

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
A			
Abortion		Yes	Yes
Acne products	Products used for general hygiene such as facial wash, cleansers, toners, and medicated makeup	No	No
Acne products	Products specifically marketed for and used to treat acne	Yes	Yes
Acupuncture	Treatment for a medical condition	Yes	Yes
Advance payments	Nonrefundable advance payments to a private institution for lifetime care, treatment, and training of a physically or mentally impaired dependent after the death or disability of a legal guardian Special considerations: You must provide a statement of medical necessity from a doctor documenting the disability or mental impairment	Yes	Yes
Alcohol or drug addiction	Payments to a treatment center for alcohol or drug addiction, including meals and lodging	Yes	Yes
Allergy prevention products	Products purchased or used to alleviate allergies, such as a pillow, mattress, or vacuum Special considerations: You must provide a statement of medical necessity from a doctor documenting the diagnosed allergy and that the expense is for a product that will help alleviate the allergy symptoms	Yes	Yes
Allergy testing and shots		Yes	Yes
Ambulance service		Yes	Yes
Arch support	Foot products prescribed by a doctor to treat a medical condition	Yes	
Artificial limbs		Yes	Yes
Automobile insurance premiums		No	No
Automobile modifications	Modifications include special hand controls and other equipment installed in an automobile for a person with a disability Special considerations: You must provide a statement of medical necessity from a doctor documenting the disability	Yes	Yes
B			
Birth control pills	Prescribed birth control pills	Yes	Yes

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Birth control products	Prescribed devices such as diaphragms, IUDs, and Norplant, in addition to over-the-counter items such as home pregnancy tests, condoms, gels, and foams	Yes	Yes
Blood donation	Costs associated with blood donation Examples include self blood donations, storage fees, and processing fees	Yes	Yes
Blood pressure monitors	Costs include electronic monitors and replacement blood pressure cuffs	Yes	Yes
Body scans		Yes	Yes
Bottled water		No	No
Braille books and magazines	Costs are limited to those that exceed regular printed editions Special considerations: You must provide a receipt or advertisement with the price of the commonly available version of the book or magazine and a receipt of the Braille material	Yes	Yes
Breast augmentation	Examples include implants and injections Special considerations: Surgery or procedures that aren't medically necessary aren't eligible	No	No
Breast pumps	Pump prescribed by a doctor for a medical reason Special considerations: Breast pumps used for nursing and routine post-partum care aren't eligible	Yes	Yes
C			
Chelation therapy	Therapy used to treat a medical condition, such as lead poisoning	Yes	Yes
Childbirth classes	Classes necessary to reduce pain during labor and delivery. An example is Lamaze. Special considerations: Expenses related to parenting techniques, infant CPR, and breast feeding aren't covered	Yes	Yes
Chiropractor	Treatment for a medical condition	Yes	Yes
Christian Science practitioner	Medical expenses paid to a practitioner for medical care	Yes	Yes
Contact lenses and solutions	Products include saline solution and enzyme cleaner	Yes	Yes

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Cosmetic services and products	Those necessary to improve a deformity related to a congenital abnormality or injury resulting from an accident, trauma, or disfiguring disease (post-mastectomy reconstructive surgery, for example) Special considerations: You must provide a statement of medical necessity from a doctor documenting the deformity, disfigurement or injury	Yes	Yes
Cosmetic services and products	Surgery that isn't medically necessary. Examples include liposuction, hair transplants, electrolysis, laser treatments, and face-lifts	No	No
Counseling	Marriage or family counseling Special considerations: Other types of counseling such as mental health and psychiatric care, are eligible to mental health	No	No
Crutches		Yes	Yes
D			
Dental coinsurance	Amounts not covered by your or spouse's dental plans	Yes	Yes
Dental copayments		Yes	Yes
Dental deductibles	Deductibles under your or spouse's dental plans	Yes	Yes
Dental expenses	Examples include fees for X rays, fillings, braces, extractions, crowns, and orthodontia	Yes	Yes
Dental implants	Fees for insertion of artificial tooth, bone grafting, and follow-up care	Yes	Yes
Dental reasonable/customary	Amounts not paid by a dental plan that exceed reasonable and customary amounts	Yes	Yes
Dentures		Yes	Yes
Diapers (adult)	Diapers necessary as a result of a medical condition	Yes	Yes
Diapers (child)		No	No
Diaper service	Cost for an agency that delivers and picks up cloth diapers	No	No
Dietician services	Fees paid to a dietician when referred by a doctor for treatment of a medical condition	Yes	Yes
DNA testing	DNA testing for paternal responsibility	No	No

