are guidelines that ACS will use for reimbursement of pre-paid orthodontia expenses:

Because orthodontia typically spans a period of years, individuals are often charged an initial, up-front payment and then must make periodic payments over the rest of the treatment period. This makes it difficult to match payments with service. The IRS has recognized that it is often impossible to match costs with the provision of medical services for orthodontia expenses and therefore, gives employers the discretion to reimburse orthodontia expenses as members make partial payments. Please use the following guidelines when consulting with your orthodontist about fees and payments.

### ***Initial Evaluation Fees***

Orthodontia services initially performed, such as moldings, diagnostic records fees, consultation fees, etc., are reimbursable when incurred if the expenses are separate from the contracted treatment. These expenses are typically not included in the total treatment cost for orthodontia and would require a fully completed claim form with an itemized bill. If these services are incurred during the Benefit Period in which you are requesting reimbursement, they will be considered eligible.

It is a common practice for providers to require an initial fee before the start of orthodontia treatment. This expense is eligible for reimbursement with a fully completed claim form and an itemized bill indicating the initial fee or proof of payment.

### ***Monthly Payments***

The monthly liability for orthodontic treatment is reimbursable from:

- A paid receipt indicating payment date
- A monthly statement that indicates monthly payment amount
- Orthodontic provider contract/treatment plan that consists of total charge, banding date and estimated treatment that can be reconciled to the payment information from the bank
- Loan agreement where orthodontics is specified and the pay date is indicated (finance charges are not eligible for reimbursement)
- A Loan Coupon

### ***Full Payment for Orthodontic Treatment***

- If payment is made in full for the orthodontic treatment, and proof of payment is included with the completed claim form, the full payment amount will be reimbursed up to your Health Care election amount.