



## FSA ELIGIBLE EXPENSES

The following list is not meant to be an all-inclusive list of generally eligible FSA expenses. Other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. Each plan is different; for additional information specific to your plan, check your Summary Plan Document or contact myCafeteriaPlan.

### BABY/CHILD TO AGE 13

- Breast Pumps
- Lactation Consultant
- Lead-Based Paint Removal
- Nursing Supplies
- Special Formula\*
- Tuition: Special School/Teacher for Disability or Learning Disability\*
- Well Baby /Well Child Care

### DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Service

### EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

### HEARING

- Hearing Aids and Batteries
- Hearing Exams

### LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

### MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment\*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment\*
- Hospital Beds\*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Prosthetics
- Syringes
- Wigs\*

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DISCLAIMER: Every effort has been made to present this information accurately, however, this is just a summary overview. An overview means that details, explanations and qualifiers are left out. This information is intended only to provide general guidance and you should not rely on it as a complete explanation of this topic. OTC rules and guidelines are subject to change. This is not a legal document.

## Continued from front

### MEDICATIONS

- Insulin
- Prescription Drugs

### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment\*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Service Animals\*
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)

### OBSTETRICS

- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

### PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner\*
- Dermatologist
- Homeopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist\*

### THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)\*
- Hypnosis\*
- Occupational
- Physical
- Smoking Cessation Programs\*
- Speech
- Weight Loss Programs\*

## Eligible Over-the-Counter Items

The following is a high-level list of Over-the-Counter (OTC) items that may be eligible for purchase with FSA dollars depending on your plan.

### Baby Electrolytes

- Pedialyte, Enfalyte

### Denture Adhesives, Repair, & Cleansers

- PoliGrip, Benzodent, Efferdent

### Diabetes Testing and Aids

- Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products

### Diagnostic Products

- Thermometers, blood pressure monitors, cholesterol testing

### Elastics/Athletic Treatments

- ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts

### Eye Care

- Contact lens care

### Family Planning

- Pregnancy and ovulation kits

### Feminine Care

- Menstrual care products

### First Aid Dressings and Supplies

- Band Aid, 3M Nexcare, non-sport tapes

### Hearing Aid/Medical Batteries

### Incontinence Products

- Attends, Depends, GoodNites for juvenile incontinence

### Medication

- Allergy medication
- Cold and flu medication
- Cough medication
- Pain Relievers

### Reading Glasses and Maintenance Accessories



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