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Disability capitol costs	Examples include constructing entrance or exit ramps, adding handrails, or modifying stairways at a personal residence for disability of an employee or dependent Special considerations: You must provide a statement of medical necessity from a doctor documenting the disability	Yes	Yes
Disability equipment	Equipment installed in the home or car for use by a disabled employee or dependent Special considerations: You must provide a of medical necessity from a doctor documenting the disability	Yes	Yes
E			
Earplugs	Plugs must be prescribed by a doctor for a medical condition	Yes	Yes
Ear wax removal materials	Kits and ear drops must be prescribed by a doctor for a medical condition	Yes	Yes
Erectile dysfunction	Medication prescribed by a doctor to treat a medical condition	Yes	Yes
Exercise equipment	Equipment recommended by a doctor for the treatment of a medical condition Special considerations Must provide a letter from a doctor describing the medical condition, such as a cardiac condition	Yes	Yes
Exercise equipment	Equipment used for general health purposes or prevention of an undiagnosed disease	No	No
Eye examinations		Yes	Yes
Eyeglasses	Costs include prescription glasses and nonprescription reading glasses	Yes	Yes
Eyeglass tinting and coating		Yes	Yes
Eye surgery	Surgery to correct defective vision	Yes	Yes
F			
Fluoride treatment	Costs include prescription or nonprescription fluoride and installation and monthly rental charges of a home water unit when recommended by a dentist	Yes	Yes
Flu shots		Yes	Yes

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Food (prescribed)	Foods prescribed by a doctor to treat a medical condition. Examples are baby formula and gluten-free and lactose-free foods. Costs are limited to those that exceed common versions of the product Special considerations: Must provide a receipt or advertisement with the price of the commonly available version of the food and a receipt of the prescribed food	Yes	Yes
Funeral and burial expenses		No	No
Future payments	Down payments or payments for services that have not been rendered or products not received Special considerations: However, lump-sum payments for future orthodontia services are an eligible exception. Once the service is rendered, an itemized bill indicating the date the service was rendered is required for the expenses to be considered eligible.	No	No
G			
Guide dog		Yes	Yes
H			
Health club or YMCA dues	Examples include membership and personal trainer fees	No	No
Hearing aids		Yes	Yes
Hearing coinsurance	Amounts not covered by your or spouse's hearing plans	Yes	Yes
Hearing deductible	Deductibles under your or spouse's hearing plans	Yes	Yes
Hearing expenses	Costs include examinations and hearing aid batteries	Yes	Yes
Hearing reasonable and customary	Amounts not paid by a hearing plan that exceed reasonable and customary amounts	Yes	Yes
Hearing-impaired phone tools	Telephone equipment that allows a hearing-impaired person to communicate over a regular telephone	Yes	Yes
Hearing-impaired TV equipment	Equipment that displays the audio part of television programs as subtitles for a hearing-impaired person	Yes	Yes
Herbal remedies	Remedies that are prescribed by a doctor for a medical condition	Yes	Yes

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Hospital care	Inpatient care, including the cost of a private room Special considerations: Fees for personal convenience items, such as a television, telephone, and concierge services, aren't eligible.	Yes	Yes
Household help	Expenses for help, even if recommended by a doctor, due to an inability of employee, dependent, or retiree to perform physical housework	No	No
Humidifiers	Cost of portable units prescribed by a doctor for treatment of a medical condition	Yes	Yes
Hypnosis	Hypnosis prescribed for medical reasons	Yes	Yes
I			
Illegal medical treatment	Including surgery	No	No
Immunizations		Yes	Yes
Infertility	Treatments for infertility, including artificial insemination, in-vivo or in-vitro fertilization, embryo placement, egg and sperm storage, and ovulation monitors	Yes	Yes
J			
K			
L			
Laboratory and X ray fees		Yes	Yes
Laetrile	Anti-cancer drug	No	No
Language training	Training for a child with dyslexia or other learning disabilities. Fees for regular schooling aren't eligible	Yes	Yes
LASIK surgery		Yes	Yes
Lead-based paint removal	Costs for residences with children who have or had lead poisoning	Yes	Yes
Legal fees	Fees paid to authorize treatment for mental illness, excluding guardianship or estate management fees	Yes	Yes
Lens replacement insurance	Insurance to replace eyeglass or contact lenses	No	No
Life insurance premiums	Premiums paid for the following policies: life insurance, repayment for loss of earnings, and accidental loss of life, limbs, or sight	No	No

