

# Your Flexible Spending Accounts What's Covered

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## FSA Eligible Health Care Expenses

(Below is the list of items typically covered by a standard FSA. For a complete list visit [www.wageworks.com](http://www.wageworks.com))

Rx (prescription)	Chest rubs (over-the-counter)	Diabetic monitor	Medical equipment (for treatment of medical condition) and repairs
Co-payment (medical)	Childbirth classes	Diagnostic services	Medical monitoring and testing devices
Office visit (medical)	Chiropractic office visit or treatment	Drug addiction treatment	Medical records charges
Dental	Christian Science practitioners	Drugs (prescription)	Medicines (over-the-counter)
Over-the-counter (eligible)	Co-insurance (dental)	Dyslexia treatment	Medicines (prescription)
Vision	Co-insurance (medical)	Eye examinations	Mileage (\$.18 per documented mile for travel to/from eligible health care)
Psychotherapy	Co-insurance (prescription)	Eye related equipment/materials	Monitors & test kits (over-the-counter)
Chiropractic care	Co-insurance (vision)	Eye surgery or treatment to correct vision	Motion & nausea
Lab (medical)	Cold & flu medicine (over-the-counter)	Eyeglasses (over-the-counter)	Nasal sprays
Orthodontia	Compression or anti-embolism socks, stockings or hose	Eyeglasses (prescription)	Non-prescription drugs and medicines (for non-cosmetic purposes)
Hospital fees	Condoms and spermicides	Fertility monitor (over-the-counter)	Norplant insertion or removal
X-ray (medical)	Contact lenses, cleaning solutions, etc.	Fertility treatment (for employee, spouse or dependent)	Nursing services (wages and taxes)
Acne treatments (over-the-counter)	Contraceptives (prescription or over-the-counter)	Flu shots	OB/GYN fees
Acupuncture	Co-payment (dental)	Gastrointestinal medication (over-the-counter)	Occlusal guards to prevent teeth grinding
Adoption (medical expenses related to)	Co-payment (medical)	Guide dog (dog, training, care)	Occupational therapy (related to a medical condition or disability)
Alcoholism treatment	Co-payment (other)	Hearing aids and batteries	Office visits (chiro)
Allergy & sinus medicine and products (over-the-counter)	Co-payment (vision)	Hospital services	Office visits (dental)
Allergy medication (prescription)	Corneal keratotomy	Immunizations	Office visits (medical)
Allergy treatments	Cough drops & sore throat lozenges (over-the-counter)	Infertility treatment (for employee, spouse or dependent)	Office visits (psych/therapy)
Ambulance and emergency health services	Cough syrup (over-the-counter)	Insulin, testing materials and supplies	Office visits (vision)
Anesthesia (for non-cosmetic purposes)	Counseling (for treatment of a medical condition)	Laboratory fees	Operations (for non-cosmetic purposes)
Antacid (over-the-counter)	Crutches, canes or like equipment (purchase or rental)	Lactose intolerance (over-the-counter)	Optometrist / ophthalmologist fees
Antibiotic ointment (over-the-counter)	Deductible for dental plan	Lamaze classes	Organ transplants (recipient and donor)
Aspirin or other pain reliever (over-the-counter)	Deductible for medical plan	Laser eye surgery	Ortho keratotomy
Asthma medicines or treatments (over-the-counter)	Deductible for prescription plan	Lasik	Orthodontia (braces and retainers)
Bandages and related items (over-the-counter)	Deductible for vision plan	Laxatives (over-the-counter)	Over-the-counter acne treatments
Birth control (over-the-counter)	Dental care (for non-cosmetic purposes)	Learning disability treatments	Over-the-counter allergy & sinus medicine
Birth control (prescription or other)	Dental co-insurance	Lice treatment (over-the-counter)	Over-the-counter antacid
Blood pressure monitor	Dental co-payment	Listening therapy	
Body scans	Dental reconstruction	Mastectomy-related special bras	
Canker & cold sore treatments (over-the-counter)	Dentures, bridges, etc.	Medical abortion	
		Medical co-insurance	
		Medical co-payment	

