

Medical FSA Eligible Expenses

The list below includes generally eligible IRS Code Section 213 expenses. **Items marked with a ★ require a note of medical necessity from a licensed practitioner to treat a specific diagnosis.**

REMEMBER:

1. All services must be provided by a licensed practitioner.
2. Stockpiling of supplies is prohibited by the IRS.
3. Services must be rendered or items purchased during the plan year (or grace period, if applicable.)
4. You must use your flex account money during the plan year (or grace period, if applicable) or it is forfeited.

Acupuncture
Alcoholism treatment program fees
Allergy medicine
Ambulance service
Antacids
Anti-Diarrhea medicine
Artificial limbs

Bandages
Braille books and magazines
(above the cost of regular print)

Car Modifications for equipment installed for the use of a person with a disability
Childbirth classes
(mother's costs only)
Chiropractic care
Christian Science practitioner fees
Co-insurance charges

Co-payments
Cold medicine
Cold/Hot packs for injuries
Contact lenses
(including cleanser and saline solution)
Cough drops
Crutches

Deductible expenses
Dental expenses
(non-cosmetic services only)

Dentures
Diabetic supplies
Dietary Supplements★
Drug addiction treatment at a therapeutic center

Eye drops
Eye exams
Eyeglasses

First aid kit

Gauze pads
Guide dog or other animal used by a person with a physical disability

Hearing aids/batteries
Hemorrhoid medications
Herbs ★
Hospital fees

Immunizations
Incontinence supplies
Items previously available by prescription only

Lasik Surgery
Laboratory fees
Laxatives
Learning disability *(fees paid to a special school or a specially trained tutor for a child with severe learning disabilities caused by mental or physical impairments, provided that the child's physician recommends that the child attend the school or be tutored)*

Massage therapy *(only if prescribed by a physician for a specific diagnosis and provided by a licensed massage therapist)*
Medical services provided by physicians, surgeons, and specialists *(non-cosmetic services only)*
Mileage related specifically to transportation to/from an eligible medical appointment
Motion-sickness medications

Nasal Spray
Nicotine gum or patches

Ointments for muscle or joint pain or for first aid purposes
Operations
Optical care provided by Optometrists, Ophthalmologists or Opticians
Organ transplants
Orthodontics
Orthopedic shoes & Orthotic Inserts
Osteopathic treatment
Oxygen

Pain relief medications
Physical exams
(unless employment related)
Physical therapy
Prescription drugs
Prosthesis
Psychiatric care
Psychoanalysis
Psychological treatment
Pre-natal vitamins
Pregnancy test kits

Reading glasses
Rubbing Alcohol
Radial Keratotomy

Sales tax payable for eligible services or items
Sinus medicines
Smoking cessation programs
Special foods *(prescribed by a physician at costs in excess of the costs of commonly available products)*
Special schools for a mentally impaired or physically disabled person if the primary reason for using the school is its resources for relieving the disability *(e.g. a school that teaches Braille to a visually impaired child or teaches American Sign Language to a hearing impaired child)*
Suppositories

Thermometers

Vaccines
Vitamins ★

Wheelchair costs

X-rays

Medical FSA Expense Estimator

ELIGIBLE OVER-THE-COUNTER ITEMS:

Allergy medicines	Laxatives
Antacids	Motion-sickness medicines
Anti-diarrhea medicines	Nasal Spray
Bandages	Ointments for muscle or joint pain or for first aid
Cold/flu medicines	Pain Relief medicines
Cold/hot packs	Pre-natal Vitamins
Cough Drops	Pregnancy Test Kit
Dietary Supplements **	Reading Glasses
Eye Drops	Rubbing Alcohol
First Aid Kit	Sinus Medicines
Gauze Pads	Suppositories
Hemorrhoid medicines	Thermometers
Herbs **	Vitamins **
Incontinence Supplies	

** These over-the-counter items require a note of medical necessity to treat a specific illness from a licensed practitioner.

Some Important Points...

- You can be reimbursed for out-of-pocket expenses incurred by you, your spouse and children, even if health insurance coverage is from another source.
- The money you choose to set aside must be used toward eligible expenses during your plan year (or grace period, if applicable) or it is forfeited.
- Remember you save taxes on each dollar you set aside for the account!

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GENERAL MEDICAL EXPENSES

Allergy Care	\$ _____
Deductible or Coinsurance	\$ _____
Diabetic Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Lab or X-ray	\$ _____
Massage Therapy *	\$ _____
Office Visit co-pays	\$ _____
Orthopedic Shoes & Inserts	\$ _____
Over-the-counter Items	\$ _____
Pharmacy co-pays	\$ _____
Preventive Care	\$ _____
Psychotherapist	\$ _____
TOTAL GENERAL MEDICAL	\$ _____

* Massage Therapy: A note of medical necessity is required.

DENTAL EXPENSES

Bridges	\$ _____
Crowns	\$ _____
Dentures	\$ _____
Fluoride Treatment	\$ _____
Orthodontia (<i>Adult or children</i>)	\$ _____
Teeth Cleaning	\$ _____
Fillings	\$ _____
TOTAL DENTAL	\$ _____

VISION EXPENSES

Eye Glasses (<i>Prescription or OTC Reading Glasses</i>)	\$ _____
Contact Lenses	\$ _____
Contact Lens Solution	\$ _____
Vision Exam	\$ _____
Lasik Surgery	\$ _____
TOTAL VISION	\$ _____

GRAND TOTAL \$ _____

Multiply Grand Total by 27% for a rough estimate of payroll tax savings.