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Lodging	Cost of lodging not provided in a hospital or similar institution while away from home if primarily for and essential to medical care (limited to \$50 per person per night) Special considerations: The \$50 is applicable to only the patient and caregiver and is limited to \$100 per night. You must provide a statement of medical necessity from a doctor documenting the medical condition.	Yes	Yes
Long-term care expenses	Expenses include premiums for long-term care and facility fees	No	Yes
M			
Massage therapy	Therapy prescribed by a doctor to treat an injury or trauma	Yes	Yes
Mastectomy-related bras	Bras prescribed by a doctor	Yes	Yes
Maternity care	Service and supplies from doctors, midwives, clinics, hospitals, and laboratories Special considerations: 3D and 4D ultrasounds aren't eligible	Yes	Yes
Maternity clothes		No	No
Medic alert identifications	Bracelet or necklace prescribed by a doctor in connection with treating a medical condition	Yes	Yes
Medical coinsurance	Amounts not covered by your or spouse's medical plans	Yes	Yes
Medical conference	Admission and transportation costs	Yes	Yes
Medical contract fees	Annual contract costs for exclusive provider care Special considerations: Itemized expenses for services provided are eligible	No	No
Medical co-payments		Yes	Yes
Medical deductibles	Deductibles under your or spouse's medical plans	Yes	Yes
Medical equipment	Costs to buy or rent durable equipment prescribed by a medical practitioner to alleviate or treat a medical condition. Examples include medical beds, nebulizers, and sleep therapy devices	Yes	Yes
Medical information	Amounts paid to a medical information plan for storage and retrieval of medical information	Yes	Yes
Medical reasonable/customary	Amounts not paid by a medical plan that exceed reasonable and customary amounts	Yes	Yes

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Medical services	Services provided by doctors, surgeons, specialists, or other medical practitioners	Yes	Yes
Medical supplies	Over-the-counter items such as bandages, thermometers, and heating pads	Yes	Yes
Mental health	Includes psychoanalysis or amounts paid to a psychiatrist, psychologist, hospital, clinic, or mental health facility for medical care	Yes	Yes
Mentally handicapped home	Costs of keeping a mentally retarded person in a special home, as recommended by a psychiatrist, to help the person adjust from life in a mental hospital to community living Special considerations: Must provide a letter of medical necessity documenting that the special home or facility is necessary to assist the person in adjusting from life in a mental hospital to community living	Yes	Yes
N			
Nursing or retirement home fee	Medical care portion of a fee for an eligible dependent Special considerations: Fees for doctors, therapists, and other medical practitioners are eligible, but fees for the nursing or retirement home facility aren't eligible	Yes	Yes
Nursing services	Wages and other amounts paid for nursing services to a patient at home or in a facility, such as a nursing home or rehabilitation center Special considerations: Home health care and private duty nursing are eligible	Yes	Yes
Nursing services for newborns	Services by a nurse or attendant to care for a normal and healthy newborn at a hospital or at home	No	No
Nutritional supplements	Supplements taken for general health purposes. Examples include protein supplements, energy bars, and sports drinks	No	No
O			
Occupational therapy	Therapy received as medical treatment	Yes	Yes
Organ donor	Surgical, hospital, laboratory, and transportation expenses for an organ donor, if you paid the donor's expenses	Yes	Yes
Orthodontic fees	Orthodontic fees paid in a lump sum and in monthly installments	Yes	Yes
Orthopedic shoes and orthotics	Shoes and orthotics prescribed by a doctor for a medical condition	Yes	Yes

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Over-the-counter medications	Medications taken for general health purposes	No	No
Over-the-counter medications	Medications taken to relieve pain, colds, and medical conditions	Yes	Yes
Oxygen or oxygen equipment	Costs for rental or purchased equipment to relieve breathing problems caused by a medical condition	Yes	Yes
P			
Pain relievers		Yes	Yes
Personal-use items	Includes toiletries and cosmetics, unless used to prevent or ease a physical or mental defect or illness. Then only the excess of cost over the normally used item is reimbursable	No	No
Physical examinations	Routine physical examinations and related charges	Yes	Yes
Physical therapy	Therapy prescribed by a doctor as treatment for a medical condition	Yes	Yes
Premiums for medical insurance	Premiums paid on an after-tax basis for any type of medical insurance coverage, including premiums for private insurance not provided by an employer Special considerations: Must provide indication that the medical premium is after-tax when a payroll or retirement statement is used to document the medical premium expense. Handwritten or verbal confirmation won't be accepted.	No	Yes
Prenatal vitamins	Vitamins prescribed by a doctor for use during pregnancy	Yes	Yes
Prescription drugs	Exceptions may apply to drugs prescribed for cosmetic or general health purposes	Yes	Yes
Prosthetics		Yes	Yes
Psychiatric care	Medical costs for psychiatric care	Yes	Yes
Psychiatric expenses	Includes psychoanalysis or amounts paid to a psychologist for medical care	Yes	Yes
Q			
R			
S			
Sales taxes	Sales and service taxes on eligible medical care or products	Yes	Yes
Shipping	Charges to ship an eligible medical product	Yes	Yes

