

**FLEXIBLE SPENDING ACCOUNT
ELIGIBLE EXPENSE REFERENCE
PLAN YEAR: 2021**



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This is a reference list intended to provide examples of what may be an eligible expense for your FSA
Please Note – when submitting an expense, you MUST include the condition and/or diagnosis being treated on the reimbursement voucher

Eligible Expenses	Over-The-Counter Items / Medications	Potentially Eligible Expenses*	Not Eligible Expenses
<ul style="list-style-type: none"> ✓ Acupuncture ✓ Alcohol/Substance Abuse Programs ✓ Ambulance ✓ Band Aids/Bandages ✓ Blood Pressure Monitor ✓ Body Scan ✓ Childbirth Classes (Lamaze) ✓ Chiropractic ✓ Christian Science Practitioners ✓ Condoms ✓ Co-insurance ✓ Contact Lenses & Solution ✓ Co-payments ✓ Counseling (<i>not career or marriage counseling</i>) ✓ Crutches ✓ Deductibles ✓ Dental Care – non cosmetic (<i>cleanings, x-rays, fillings, crowns, orthodontia</i>) ✓ Diabetic Supplies ✓ Eyeglasses, Reading Glasses, Prescription Sunglasses ✓ Eye Exams ✓ Flu Shots ✓ Fertility Treatments ✓ Hearing Aids & batteries ✓ Health Screenings ✓ Heart Rate Monitor ✓ Home Diagnostic Tests ✓ Immunizations ✓ In Vitro Fertilization ✓ Lab Fees ✓ Laser Eye Surgery ✓ Medical Alert Bracelet/Necklace ✓ Medical Records ✓ Mileage to & from Dr. Appts (<i>as of 1/1/21 0.18 cents/mile</i>) ✓ Occupational Therapy ✓ Orthotics (<i>with a doctor prescription</i>) ✓ Out-of-Network Fees ✓ Ovulation Monitor ✓ Parking Fees & Tolls for Medical Visit ✓ Physical Therapy ✓ Pregnancy Tests/Aids ✓ Prescription Drugs (<i>non-cosmetic</i>) ✓ Preventive Care Screenings ✓ Prosthetics ✓ Psychiatric Services and Care ✓ Smoking Cessation Programs ✓ Sterilization Procedures ✓ Ultrasounds ✓ Vision Care ✓ Walkers/Wheelchairs/Shower Chairs 	<ul style="list-style-type: none"> Acid Controllers Acne Medications Allergy & Sinus Medicine Antibiotics Anti-Diarrheal Antifungal Anti-Gas Products Anti-Itch & Insect Bite Anti-Parasitic Treatments Antiseptics & Wound Cleansers Baby Electrolytes & Dehydration Baby Rash Ointments/Creams Cold Sore Remedies Contraceptives Cough, Cold & Flu Denture Pain Relief Digestive Aids Ear Care Eye Care Feminine Anti-Fungal/Anti-Itch Fiber Laxatives First Aid Burn Foot Care Treatment Hemorrhoidal Preps Homeopathic Remedies Incontinence Protection & Treatment Products Laxatives (Non-Fiber) Mediated Respiratory Treatments Medicated Nasal Sprays, Drops, Inhalers Motion Sickness Oral Remedies & Treatments Pain Relief Oral & Topical Skin Treatments Sleep Aids & Sedatives Smoking Deterrents Stomach Remedies <p>*NEW*</p> <ul style="list-style-type: none"> Feminine Protection, Menstrual Care Products <ul style="list-style-type: none"> - Cups - Liners - Pads - Tampons - Disposable & Non-Disposable Underwear for Menstruation - Sponge <p>**No Rx Required For These Items**</p>	<ul style="list-style-type: none"> Air purifier Automobile Modifications Blood Storage (<i>not to exceed six months</i>) Calcium Supplements (<i>osteoporosis</i>) Cord Blood Storage (<i>specific condition required</i>) Dietary Supplements/Vitamins (<i>to treat a specific medical condition</i>) Electrolyte Replacements (<i>Pedialyte</i>) Fiber Supplements Glucosamine (<i>arthritis</i>) Hair Loss Treatment (<i>due to a specific medical condition</i>) Herbal Remedies (<i>by a licensed provider</i>) Homeopathic Medicines (<i>by a licensed provider with Rx</i>) Hormone Supplements Humidifiers (<i>treat specific medical condition</i>) Lodging (<i>up to \$50 per night, subject to additional conditions</i>) Massage Therapy (<i>to alleviate pain due to a medical condition</i>) Nutritionist Orthodontia for adults Orthopedic shoes (<i>only custom-fitted shoes</i>) Oxygen Probiotics Retin-A (<i>for the treatment of acne</i>) Sperm Storage (1 yr. ONLY) Sunscreen (30SPF+ History of CA) Vitamin B-12 Injections Wigs (<i>loss of hair from disease or treatment</i>) <p style="text-align: center;">**REQUIRED**</p> <p style="text-align: center;">These expenses REQUIRE a <u>Letter of Medical Necessity</u> from your health care provider is to be <i>considered</i> for reimbursement.</p> <p style="text-align: center;">Visit Flexbene.com for LMN form</p> <p style="text-align: center;">Submitting the Letter of Medical Necessity <i>does not</i> guarantee that the expense will be reimbursed. You <i>must</i> submit a new letter each year – these are not approved indefinitely.</p>	<ul style="list-style-type: none"> ✗ Aromatherapy ✗ Athletic Mouth Guard ✗ Autopsy ✗ Baby Diapers ✗ Cosmetic Dentistry ✗ Cosmetic Procedures ✗ Cosmetics ✗ Deodorant ✗ Face Cream ✗ Finance Charges ✗ Fitness Device (i.e. Fitbit, Apple Watch, Miss Fit, etc.) ✗ Funeral/Burial Expenses ✗ Health Club Dues (for purposes of general health) ✗ Hair Removal Products ✗ Hair Transplant ✗ Late Payment Fees ✗ Lens Replacement Insurance ✗ Lotion ✗ Electrolysis ✗ Maternity Clothes ✗ Marriage Counseling ✗ Meals/Food ✗ Microdermabrasion ✗ Missed Appointment Fees ✗ Mouthwash ✗ Non-prescription Sunglasses ✗ Nursing Home Expenses ✗ AFLAC Premiums ✗ Shampoo ✗ Soap ✗ Sports Energy Drinks ✗ Teeth Whitening/Bleaching ✗ Toiletries ✗ Toothbrushes ✗ Toothpaste ✗ Transportation to and from work ✗ Wrinkle Reducers ✗ Weight Loss Procedures/Programs (i.e. Gym Membership) <p>✗ *Medical Marijuana is federally illegal and remains ineligible for reimbursement*</p>