

# HSA Eligible Expenses



A health savings account (HSA) is a savings account that lets you set aside money on a pre-tax basis to pay for qualified medical expenses.

## Examples of Eligible Expenses for HSAs:



### Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces



### Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK



### Out-of-Pocket Uncovered Medical Care Expenses

- Copays, Coinsurance, Deductible Expenses
- Prescribed Medication (*including insulin and birth control*)
- Prescribed Vitamins



### Lab Exams/Tests

- Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- Cardiographs
- Diagnostic Fees, Laboratory Fees
- X-Rays
- At-Home COVID-19 Testing



### Medical Treatments/Procedures

- Acupuncture, Chiropractor
- Hearing Exams, Hearing Aids and Batteries
- Individual Behavioral or Mental Health
- Infertility, In-vitro Fertilization
- Inpatient treatment for addiction to alcohol/drugs
- Physical Therapy, Speech Therapy
- Sterilization, Vasectomy and Vasectomy Reversals
- Vaccinations and Immunizations
- Well Baby Care



### Medical Supplies and Services

- Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- Blood Pressure Monitors
- Breast Pumps and Lactation Supplies
- Compression Hosiery above 30 mmHg
- Contraceptives, Norplant Insertion or Removal
- Counseling (*except for Marriage and Family*)
- Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- Medic Alert Bracelet or Necklace
- Hospital and Ambulance Services
- Insulin Supplies, Syringes
- Guide Dog (*for visually/hearing impaired person*)
- Mastectomy Bras, Prosthesis
- Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- Pregnancy Tests, Pre-Natal Vitamins



## Over the Counter (OTC) Products

- Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- Anti-Nausea Medications, Motion Sickness Pills
- Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- First Aid Creams, Diaper Rash Ointments, Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- Menstrual Pain and Cramp Relief Medication
- Menstrual Products, including Tampons and Pads
- Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- Smoking Cessation Products, Nicotine Gum/Patches
- Sunscreen with at least SPF 15
- Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments



## Personal Protective Equipment (PPE) to Prevent Spread of COVID-19

- Face masks (disposable or cloth), with multiple layers of material and with nose wire
- Hand sanitizer rubs and hand sanitizing wipes with at least 60% alcohol content

*This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.*

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## Examples of Ineligible Expenses for HSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.



- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Surgery, Treatments, or Procedures
- Toiletries or Sundry Items
- Vitamins or Supplements for General Health
- Food and meals that replace regular nutritional requirements
- Household cleaning products, including surface cleaning wipes
- Face shields, neck gaiters, or face masks with vents/valves
- Fitness expenses such as gym memberships, athletic gear, and exercise equipment when used for an individual's general health

HSA account holders are responsible for retaining all receipts and other documentation necessary to prove that the expense is for medical care under relevant sections of the Internal Revenue Code. If you have concerns about whether an expense is considered by the IRS to be for medical care, reach out to your tax advisor



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# Limited Health FSA Eligible Expenses



There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your limited health FSA allows you to pay for eligible vision and dental expenses that are not covered by another health plan.

## Examples of Eligible Expenses for Limited FSAs:



### Dental Expenses

- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces



### Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

*This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.*

## Examples of Ineligible Expenses for Limited FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.



- Medical expenses other than dental or vision care
- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Treatments or Procedures
- Toiletries or Sundry Items
- Nonprescription Supplements for General Dental or Vision Health
- Household cleaning products, including surface cleaning wipes
- Face shields, neck gaiters, or face masks with vents/valves
- Fitness expenses such as gym memberships, athletic gear, and exercise equipment when used for an individual's general health

Personal care items or services for general health are not usually eligible, but if your dental or vision provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*. This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the diagnosis.

Sometimes a personal or general use item may be specialized for the purpose of treating or alleviating a dental or vision condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.

# Dependent Care FSA Eligible Expenses



A **Dependent Care FSA** allows you to save money on eligible work-related dependent care expenses.

Eligible Dependent Care expenses are typically for:

- Children up to the age of 13 that live with the participant. If parents are divorced, only the custodial parent (more than 50% of the nights each calendar year) can claim the dependent care expenses.
- Individuals 13 or older if they are unable to care for themselves and reside with the participant at least 8 hours per day.

## Examples of Eligible Expenses for Dependent Care FSAs:



### Child Care

- Child care at home or at a day care facility
- Sick child care center or facility
- 3K or 4K
- Nursery or preschool
- Before and after school programs
- Day camp (may include sports camp, computer camp, etc.)
- Au pair or nanny
- FICA and FUTA payroll taxes of daycare provider
- Miscellaneous fees related to dependent care (i.e. agency fees, application fees, hold the spot fees, late fees, registration fees, etc.)
- Transportation fees provided by the dependent care provider for transportation to/from where care is provided.



### Adult Care

- Adult day care center
- Custodial elder care (in-home or away from home)
- Transportation fees provided by the dependent care provider for transportation to/from where care is provided.

## Examples of Ineligible Expenses for Dependent Care FSAs:

We're commonly asked which expenses are not eligible for payment. Here are some examples, but the list is not all inclusive.



- Care that is not for employment-related reasons, such as care provided while on a leave of absence, maternity leave, medical leave, or care provided while you are on paid time off from work
- Care provided by your spouse or child who is under 19 years old at the end of the year
- Care provided by a person you can claim as your dependent
- Care that is primarily educational in nature (kindergarten and beyond)
- Overnight camps
- Meals, supplies, field trips, and materials (when billed separately)
- Medical care
- Nursing home fees or long term care expenses
- Transportation fees provided by someone other than the dependent care provider for transportation to/from where care is provided
- Child support payments
- Summer school or parochial school tuition
- Tutoring programs
- Virtual daycare fees