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Social activities	Activities such as dancing or swimming lessons, even if recommended by a doctor for general health improvement	No	No
School (alternative)	Costs of sending a problem child to an alternative school for benefits the child may receive from the course of study and disciplinary methods Special considerations: Court-ordered programs aren't eligible	No	No
School payments for disabled	Expenses paid to an alternative school for a child with a severe learning disability if the main reason is using the school's resources for relieving the disability Special considerations: You must provide a statement of medical necessity documenting the school is necessary to relieve the child's learning disability	Yes	Yes
Speech therapy	Speech therapy costs when prescribed as treatment for medical conditions such as autism, dyslexia, developmental delays, and rehabilitation.	Yes	Yes
Sterilization	Costs of sterilization (vasectomy or tubal ligation) and reversal of sterilization operations	Yes	Yes
Sunglasses	Sunglasses prescribed by an eye doctor for light sensitivity	Yes	Yes
Stop-smoking program		Yes	Yes
Support hose	Hose prescribed by a doctor for a medical condition Special considerations: The hose must be primarily manufactured and marketed for relief of a medical condition. Hosiery primarily marketed for fashion isn't eligible	Yes	Yes
T			
Taxes	Social Security and Medicare taxes paid for a nurse, attendant, or other person who provides medical care	Yes	Yes
Teeth whitening or bonding	Costs include bleaching and special whitening toothpaste. These expenses are always considered cosmetic and aren't eligible	No	No
Toothbrush	Any type of toothbrush even if recommended by a dentist or orthodontist	No	No

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Transportation expenses	Costs to receive medical care including airfare, parking, tolls, taxis, rental cars, buses, gas for your car, or mileage at the rate of 18 cents per mile Special considerations: You must provide a of medical necessity from a doctor documenting the medical condition for any expense \$100 or more if no diagnosis has been submitted previously	Yes	Yes
Tutoring	Tutoring fees, recommended by a doctor, for a child who has severe learning disabilities caused by a mental or physical impairment, including nervous system disorders	Yes	Yes
U			
Umbilical chord storage	Costs to collect, freeze and store umbilical cord blood only when a medical condition is present. Storage when no medical condition is present isn't eligible	Yes	Yes
Uniforms		No	No
UVR treatments	Ultraviolet radiation treatments recommended by a doctor for a medical condition, such as chronic psoriasis	Yes	Yes
V			
Vacation or travel	Time off or travel for general health purposes	No	No
Vaccinations	Amounts paid for vaccinations or immunizations against disease	Yes	Yes
Varicose vein surgery	Expenses associated with the removal of varicose veins prescribed by a doctor for treatment of a medical condition	Yes	Yes
Veneers	Only when covered by an insurance plan or recommended by a dentist as the only course of treatment	Yes	Yes
Vision coinsurance	Amounts not covered by your or spouse's vision plans	Yes	Yes
Vision copayments		Yes	Yes
Vision deductibles	Deductibles under your or spouse's vision plans		
Vision expenses	Costs not covered by a vision plan	Yes	Yes
Vision reasonable/customary	Amounts not paid by a vision plan that exceed reasonable and customary amounts	Yes	Yes
Vitamins	Prescribed by a doctor to cure a medical condition	Yes	Yes

Formatted: Normal (Web)

Formatted: Normal (Web)

Short Description (30 character max for Internet)	Long Description (200 character max for Internet)	Flexible Spending Account	Health Reimbursement Arrangement
Vitamins	Taken for general health purposes	No	No
W			
Warranties	Warranties purchased for health-related equipment	No	No
Weight loss	Program for general health	No	No
Weight loss	Program to cure a medical condition and must be prescribed by a doctor. Additional considerations: Examples include medical costs and program fees for support group and nonmedically supervised programs. Eligible programs include: Weight Watchers, Nutrisystems, and Medifast. Food is often a part of these programs, however, the fees associates with food aren't eligible	Yes	Yes
Wheelchair		Yes	Yes
Wigs	Wigs purchased with doctor's recommendation for the mental health of a patient who has lost all of his or her hair from disease	Yes	Yes
Work-related medical expenses	Costs for an accident or illness not covered by workers' compensation or another medical plan	Yes	Yes
Work transportation expenses	Transportation costs to and from work, even though a physical condition may require special means of transportation	No	No
X			
Y			
Z			