

# Flexible Spending Account

## Why should I choose a Flexible Spending Account (FSA)?

A Flexible Spending Account (FSA) lets you save money by setting aside pre-tax dollars to pay for eligible medical, dental, vision and dependent care expenses incurred by you, your spouse or your eligible dependents.



### Take home more money

Putting money into an FSA decreases your taxable income, which means you'll take home more money.



### Plan better for health expenses

Spend your funds on the eligible health expenses you incur throughout the year. The IRS has a "use it or lose it" rule for FSAs, which means funds must be spent by the end of the plan year unless your employer offers a grace period or carryover.



### Flexibility

You can use your funds for eligible expenses occurred by you, your spouse, or your eligible dependents. Thousands of products and services are FSA eligible. (Eligible expenses are determined by the IRS.)



### Funds on Day 1

All of your FSA dollars are available on the very first day of the plan year. For example, if you choose to contribute \$1,200 to your FSA, your contributions will be deducted evenly across all of your paychecks for the year, but you have access to all \$1,200 on Day 1.



### Can I enroll?

Yes, as long as you or your spouse aren't actively enrolled and contributing to a Health Savings Account (HSA).

## Contribution limits + IRS regulations

The IRS sets the maximum dollar amount you can elect to contribute to a medical FSA.

**Tip:** Review how much you spend on eligible healthcare expenses every year to determine how much to elect.

## Changing your election

In order to make changes to your election after open enrollment, you need to experience a qualifying life event. These events include:

- Change in marital status or in the number of dependents
- Increase due to birth, adoption, or marriage
- Decrease due to death, divorce, or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse, or dependent employment status

If you experience a qualifying life event, contact your employer to make changes to your election.

## What does it cover?

There are thousands of eligible items, including:

- Copays and coinsurance
- Doctor visits and surgeries
- Over-the-counter medications (first-aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Dental and orthodontia
- Frames, contacts, prescription sunglasses, etc.





## Medical Flexible Spending Account Eligible Products

**Maximize the Value of Your Reimbursement Account** - Your healthcare Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket healthcare expenses that qualify as federal income tax deductions under Section 213(d) of the Internal Revenue Code (“IRC”). Health Care FSA dollars can be used to reimburse you for medical and dental expenses incurred by you, your spouse or eligible dependents (children, siblings, parents and other dependents which are defined in your Plan Documents).

**IMPORTANT: Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Health Care FSA plan. If you are unsure of what your Health Care FSA dollars may be used for, please contact your Plan Administrator. The following is a list of expenses currently eligible and not eligible by the Internal Revenue Service (“IRS”) as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.**

### Eligible Expenses

#### BABY/CHILD TO AGE 13

- Lactation Consultant\*
- Special Formula\*
- Tuition: Special School/Teacher for Disability or Learning Disability\*

#### DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia

#### EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

#### HEARING

- Hearing Aids and
- Hearing Exams

#### LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

#### MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment\*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Hospital Beds\*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Post-Mastectomy Clothing
- Prosthetics

#### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation\*

#### MEDICATIONS

- Insulin
- Prescription

#### OBSTETRICS

- Breast Pumps and Lactation Supplies
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre-and Postnatal Treatments

#### PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science
- Dermatologist
- Homeopath
- Naturopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist\*

#### THERAPY

- Alcohol and Drug addiction
- Counseling (not marital or career)\*
- Massage\*
- Occupational
- Physical
- Smoking Cessation Programs\*
- Speech
- Weight Loss Programs\*

**Note:** This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, 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. For additional information, check your Summary Plan Document or contact your Plan Administrator.

