

# What Can I Expense?

Below is a list of items that are usually covered by a Flexible Spending Account.

## ELIGIBLE FSA HEALTH CARE EXPENSES

A	Acupuncture	Adoption (medical expenses related to)	Alcoholism treatment	Allergy medication (prescription)
	Ambulance and emergency health services	Anesthesia (for non-cosmetic purposes)	Athletic treatments / braces	
B	Bandages and related items (over-the-counter)	Birth control (prescription)	Blood pressure monitor	Blood sugar test kits and test strips
	Body scans			
C	Childbirth classes	Chiropractic office visit or treatment	Cholesterol test kits and supplies	Christian Science practitioners
	Co-insurance (dental)	Co-insurance (medical)	Co-insurance (prescription)	Co-insurance (vision)
	Compression or anti-embolism socks, stockings or hose	Condoms	Contact lenses, cleaning solutions, etc.	Contraceptives (prescription)
	Co-payment (dental)	Co-payment (medical)	Co-payment (vision)	Corneal keratotomy
	Counseling (for treatment of a medical condition)	Crutches, canes or like equipment (purchase or rental)		
D	Deductible for dental plan	Deductible for medical plan	Deductible for prescription plan	Deductible for vision plan
	Dental care (for non-cosmetic purposes)	Dental reconstruction	Dentures, bridges, etc.	Diabetic monitor, test kits, strips and supplies
	Diagnostic services	Drug addiction treatment	Drugs (prescription)	Dyslexia treatment

## ELIGIBLE FSA HEALTH CARE EXPENSES

<b>E</b>	Eye examinations	Eye related equipment/materials	Eye surgery or treatment to correct vision	Eyeglasses (over-the-counter)
	Eyeglasses (prescription)			
<b>F</b>	Fertility monitor (over-the-counter)	Fertility treatment (for employee, spouse or dependent)	First aid dressings (over-the-counter)	Flu shots
<b>G</b>	Guide dog (dog, training, care)			
<b>H</b>	Hearing aids and batteries	Hospital services and fees (non-cosmetic)		
<b>I</b>	Immunizations	Incontinence products (excludes diapers and diaper services)	Infertility treatment (for employee, spouse or dependent)	Insulin, testing materials and supplies
<b>L</b>	Laboratory fees	Lamaze classes	Laser eye surgery	Lasik
	Learning disability treatments	Listening therapy		
<b>M</b>	Mastectomy-related special bras	Medical abortion	Medical equipment (for treatment of medical condition) and repairs	Medical monitoring and testing devices
	Medical records charges	Medicines (prescription)	Midwife	Mileage (for medical care)
	Monitors & test kits (over-the-counter)	Motion & nausea (prescription)		
<b>N</b>	Norplant insertion or removal	Nursing services (wages and taxes)		
<b>O</b>	OB/GYN fees	Occlusal guards to prevent teeth grinding	Occupational therapy (related to a medical condition or disability)	Office visits (chiro)
	Office visits (dental)	Office visits (medical)	Office visits (psych / therapy)	Office visits (vision)
	Operations (for non-cosmetic purposes)	Optometrist / ophthalmologist fees	Organ transplants (recipient and donor)	Ortho keratotomy
	Orthodontia (braces and retainers)	Orthopedic & surgical supports	Ovulation monitor (over-the-counter)	Oxygen
<b>P</b>	Physical exams	Physical therapy	Pregnancy tests (over-the-counter)	Prescription co-insurance
	Prescription co-payment	Prescription drugs (for non-cosmetic purposes)	Prosthesis	Psychiatric care
	Psychoanalysis	Psychologist fees		
<b>R</b>	Radial keratotomy (RK)	Reading glasses (over the counter)	Removal of benign mole, cyst or tumor	

## ELIGIBLE FSA HEALTH CARE EXPENSES

S	Sales tax, shipping and handling fees (for any eligible expenses on this list)	Smoking cessation (programs / counseling)	Smoking cessation drugs (prescription)	Speech therapy
	Sterilization	Student health fees billed for services actually received (dental / medical / vision / prescription)	Sunglasses (prescription)	Surgery (for non-cosmetic purposes)
T	Teeth grinding prevention devices	Therapy (for treatment of a medical condition)	Tubal ligation	
U	Urological products			
V	Vaccinations	Varicose vein removal surgery	Vasectomy	Viagra and similar prescription medications
	Vitamins (prescription)			
W	Walking aids (canes, walkers, crutches and related supplies)	Wart removal treatments (prescription)	Wheelchair and repairs	Wound care — non-medical (over-the-counter)
X	X-ray fees (dental / medical)			

## ELIGIBLE FSA DEPENDENT CARE EXPENSES

Eligible Dependent Care Expenses are for a child under the age of 13 or other dependents that are physically and mentally incapable of taking care of themselves.

Adult day care center	After school program	Au pair
Babysitting (work-related, in your home or someone else's, but not provided by your own dependent)		Before- or after-school program
Child care	Custodial elder care (work-related)	
Educational services (for preschool, but not kindergarten or above)	Elder care (in your home or someone else's)	Extended care (supervised program before or after school)
Housekeeper who cares for child (only portion of payment attributable to work-related child care)		
Nanny	Nursery school	
Payroll taxes related to eligible care	Preschool	
Senior day care	Sick child care	Summer day camp (but not overnight camp)
Transportation to and from eligible care (provided by your care provider)		

## POSSIBLE FSA HEALTH CARE EXPENSES

Certain expenses require additional information to determine if they qualify as an eligible expense. A written statement may be required from a licensed health care professional to determine if the expense is required for the treatment of a medical condition.

<b>A</b>	Allergy treatments	Alternative dietary supplements	Alternative healers	
<b>B</b>	Braille books and magazines (difference in cost only)	Breast pump (to compensate for a medical condition)	Breast reconstruction surgery (following mastectomy)	
<b>C</b>	Car modifications	Cord blood storage (for treatment of a known birth defect or known medical condition)		
<b>D</b>	Dancing lessons	Dental products (for treatment of a dental condition, not general health)	Dental veneers	Dietary supplements
<b>E</b>	Exercise equipment			
<b>F</b>	Fitness programs			
<b>H</b>	Health club dues	Home improvements	Humidifier, air filter and supplies	
<b>L</b>	Lodging (essential to receive medical care)			
<b>M</b>	Massage therapy	Medical supplies	Modified equipment (difference in cost only)	
<b>N</b>	Nutritional supplements			
<b>O</b>	Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe)			
<b>R</b>	Reconstructive surgery (following accident or medical procedure or condition)			
<b>S</b>	Special equipment	Special foods (gluten-free, salt-free or other for treatment of a medical condition - difference only)	Special school (for mental and physical disabilities)	Sunscreen
	Swimming lessons			
<b>T</b>	Teeth whitening	Transgender treatments / surgery	Transportation, parking and related travel expenses (essential to receive medical care)	
<b>W</b>	Weight loss counseling	Weight loss program		

For more information on what health care and dependent care items can be expensed through your Flexible Spending Account, please contact our PrimeFlex Team.

Phone: 877-7MY-FLEX  
 Email: [primeflex@primepay.com](mailto:primeflex@primepay.com)  
 Fax: 866-6FAX-FSA

PrimePay  
 Attn: PrimeFlex  
 1487 Dunwoody Drive  
 West Chester, PA 19380

**PrimePay • [www.primepay.com](http://www.primepay.com) • [www.blog.primepay.com](http://www.blog.primepay.com)**