

WEBBER ADVISORS

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Medical Flexible Spending Account Qualifying Expenses

(FSA) Flexible Spending Account dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses used by federal employees.

Eligible Expenses

DENTAL

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

EYES

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

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

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

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*Assoc. w/Disease

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Prosthetics
- Syringes

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 (not employment-related)

MEDICATIONS

- Insulin
- Prescription Drugs

MENSTRUAL PRODUCTS

- Tampons
- Pads
- Liners
- Cups
- Sponges

PRACTITIONERS

- Allergist
- Chiropractor
- Dermatologist
- Homeopath
- OB/GYN Exams
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

COVID PERSONAL PROTECTIVE ITEMS (used to prevent the spread of COVID)

- Masks
- Hand Sanitizer
- Sanitizing Wipes
- Gloves

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.

Ineligible Expenses – NOTE: not all inclusive

- Prepayment of services not rendered
- Cosmetic Dental Procedures
- Cosmetic Surgery/Procedures
- Electrolysis

- Insurance Premiums(FSA) Ineligible Only)
- Marriage or Career Counseling

- Personal Trainers
- Sunscreen (SPF less than 30)
- Swimming Lessons
- Vitamins

Eligible Over-the-Counter Medicines and Drugs (Product categories are listed in bold face; common examples are listed in regular face)

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (Foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheas
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby Electrolytes and Dehydration
 - -Pedialyte, Enfalyte
- Baby teething pain
- Cold sore remedies
- Contraceptives -Unmedicated condoms
- Cough, cold & flu
- Denture Adhesives, Repair, and Cleansers -PoliGrip, Benzodent,
 - Efferdent
- Denture pain relief
- Diabetes Testing and Aids -Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products
- Diagnostic Products -Thermometers, blood pressure monitors, cholesterol testing
- Digestive aids

Ear Care

-Unmedicated ear drops, syringes, ear wax removal

- Eye Care
 - -Contact lens care **Reading Glasses**
- Elastics/Athletic Treatments -Elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- Family Planning
- Pregnancy and ovulation kits
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- First Aid Dressings and Supplies -Band Aid, 3M Nexcare, nonsport tapes
- Hemorrhoidal preps
- Laxatives (non-fiber)
- Foot Care Treatment -Unmedicated corn and
 - callus treatments (e.g., callus cushions), devices, therapeutic insoles
- *Glucosamine &/or Chondroitin
- -Osteo-Bi-Flex, Cosamin D, Home Health Care (limited
- segments)

-Ostomy, walking aids, decubitis/ pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs

Incontinence Products -Attends, Depend, GoodNites for juvenile incontinence, Prevail

- Medicated nasal sprays, drops, & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- . Sleep aids & sedatives
- . **Smoking deterrents**
- Stomach remedies •
- Unmedicated nasal sprays, drops, & inhalers
- Unmedicated vapor products
- Prenatal Vitamins