

Examples of Eligible FSA Expenses



This is not an all-inclusive list of eligible expenses. If you have a question about whether or not an additional medication or procedure is eligible, contact us at the number listed below.

NEW ELIGIBLE EXPENSES 2004 – 2005

Pain relievers	Sinus & allergy Medication	Topical anesthetics
Antacids / Heartburn	Cough & Cold	Pregnancy Tests, Ovulation Kits
First Aid	Anti-Fungal Medication	Physician Recommended Minerals
Enemas, Laxatives, and Stool Softeners	Children's Medications	Anti-diarrhea medication

MEDICAL

Prescription medication	Physician's fees and co-pays	Co-pays & Deductibles
X-Rays, MRI, and Laboratory fees	Artificial Limbs or Prosthesis	Obstetrical expenses
Doctor Prescribed Weight-Loss	Surgery when medically necessary	Expenses for handicapped dependent
Chiropractic treatments	Massage therapists	Psychiatric care
Psychologist fees	Learning Disability associated costs	Drug & alcoholism treatment
Insulin and Diabetic Testing Supplies	Guide Dog, Braille books, magazines, etc.	Blood Pressure Testing
Nurses' fees (RN and LPN)	Hearing devices & batteries	Fertility Treatments
Oxygen	Hormone Therapy	Ambulance costs
Wheelchairs, Crutches	Sterilization	Orthopedic shoes

MEDICALLY NECESSARY TRAVEL

Meals if incurred at a hospital while seeking treatment	Bus, taxi, train, or plane fare to health care facility	Transportation to health care facility (\$.14 per mile) plus parking and tolls.
Lodging (maximum of \$50 per night & must be related to treatment in a hospital or equivalent)	Transportation expenses for visits to see a mentally ill dependent if these visits are recommended as part of treatment.	Transportation expenses of a spouse, parent, or nurse who is traveling with patient who is unable to travel alone

DENTAL

Exams, Prophylaxis (cleaning)	Orthodontia*	Extractions, Fillings, Root Canals
Dentures, Artificial Teeth, Bridges	Oral Surgery, X-rays	Fluoride Treatments

*Adult Orthodontia must be medically necessary.

VISION CARE

Eye Examinations	Eye Glasses	Contact lenses and Contacts Supplies
LASIK Surgery	Photo Refractive Keratotomy (PRK)	Prescription Sunglasses

ELIGIBLE DEPENDENT CARE EXPENSES

Expenses for dependent care services for a child or adult provided inside or outside your home in order for you and your spouse to work

