Know Your FSA: What’s Eligible & What’s Not

Eligible Health Care Expenses

 ► Caring for the Handicapped
   ▪ Service dog
   ▪ Special education for the blind
   ▪ Tuition at special school for handicapped

 ► Child Birth & Well-Being
   ▪ Breast pumps & lactation supplies
   ▪ Birthing/Lamaze
   ▪ Childbirth expenses (physician, hospital, etc.)
   ▪ Midwife services

 ► Dental
   ▪ Bridges
   ▪ Crowns (non-cosmetic)
   ▪ Dentures and care products
   ▪ Exams and teeth cleaning
   ▪ Fillings
   ▪ Gum treatment
   ▪ Implants
   ▪ Occlusal guards
   ▪ Oral surgery
   ▪ Orthodontia
   ▪ Root canals
   ▪ X-Rays

 ► Medical Equipment
   ▪ Artificial limb/prosthetics
   ▪ Asthma flow meters
   ▪ Autoette/wheelchair
   ▪ Blood pressure monitors
   ▪ Blood sugar test kit/strips
   ▪ Custom orthotic
   ▪ Diabetic Supplies
   ▪ Glucose kits, monitors and testers
   ▪ Heart rate monitors
   ▪ Medic-alert bracelet
   ▪ Nebulizers/Vaporizers
   ▪ Prosthesis
   ▪ Syringes

 ► Medical Procedures
   ▪ Acupuncture
   ▪ Breast reconstruction surgery
     (following mastectomy due to disease)
   ▪ Operations (non-cosmetic)
   ▪ Organ donor’s medical expenses
   ▪ Surgical fees

 ► Family Planning
   ▪ Condoms
   ▪ Fertility treatments
   ▪ Oral contraceptives
   ▪ Pregnancy test kit
   ▪ Tubal ligation
   ▪ Vasectomy

 ► Hearing
   ▪ Hearing aid devices and batteries
   ▪ Hearing exams
   ▪ Telephone for the hearing impaired

 ► Lab Exams & Tests
   ▪ Blood tests
   ▪ Body scans
   ▪ Cardiographs
   ▪ Cholesterol testing
   ▪ Laboratory fees
   ▪ Mammograms

 ► Medicines & Drugs
   ▪ Insulin
   ▪ Prescription Drugs

 ► Miscellaneous
   ▪ Ambulance service
   ▪ Co-insurance and co-pays
   ▪ Deductible eligible expenses
   ▪ Hospital services
   ▪ Transportation expenses incurred
     for the rendering of medical services

 ► Routine or Preventative Care
   ▪ Flu shots
   ▪ Immunizations/Vaccinations
   ▪ Physical exams

 ► Specialists
   ▪ Chiropractor
   ▪ Dermatologist
   ▪ Osteopath
   ▪ Psychiatrist
   ▪ Psychologist

 ► Therapy
   ▪ Alcoholism treatments
   ▪ Drug dependency treatments
   ▪ Physical therapy
   ▪ Smoking cessation programs
   ▪ Speech therapy

 ► Vision
   ▪ Artificial eyes
   ▪ Contact lenses & cleaning solutions
   ▪ Eye examinations
   ▪ Eye surgery
   ▪ Eyeglasses
   ▪ Laser eye surgery/LASIK
   ▪ Prescription sunglasses
   ▪ Seeing eye dog and its upkeep

 ► Over-the-Counter
   ▪ Bandages
   ▪ Callous and corn removers
   ▪ Crutches
   ▪ Cushions, pads, arch supports
   ▪ First-Aid kits
   ▪ Gauze and gauze pads
   ▪ Heating pads
   ▪ Hot/cold packs
   ▪ Hydrogen Peroxide
   ▪ Incontinence supplies for adults
   ▪ Medical tape
   ▪ Pedialyte for child’s dehydration
   ▪ Rubbing alcohol
   ▪ Sunscreen (SPF 15+)
   ▪ Supports and braces
   ▪ Thermometers

Prescriptions for OTC drugs and medicines must be submitted to Sentinel Benefits along with a request for reimbursement.

Note: This list is not meant to be all-inclusive. For a full list please refer to IRS Code Section 213(d).
Ineligible Health Care Expenses

- Christian Science practitioner*
- Compression hosiery* (for treatment of varicose veins)
- Cosmetic Surgery/Procedures
- Dancing/Exercise/Fitness Programs*
- Diaper Service
- Doula*
- Electrolysis
- Exercise Equipment/Personal Trainers
- Fiber supplements*
- Glucosamine/Chondroitin*
- Hair Loss Medication
- Hair Transplant
- Handicap automobile modifications*
- Health Club Dues*
- Herbal supplements*
- Humidifier*
- Insurance Premiums and Interest
- Lactation consultant*
- Language training for disabled child*
- Laser hair removal
- Lead-based paint removal*
- Long-Term Care Premiums
- Marriage Counseling
- Massage*
- Maternity Clothes
- Mentally handicapped or disabled person’s cost for special home*
- Nutritionist*
- Orthopedic shoes* (to the extent the cost exceeds that of normal shoes)
- Prenatal vitamins*
- Psychoanalysis*
- Special food/beverage* (cost difference from regular food purchase)
- Special formula*
- Stem cell harvesting*
- Swimming Lessons
- Teeth Bleaching or Whitening
- Vitamins or nutritional supplements*
- Weight-loss program*
- Wig*

*Expenses marked with an asterisk (*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.

Eligible expenses under a Dependent Care FSA are defined as those that enable the participant or the participant’s spouse to work or to look for work. For purposes of a Dependent Care FSA plan, a “qualified dependent” must be under the age of 13, unless mentally or physically handicapped. Per IRS regulations, the service provider cannot be an individual under the age of 19 whom a personal tax exemption may be claimed and/or a child of the participant or spouse.

Eligible Dependent Care Expenses

- After-school care or extended day programs
- Babysitters (not for social events)
- Caregivers for a disabled spouse or dependent who lives with the participant
- Child care centers that care for six or more children and that meet the IRS’s definition of a qualified day care center
- Day camps
- Nursery schools
- Transportation services provided by the dependent care provider

Ineligible Dependent Care Expenses

- Babysitting for social events
- Educational expenses
- Expenses deducted from personal income tax return (dependent care)
- Kindergarten
- Overnight camps

For more information call (888) 762-6088, or visit www.sentinelgroup.com

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