

Qualifying Medical Expenses



The following list is not meant to be an all-inclusive list of potentially eligible FSA expenses, as 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 Description or contact PB&H Benefits.

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- 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

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)

MEDICATIONS

- Insulin
- Prescription Drugs

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 clearly are not medicine or drugs and may be eligible for purchase with FSA or HRA dollars depending on your plan.

Antiseptics, Wound Cleansers

Alcohol, peroxide, Epsom salt

Denture Adhesives, Repair, and 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 solution

Family Planning

Pregnancy and ovulation kits

First Aid Dressings and Supplies

Band Aid, 3M Nexcare, non-sport tapes

Hearing Aid/Medical Batteries

Incontinence Products

Attends, Depends, GoodNites for juvenile incontinence

Reading Glasses and Maintenance Accessories

Expenses NOT Reimbursable

*This is only a **partial** list of medical expenses that are not eligible for payment in an FSA.*

- Cosmetic Surgery or procedures
- General Counseling (family, marital or couple)
- Health club memberships
- Any illegal treatment
- Lens replacement insurance
- Physical therapy for general well being

- Dental Bleaching
- Diaper Service
- Funeral Expenses
- Dietary supplements
- Solutions for care of eyeglasses
- OTC Medicines (Eligible with letter of medical necessity)



Medical Expense Worksheet



This worksheet will help you estimate your applicable medical expenses which may be paid through your Flexible Spending Account . This list contains common medical expenses and is not intended to be comprehensive. Please review the list of qualifying medical expenses for more details. Please include only those costs that are not reimbursed to you by other coverage or benefit plan.

Qualifying Expenses

Estimated Annual Expense

Medical deductibles or co-pays	\$ _____
Routine physical exams	_____
Prescriptions	_____
Chiropractic Care	_____
Dental examinations	_____
Orthodontist	_____
Eye Examinations	_____
Eyeglasses	_____
Contact lenses, solutions, cleaners	_____
X-Rays	_____
Laboratory fees	_____
Hospital or surgical fees	_____
Hearing aids	_____
Nursing home services	_____
Psychiatrists	_____
Psychologists	_____
Acupuncturists	_____
Over-the-counter Medications	_____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Eligible Expenses:	_____
_____	_____
_____	_____

Total Estimated Annual Expenses	_____ (A)
Number of Pay Periods	_____ (B)
Amount of reduction each pay period (A/B)	\$ _____