

Flexible Spending Account Expense Listing

Health Care Expenses that are Eligible - Health Care Reimbursement

The following list identifies some of the common medical, dental and health related expenses that the Internal Revenue Service* considers to be deductible expenses. These expenses are eligible for reimbursement through your Flexible Spending Account provided that you have not been reimbursed for them through any other benefits plan. Allowable Flexible Spending expenses include:

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| Abortion, legal | Guidedog and its upkeep |
| Acupuncture | Hair transplant (medically necessary) |
| Alcoholism treatment | Health spa in home (to extent value of home not increased) |
| Ambulance | Hearing aids and batteries |
| Artificial limbs and teeth | Hospital services |
| Birth control pills | HMO (Health Maintenance Organization) copayments |
| Braces | Insulin |
| Braille books and magazines (to the extent prices exceed prices for regular books and magazines) | Iron Lung |
| Car (special medical equipment within) | Laboratory fees |
| Contact lenses including saline solution and enzyme cleaner (Must submit cash register receipt) | Lead-based paint removal to prevent lead poisoning |
| Crutches | Legal fees to allow treatment for mental illness |
| Dental Treatment | Lip-reading lessons |
| Diathermy | Lodging for medical care |
| Durable Medical Equipment | Medical information plan (amounts paid to plan that keeps your medical information) |
| Electrolysis or hair removal (medically necessary) | Mentally retarded, special home |
| Examination, physical | Nurses' expenses and board |
| Eye examination | Nursing care |
| Eyeglasses | Nursing home (if for medical reasons) |
| Fees for health club (medically necessary) | Operations and related treatments |
| Fees to doctors, hospitals, etc. for: | Over the counter drugs (some restrictions apply) |
| Anesthesiologist | Oxygen equipment |
| Chiropractor | Prescribed drugs and medicine |
| Christian Science practitioners | Radial Keratotomy |
| Clinic charges | Rental of medical equipment |
| Dentist | Sanitarium |
| Dermatologist | Smoking cessation programs |
| General Practitioner | Special schooling for physically or mentally handicapped family member |
| Gynecologist | Sterilization |
| Internist | Telephone (for the deaf) |
| Midwife | Television equipment which displays the audio part of TV programs for the deaf |
| Neurologist | Therapy (for medical treatment) |
| Obstetrician | Transplants |
| Ophthalmologist | Transportation costs to and from doctor, hospital and/or pharmacy (See IRS Publication 502 for amount per mile) |
| Optometrist | Vitamins (that require a prescription for purchase) |
| Osteopath, licensed | Weight loss programs (physician approved) |
| Podiatrist | Wheelchair |
| Practical Nurse | Wigs to cover baldness due to medical reasons |
| Psychiatrist | X-ray |
| Psychoanalyst (medical care only) | |
| Psychologist (medical care only) | |
| Sex therapist (medical care only) | |
| Surgeon | |

Health Care Expenses that are Not Reimbursable

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| Any illegal treatment | Diaper service |
| Cosmetic services and procedures (unless necessary to restore normal functioning) | Health and beauty aids |
| Medications specifically used for cosmetic purposes | Insurance premiums |
| Cost of remedial reading classes for non-disabled child | Over-the-counter drugs (including health & beauty aids, vitamins and nutritional supplements for general well being) |
| Dancing or ballet, even when recommended by doctor | Teeth whitening |
| Funeral expenses | |
| Food for weight loss programs | |

*Refer to IRS Publication 502 for additional information.

Dependent Care Expenses that are Eligible - \$5,000 Maximum

Dependent Care Reimbursement

An eligible dependent is any dependent who is less than 13 years old and your dependent under federal income tax rules. An eligible dependent may also include your mentally or physically impaired spouse or a dependent who is incapable of caring for him or herself (for example, an invalid parent). The dependent must spend at least eight hours per day in your home.

Child care services will qualify for reimbursement from the Dependent Care Reimbursement Account if they meet these requirements:

- The child must be under 13 years old and must be your dependent under federal tax rules. Note: If your child turns 13 during the year, you cannot stop your contribution at that time.
- The services may be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes (for example, an older child).
- If the services are provided by a day-care facility that cares for six or more children at the same time, it must be a qualified day-care center.
- The services must be incurred to enable you, or you and your spouse if you are married, to be employed.
- The amount to be reimbursed must not be greater than your income or the combined income of an employee and spouse, whichever is lower.
- Services must be for the physical care of the child, not for education, meals, etc.

Dependent Care Expenses that are Eligible

Allowable Dependent Care expenses include payments to the following when the expenses enable you to work*:

- Child care centers
- Family day care providers
- Baby-sitters
- Nursery schools
- Caregivers for a disabled dependent or spouse who lives with you
- Household services, provided that a portion of these expenses are for a qualifying dependent incurred to ensure the dependent's well-being and maintenance

Dependent Care Expenses that are not Eligible

- Dependent care expenses that are provided to one of your dependents by a family member, unless the family member is age 19 or over by the end of the year and will not be claimed as a dependent
- Expenses for food and clothing
- Education expenses from kindergarten on
- Health care expenses for your dependents
- Overnight camps

EMPLOYER REQUIRES TAX ID # FOR DEPENDENT CARE.

*Refer to IRS Publication 503 for additional information.

CLAIM SUBMISSION GUIDELINES

The federal regulations governing the administration of Flexible Spending Accounts (FSAs) are definitive and specific regarding reimbursements through the FSA.

Participants in the FSA program must provide a written statement from an independent third party along with a completed Reimbursement Form to receive reimbursement through the FSA. Cancelled checks are not acceptable. The statement does not have to be elaborate; a handwritten statement or a copy of the bill is adequate. However, the statement must include the following information:

- The name of the provider (the person providing the service)
- The dates of service (the dates on which service was provided)
- A description of the service(s) rendered
- The amount charged
- The name of the person receiving the services
- For dependent care claims, the provider's tax ID number or Social Security number must be included, if required by your employer.

Additionally, if the service performed has been submitted for payment and is reimbursed under a health insurance plan, then a copy of the Explanation of Benefits (EOB) must accompany the completed Reimbursement Form.

Also, for over-the-counter drugs, please circle or highlight the eligible item(s) on your receipt, and list each item separately on your Reimbursement form.