## Eligible Over-the-Counter Medicines and Drugs

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|--|---|--|
| <ul style="list-style-type: none"> <li>■ Acid controllers</li> <li>■ Acne medications</li> <li>■ Allergy &amp; sinus</li> <li>■ Antibiotic products</li> <li>■ Antifungal (Foot)</li> <li>■ Antiparasitic treatments</li> <li>■ Antiseptics &amp; wound cleansers</li> <li>■ Anti-diarrheals</li> <li>■ Anti-gas</li> <li>■ Anti-itch &amp; insect bite</li> <li>■ Baby rash ointments &amp; creams</li> <li>■ Baby teething pain</li> <li>■ Cold sore remedies</li> <li>■ Contraceptives</li> </ul> | <ul style="list-style-type: none"> <li>■ Cough, cold &amp; flu</li> <li>■ Denture pain relief</li> <li>■ Digestive aids</li> <li>■ Ear care</li> <li>■ Eye care</li> <li>■ Feminine antifungal &amp; anti-itch</li> <li>■ Fiber laxatives (bulk forming)</li> <li>■ First aid burn remedies</li> <li>■ Foot care treatment</li> <li>■ Hemorrhoidal preps</li> <li>■ Homeopathic remedies</li> <li>■ Incontinence protection &amp; treatment products</li> </ul> | <ul style="list-style-type: none"> <li>■ Laxatives (non-fiber)</li> <li>■ Medicated nasal sprays, drops, &amp; inhalers</li> <li>■ Medicated respiratory treatments &amp; vapor products</li> <li>■ Motion sickness</li> <li>■ Oral remedies or treatments</li> <li>■ Pain relief (includes aspirin)</li> <li>■ Skin treatments</li> <li>■ Sleep aids &amp; sedatives</li> <li>■ Smoking deterrents</li> <li>■ Stomach remedies</li> <li>■ Unmedicated vapor products</li> </ul> |
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*Note: This list is not meant to be all-inclusive.*

## Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

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| <ul style="list-style-type: none"> <li>■ <b>Baby Electrolytes and Dehydration</b><br/>Pedialyte, Enfalyte</li> <li>■ <b>Contraceptives</b><br/>Unmedicated condoms</li> <li>■ <b>Denture Adhesives, Repair, and Cleansers</b><br/>PoliGrip, Benzodent, Plate Weld, Efferdent</li> <li>■ <b>Diabetes Testing and Aids</b> Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</li> <li>■ <b>Diagnostic Products</b> Thermometers, blood pressure monitors, cholesterol testing</li> <li>■ <b>Ear Care</b><br/>Unmedicated ear drops, syringes, ear wax removal</li> </ul> | <ul style="list-style-type: none"> <li>■ <b>Elastics/Athletic Treatments</b><br/>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports</li> <li>■ <b>Eye Care</b><br/>Contact lens care</li> <li>■ <b>Family Planning</b><br/>Pregnancy and ovulation kits</li> <li>■ <b>First Aid Dressings and Supplies</b><br/>Band Aid, 3M Nexcare, non-sport tapes</li> <li>■ <b>Foot Care Treatment</b><br/>Unmedicated corn and callus treatments (callus cushions), devices, therapeutic insoles</li> <li>■ <b>Glucosamine &amp;/or Chondroitin</b> Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</li> <li>■ <b>Hearing Aid/Medical Batteries</b></li> </ul> | <ul style="list-style-type: none"> <li>■ <b>Home Health Care</b> (limited segments) Ostomy, walking aids, pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, hydrocollators, nebulizers, electrotherapy products, catheters, wound care, wheel chairs</li> <li>■ <b>Incontinence Products</b><br/>Attends, Depend, GoodNites for juvenile incontinence, Prevail</li> <li>■ <b>Menstrual Care Products</b><br/>Pads, tampons, menstrual cups</li> <li>■ <b>Nasal Care</b><br/>Saline Nasal Spray</li> <li>■ <b>Prenatal Vitamins</b></li> <li>■ <b>Reading Glasses and Maintenance Accessories</b></li> </ul> |
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*Note: This list is not meant to be all-inclusive.*

**Please Note:** Currently, the IRS does **NOT** allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

## Ineligible Expenses

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|---|--|---|
| <ul style="list-style-type: none"> <li>■ Contact or Eyeglass Insurance</li> <li>■ Cosmetic Surgery/Procedures</li> <li>■ Electrolysis</li> <li>■ Insurance Premiums and Interest</li> </ul> | <ul style="list-style-type: none"> <li>■ Long Term Care Premiums</li> <li>■ Marriage or Career Counseling</li> <li>■ Personal Trainers</li> <li>■ Teeth Whitening and bleaching</li> </ul> | <ul style="list-style-type: none"> <li>■ Sunscreen (spf less than 30)</li> <li>■ Swimming Lessons</li> <li>■ Veneers</li> </ul> |
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**See our [NEW eligibility tool on the Mobile App!](#) search **ABPlus****