

# Health Care *flexible spending account*

## Eligible Health Expenses

The Health Care FSA is a tax-free account that allows you to pay for essential health care expenses that are not covered, or are partially covered, by your medical, dental and vision insurance plans.

These expenses may be incurred by you or your eligible dependents. Expenses include deductibles, co-insurance payments, office co-pays, orthodontics, glasses and contacts. The item must not be used for general health or cosmetic purposes. Once enrolled in FSA's the money is available to you on the first day of the plan. You must spend the funds by the end of the plan year or they will be forfeited from your account.



## Orthodontic Expenses



IRS stipulates how orthodontic expenses can be reimbursed in a health care FSA. You should carefully plan when deciding on your annual election if it includes orthodontic expenses.

Special planning should be considered if you are planning to take advantage of an up-front discount payment. Please remember, services must be performed and incurred within the current plan year. Reimbursement of a lump sum payment to a dentist may not be eligible if any of the services will be performed in a subsequent plan year.

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### Partial List of Medically Necessary Items



#### Non-eligible items

Cosmetic surgery/Procedures  
Dietary supplements (*vitamins*)  
Electrolysis  
Exercise or health club memberships  
Insurance premiums  
Personal care items  
Physical therapy for general well being  
Smoking cessation programs  
Teeth whitening/Bleaching  
Weight reduction (*fees, programs & food*)

#### **Dental Services**

Crowns & Bridges  
Dentures  
Exams/Teeth cleaning  
Extractions  
Fillings  
Implants  
Oral surgery  
Orthodontia/Braces

#### **Insurance**

Co-pays  
Deductibles  
**Medications**  
Contraceptives  
Drugs (*prescriptions*)  
Insulin treatment  
Over-the-Counter items  
Smoking cessation products

#### **Laboratory Fees & Tests**

Blood tests & transfusions  
Diagnostic tests/health screenings  
Lab fees  
X-rays

#### **Medical Equipment & Supplies**

Ambulance service  
Crutches  
Guide dog  
Hearing aids and batteries

Oxygen equipment  
Prosthesis  
Wheelchair

#### **Medical Services & Providers**

Acupuncture  
Anesthetist  
Chiropractic care  
Hospital services  
Immunizations & Vaccinations  
Injections and vaccinations  
Nursing Services  
Physical therapy  
Operating room fees  
Optometrist/Ophthalmologist fees  
Organ transplant  
Specialty physicians & surgeons  
Sterilization  
Surgery  
Transportation to medical care  
Transplants

#### **Obstetric Services**

OB/GYN Exams & treatment  
OB/GYN Prepaid Maternity fees

#### **Vision Services**

Contact lenses (*corrective*) & supplies  
Eye exams  
Eyeglasses & Sunglasses (*corrective*)  
Laser eye surgery

***Some items may require the submission of a Doctor's certification stating the nature of medical condition and required treatment***