

Medical FSA Eligible Expenses

The list below is a summary of generally eligible IRS Code Section 213(d) expenses. **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, unless your plan includes a grace period.
4. Unused funds at the end of the plan year will be forfeited, unless your plan includes a grace period or carryover.
5. Certain items (below marked with a *) require a letter of medical necessity.

Acupuncture	Hearing aids/batteries	Pain relief medications
Alcoholism treatment program fees	Herbal supplements*	Physical exams
Allergy medicine	Hospital fees	<i>Unless employment related</i>
Ambulance service		Physical therapy
Antacids	Immunizations	Prescription drugs
Anti-Diarrhea medicine	Incontinence supplies	<i>Non-cosmetic uses only</i>
Artificial limbs	Insulin	Prosthesis
		Psychiatric care
Bandages	Lasik Surgery	Psychoanalysis
Braille books and magazines	Laboratory fees	Psychological treatment
<i>Above the cost of regular print</i>	Laxatives	Pre-natal vitamins
	Learning disability	Pregnancy test kits
Car Modifications for equipment installed	<i>Fees paid to a special school or a</i>	
for the use of a person with a	<i>specially trained tutor for a child with</i>	Reading glasses
disability	<i>severe learning disabilities caused by</i>	Rubbing Alcohol
Childbirth classes <i>mother's costs only</i>	<i>mental or physical impairments,</i>	
Chiropractic care	<i>provided that the child's physician</i>	Sales tax payable for eligible services or
Christian Science practitioner fees	<i>recommends that the child attend the</i>	items
Coinsurance charges	<i>school or be tutored</i>	Sinus medicines
Copayments		Smoking cessation programs
Cold medicine	Massage therapy*	Special foods*
Cold/Hot packs for injuries	<i>only if prescribed by a physician for a</i>	<i>Prescribed by a physician at costs in</i>
Contact lenses	<i>specific diagnosis and provided by a</i>	<i>excess of the costs of commonly</i>
Contact lens cleanser, saline solution	<i>licensed massage therapist</i>	<i>available products</i>
Cough drops	Medical services provided by physicians,	Special schools for a mentally impaired or
Crutches	surgeons, and specialists	physically disabled person if the
	<i>Non-cosmetic services only</i>	primary reason for using the school is
Deductible expenses	Menstrual care items	its resources for relieving the
Dental expenses <i>non-cosmetic services</i>	Mileage related specifically to	disability <i>e.g. a school that teaches</i>
<i>only</i>	transportation to/from an eligible	<i>Braille to a visually impaired child or</i>
Dentures	medical appointment	<i>teaches American Sign Language to a</i>
Diabetic supplies	Motion-sickness medications	<i>hearing-impaired child</i>
Dietary Supplements*		Suppositories
Drug addiction treatment at a therapeutic	Nasal Spray	
center	Nicotine gum or patches	Thermometers
Eye drops	Ointments for muscle or joint pain or for	Vaccines
Eye exams	first aid purposes	Vision Correction Surgery
Eyeglasses	Optical care provided by Optometrists,	Vitamins*
	Ophthalmologists or Opticians	
First aid kit	Organ transplants	Wheelchair costs
	Orthodontics	
Gauze pads	Orthotic Inserts	X-rays
Guide dog or other animal used by a	Osteopathic treatment	
person with a physical disability	Over the counter drugs & medicines	
	Oxygen	

Medical FSA Tax Savings & Expense Estimator

FSA Tax Savings Estimator

	Without an Account	With Both Accounts
Annual Salary	\$ 36,000	\$ 36,000
Weekly Gross Pay	\$ 692	\$ 692
FSA Account Deposits Per Week	\$ 0	Healthcare \$ 25 Childcare \$ 96 Total \$ 121
Taxable Wages	\$ 692	\$ 571
Estimated Tax Rate 32% <small>FICA 7.65%, Federal 20%, State 5%</small>	\$ 226	\$ 186
Expenses Paid for After Tax	Healthcare \$ 25 Childcare \$ 96 Total \$ 121	\$ 0
Net Pay	\$ 345	\$ 385
Annually	\$ 17,940	\$ 20,020
Total Tax Savings with FSAs →		\$ 2,080

Some Important Points...

- You can be reimbursed for expenses incurred by you, your spouse and children, even if you or they have health, dental and/or vision insurance from another source.
- The money you elect in your FSA can only be used toward eligible expenses. You will lose any money remaining in your account at the end of the plan year unless your plan includes a grace period or carryover provision.
- Once you've made your FSA election for the year, you may not change it unless you have an IRS-defined qualifying event.
- If you or your spouse contribute to an HSA, participation in a Medical FSA may be limited or prohibited.
- You have access to your total annual election at any time during the plan year.
- Enter your claims on-line or go to the Participant section of our website for information on how to submit a claim.

HEALTHCARE EXPENSES

Prescription Copays	\$ _____
Office Visit Copays	\$ _____
Deductible/Coinsurance	\$ _____
Diabetic Supplies	\$ _____
Chiropractic Care	\$ _____
Mental Health Services	\$ _____
Over-the-Counter items	\$ _____
Massage Therapy*	\$ _____
HEALTHCARE TOTAL:	\$ _____

* A Letter of Medical Necessity is required

DENTAL EXPENSES

Orthodontia Adult or Child	\$ _____
Bridges, Crowns, Fillings	\$ _____
Dentures & Supplies	\$ _____
Teeth Cleaning, Fluoride	\$ _____
DENTAL TOTAL:	\$ _____

VISION EXPENSES

Eye Exams	\$ _____
Eyeglasses Lenses & Frames	\$ _____
Over-the-Counter Readers	\$ _____
Contact Lenses & Solution	\$ _____
Laser Vision Surgery	\$ _____
VISION TOTAL:	\$ _____

GRAND TOTAL: \$ _____

Multiply Grand Total by 32% to estimate Your Total Tax Savings