

# Eligible Medical Expenses

Effective January 1, 2011, per IRS regulations Over-The-Counter (OTC) medicines will require a prescription for reimbursement from a FSA, HRA or HSA. Your debit card will no longer work for OTC medications once this requirement is fully integrated at each merchant. For a full listing of items that will continue to be eligible without a prescription and can also be purchase with your debit card, [click here](#). For a listing of items that now require a prescription or [Letter of Medical recommendation](#) to be reimbursed and as such cannot be purchased with your debit card, [click here](#).

Click here for a list of [ineligible expenses](#).

## **A**

- Acupuncture
- Air purifier
- Alcoholism treatment
- Allergy medication††
- Alternative healer †
- Ambulance
- Artificial limbs/teeth

## **B**

- Band-aids/bandages
- Birthing classes (portion related to birthing)
- Blood pressure monitor
- Blood sugar test kit
- Body scan
- Breast pump
- Breast reconstruction surgery following a mastectomy

## **C**

- Chemotherapy
- Chiropractic services
- Christian Science practitioner services
- Co-payments
- Computer storage of medical records
- Contact lenses and solutions
- Crutches

## **D**

- Decongestants††
- Deductibles
- Dental services (non-cosmetic)
- Dentures/artificial teeth
- Diabetic supplies

Diagnostic fees and services  
Drug addiction/overdose treatment

## **E**

Ear plugs (for medical condition) †  
Equipment for the handicapped  
Eye drops ††  
Eye examination  
Eye surgery (i.e. cataracts, LASIK, etc.)  
Eyeglass cleaners  
Eyeglasses (prescribed)

## **F**

First Aid Kits  
Flu shots  
Fluoride treatments (dental)

## **G**

Genetic testing (to determine medical defects) †  
Glucosamine †  
Glucose monitor  
GYN Exams

## **H**

Hearing devices and batteries  
Hearing tests  
Holistic and natural healer services †  
Home care nursing services  
Hormone therapy treatment for menopause †  
Hospital expenses (non-cosmetic)

## **I**

Immunizations  
Incontinence supplies  
Insulin

## **L**

Laboratory fees  
Lactation consultant services †  
Lamaze classes (portion related to birthing)  
Language training (for disabled individual  
) †  
Laser eye surgery Learning disability expenses (fees to school or specially trained tutor) †

## **M**

Massage therapy †

Medical conference (admission and transportation)  
Medical expenses in excess of usual, customary and reasonable (UCR)  
Medical record charges  
Medical supplies \*\*Mileage

## **N**

Nasal sprays††  
Nasal strips  
Nutritionist expenses †

## **O**

Obstetrical expenses  
Occlusal guard (to prevent teeth grinding)  
Occupational therapy  
Oral surgery  
Orthodontic expenses  
Orthopedic devices  
Over-the-counter medications - prescribed (not to include nutritional supplements, cosmetic care items or items primarily used for general health)††  
Oxygen

## **P**

Pain relievers††  
Pap smears  
Physical exams (not employment-related)  
Physical therapy (for specific medical condition)  
Prenatal vitamins (prescription)  
Prescription medicines (non-cosmetic)  
Prosthesis  
Psychiatric care  
Psychological care & counseling

## **R**

Radial keratotomy  
Reading glasses (OTC)  
Routine physicals

## **S**

Safety glasses (prescription only)  
Schools and education (special) †  
Screening test for medical diagnosis  
Seeing-eye dog (purchase, training & care)  
Sinus medications††  
Sleep deprivation treatments †  
Sleeping aids††  
Smoking cessation program

Sunglasses (prescription)  
Supplies to treat a medical condition  
Surgical fee (non-cosmetic)

## T

Taxes on medical services and products  
Therapy, for medical care only  
Thermometers (medical)  
Transplant expenses (surgical, hospital, laboratory and transportation expenses for organ donor)  
Transportation and travel expenses for person receiving medical care

## U

Umbilical cord (collection, freezing and storage for imminent use to treat a specific medical condition)  
Usual, reasonable and customary (UCR), charges in excess of UCR

## V

Vaccines  
Varicose vein treatment (non-cosmetic)  
Vision correction procedures  
Vitamins, OTC †  
Vitamins (prescription)

## W

Weight loss prescription drugs/programs (associated with a certain disease) †  
Wheelchair

## X

X-rays

† Physician's note must indicate the specific medical condition, the medical item/treatment recommended to treat the medical condition, the expected duration of the treatment. Visit [www.hfsbenefits.com](http://www.hfsbenefits.com) for a template letter of medical recommendation.

**†† IMPORTANT: Effective for all purchases made after January 1, 2011, all over the counter drugs and medicines will require a prescription for reimbursement. Please visit [www.hfsbenefits.com](http://www.hfsbenefits.com) for the most updated information and forms.**

\*\*Mileage, transportation primarily for and essential to medical care (\$0.19 for automobile transportation occurring January 1, 2011 through June 30, 2011, \$0.235 for the automotive transportation between July 1, 2011 through December 31, 2011 and \$0.23 for automobile transportation occurring after January 1, 2012)