

FSA Sample Eligible Expense List

ELIGIBLE HEALTH FSA EXPENSES

- Acupuncture
- Alcoholism treatment
- Allergy medication, nasal sprays
- Ambulance
- Analgesics, fever reducers, pain reducers (aspirin, ibuprofen, acetaminophen)
- Antacids and heartburn relief
- Antibiotic ointments
- Anti-itch creams and hydrocortisone creams
- Arthritis pain relieving creams
- Athlete's foot treatment, anti-fungal creams
- At-home COVID-19 tests
- Artificial teeth/dentures
- Bandages
- Birth control - only eligible with a prescription
- Blood pressure monitors
- Braces
- Braille-books and magazines
- Breast pumps and lactation supplies
- Cancer screening
- Chiropractors
- Chondroitin
- Co-insurance amount you pay
- Cold/hot packs
- Cold medicines, tablets, syrups, cough drops & lozenges
- Co-pay amount you pay
- Compression hose (30-40 mmHg or higher)
- Condoms
- Contact lenses and eyeglasses
- Contact lens solutions
- Cost of medically necessary operations and related treatments
- CPAP machine and sleep apnea maintenance/equipment
- Crutches
- Deductible medical coverage (amounts you pay)
- Dental fees
- Diabetic supplies
- Diaper rash ointment
- Drug addiction treatment
- Ear wax removal kits
- Eye exams, eye surgery
- Eye glasses (protection plans/warranties are NOT eligible expenses)
- Eczema treatments
- Feminine hygiene products
- Fertility treatments (in vitro fertilization, surgery)
- First-aid cream
- Glucosamine
- Hearing devices and batteries
- Hemorrhoid treatments
- Hospital services
- Incontinence products
- Infertility treatments
- Insulin
- Laboratory fees
- Lamaze classes
- Laxatives
- Medical alert bracelets
- Medical information plan
- Menstrual pain relievers
- Mentally handicapped persons cost of special home care
- Motion sickness pills
- Nasal spray and strips
- Nicotine gum, patches
- Nursing services (including boarding)
- Obstetrical expenses
- Orthotics
- Oura ring
- Over-the-counter medications
- Oxygen
- PPE (e.g., face masks, hand sanitizer, sanitizing wipes)
- Petroleum jelly
- Prosthesis
- Pregnancy tests
- Prenatal vitamins
- Psychiatrists' and psychologists' fees
- Radial keratotomy and lasik eye surgery
- Routine physical & other non diagnostic services or treatments
- Sinus medication
- Smoking cessation programs
- Speech therapy
- Special education for the blind
- Special plumbing for handicapped
- Sterilization (e.g., tubal ligation, vasectomy) and reversal
- Stomach and digestive relief items
- Sunburn cream (Solarcaine)
- Surgical fees
- Telephone, special for hearing impaired
- Television audio display equipment for hearing impaired
- Therapeutic care for drug and alcohol addiction received as medical treatment
- Thermometers
- Toothache and teething pain relievers
- Transportation expenses for person to receive medical care
- Urinary pain relief medication
- Vaccines
- Varicose vein, treatment of
- Walkers
- Wart removal, e.g., W Freeze Off (certain wart medicines may require a prescription)
- Wheelchair
- X-rays
- Yeast infection medication

ELIGIBLE HEALTH FSA EXPENSES ONLY WITH A LETTER OF MEDICAL NECESSITY FORM

- Acupressure
- Compression hose (20-30 mmHg)
- Dietary supplements
- Doula
- Exercise programs or equipment
- Fiber supplements
- Humidifier
- Hypnosis
- Lead-base paint removal
- Massage therapy, rolfing therapy
- Mineral supplements
- Occupational therapy
- Orthopedic shoes (Reimbursement is permitted for the cost difference between orthopedic shoes and regular shoes.)
- Scooter, electric
- Service animal (guide dogs are eligible without a LOMN)
- Tuition/meals/lodging for special needs schooling
- Vitamins
- Water-Pik

NEVER ELIGIBLE

- COBRA premiums
- Concierge service fees - **only medical services actually provided are eligible for reimbursement; membership fees for concierge services are not eligible for reimbursement**
- Cosmetic products and cosmetic surgery (unless to remediate damage from an illness or injury)
- Diet program foods
- Disposable diapers
- Electric toothbrush
- Electrolysis
- Fitness programs*
- Hair transplants*
- Household help
- Maternity clothes
- Medicinal marijuana
- Teeth whitening*

**Unless prescribed by a doctor to treat an existing illness or injury.*

ELIGIBLE DEPENDENT CARE FSA EXPENSES

- After-school programs
- Babysitters
- Day camp
- Daycare centers
- Eldercare
- Nursery schools
- (Overnight camps are NOT eligible)



Expense eligibility is subject to change. If you are unsure if an expense is eligible for reimbursement, please call P&A Group at (716) 852-2611 or chat with a Participant Support Specialist through online webchat at www.padmin.com.