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Over-the-counter antibiotic ointment	Over-the-counter health care products (eligible)	Prosthesis	Surgery (for non-cosmetic purposes)
Over-the-counter aspirin or other pain reliever	Over-the-counter medication	Psychiatric care	Teeth grinding prevention devices
Over-the-counter asthma medicines or treatments	Over-the-counter products for dental ailments	Psychoanalysis	Therapy (for treatment of a medical condition)
Over-the-counter bandages and related items	Over-the-counter vision products	Psychologist fees	Tubal ligation
Over-the-counter canker & cold sore treatments	Ovulation monitor (over-the-counter)	Radial keratotomy (RK)	Vaccinations
Over-the-counter chest rubs	Oxygen	Reading glasses (over the counter)	Varicose vein removal surgery
Over-the-counter cold & flu medicine	Pain reliever (over-the-counter)	Removal of benign mole, cyst or tumor	Vasectomy
Over-the-counter cold & flu prevention	Physical exams	Smoking cessation (programs / counseling)	Viagra and similar prescription medications
Over-the-counter cough drops & sore throat lozenges	Physical therapy	Smoking cessation drugs (prescription)	Vision co-insurance
Over-the-counter cough syrup	Pregnancy tests (over-the-counter)	Smoking cessation gum or patches (over-the-counter)	Vision co-payment
	Prescription co-insurance	Speech therapy	Vitamins (prescription)
	Prescription co-payment	Sterilization	Wheelchair and repairs
	Prescription drugs (for non-cosmetic purposes)	Sunglasses (prescription)	X-ray fees (dental)
			X-ray fees (medical)

## FSA “Maybe” Eligible Health Care Expenses

Certain expenses require additional information in order to determine if they qualify. Products and services classified as “Maybe” require a written statement from your health care provider indicating (1) the diagnosis and (2) the medical necessity of the expense. Specialized items also require proof of the difference in cost: (1) the cost of standard, unmodified item, and (2) the cost of special or modified item. If you incur an expense that is classified as “Maybe,” you will need to submit the above documentation with your claim.

Alternative dietary supplements (for treatment of a medical condition)	Dental products (for treatment of a dental condition, not general health)	Nutritional supplements (for treatment of a medical condition)	Supplies (for treatment of a medical condition)
Alternative drugs and medicines (for treatment of a medical condition)	Dental veneers	Propecia (for treatment of a medical condition)	Swimming lessons (for treatment of a medical condition)
Alternative healers (for treatment of a medical condition)	Dietary supplements (for treatment of a medical condition)	Reconstructive surgery (following accident or medical procedure or condition)	Transportation, parking and related travel expenses (essential to receive medical care)
Braille books and magazines (difference in cost only)	Exercise equipment (for treatment of a medical condition)	Retin-A (for non-cosmetic purposes)	Weight loss counseling
Breast pump (to compensate for a medical condition)	Lodging (essential to receive medical care)	Special equipment	Weight loss program or drugs (for treatment of a medical condition)
Cord blood storage (for future treatment of a birth defect or known medical condition)	Massage therapy (for treatment of a medical condition)	Special foods (gluten-free, salt-free or other for treatment of a medical condition)	
Dancing lessons (for treatment of a medical condition)	Medical supplies (for treatment of a medical condition)	Special school (for mental and physical disabilities)	
	Modified equipment (difference in cost only)		

## Eligible Dependent Care Expenses

Adult day care center	Before- or after-school program	Elder care (in your home or someone else's)	Payroll taxes related to eligible care
After school program	Child care	Extended care (supervised program before or after school)	Preschool
Au pair	Custodial elder care (work-related)	Nanny	Senior day care
Babysitting (work-related, in your home or someone else's, but not provided by your own dependent)	Educational services (for preschool, but no kindergarten or above)	Nursery school	Sick child care
			Summer day camp (but not overnight camp)