

**FLEXIBLE SPENDING ACCOUNT  
ELIGIBLE EXPENSES 2020**



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This list is intended to provide participants with examples of what may be an eligible expense in (FSA, HE, Unreimbursed Medical, Dental, Vision Expense Option). If you have any questions regarding an item's eligibility, please contact us by calling our office or sending an email to info@flexbene.com.

**\*\*Please Note – when submitting an expense, you MUST include the condition and/or diagnosis being treated on the reimbursement voucher\*\***

Eligible Expenses	Not Eligible without a Rx	Potentially Eligible Expenses	Not Eligible Expenses
<ul style="list-style-type: none"> <li>✓ Acupuncture</li> <li>✓ Alcohol/Substance Abuse Programs</li> <li>✓ Ambulance</li> <li>✓ Band Aids/Bandages</li> <li>✓ Blood Pressure Monitor</li> <li>✓ Body Scan</li> <li>✓ Childbirth Classes (Lamaze)</li> <li>✓ Chiropractic</li> <li>✓ Christian Science Practitioners</li> <li>✓ Condoms</li> <li>✓ Co-insurance</li> <li>✓ Contact Lenses &amp; Solution</li> <li>✓ Co-payments</li> <li>✓ Counseling (<i>not career or marriage counseling</i>)</li> <li>✓ Crutches</li> <li>✓ Deductibles</li> <li>✓ Dental Care – non cosmetic (<i>cleanings, x-rays, fillings, crowns, orthodontia</i>)</li> <li>✓ Diabetic Supplies</li> <li>✓ Eyeglasses, Reading Glasses, Prescription Sunglasses</li> <li>✓ Eye Exams</li> <li>✓ Flu Shots</li> <li>✓ Fertility Treatments</li> <li>✓ Hearing Aids &amp; batteries</li> <li>✓ Health Screenings</li> <li>✓ Heart Rate Monitor</li> <li>✓ Home Diagnostic Tests</li> <li>✓ Immunizations</li> <li>✓ In Vitro Fertilization</li> <li>✓ Lab Fees</li> <li>✓ Laser Eye Surgery</li> <li>✓ Medical Alert Bracelet/Necklace</li> <li>✓ Medical Records</li> <li>✓ Mileage to &amp; from Dr. Appts (<i>as of 1/1/20 0.17 cents/mile</i>)</li> <li>✓ Occupational Therapy</li> <li>✓ Orthotics (<i>with a doctor prescription</i>)</li> <li>✓ Out-of-Network Fees</li> <li>✓ Ovulation Monitor</li> <li>✓ Parking Fees &amp; Tolls for Medical Visit</li> <li>✓ Physical Therapy</li> <li>✓ Pregnancy Tests/Aids</li> <li>✓ Prescription Drugs (<i>non-cosmetic</i>)</li> <li>✓ Preventive Care Screenings</li> <li>✓ Prosthetics</li> <li>✓ Psychiatric Services and Care</li> <li>✓ Smoking Cessation Programs</li> <li>✓ Sterilization Procedures</li> <li>✓ Sunscreen (30SPF or higher)</li> <li>✓ Ultrasounds</li> <li>✓ Vision Care</li> <li>✓ Walkers/Wheelchairs/Shower Chairs</li> </ul>	<p>These OTC items are considered a "Medicine/Drug" and CANNOT be reimbursed without a valid prescription as per IRS Regulations.</p> <ul style="list-style-type: none"> <li>Acetaminophen</li> <li>Acne Medications</li> <li>Allergy &amp; Sinus Medications</li> <li>Antacid Controllers (i.e. Tums)</li> <li>Antibiotic Creams &amp; Ointments (bacitracin, Neosporin)</li> <li>Anti-Arthritics</li> <li>Anti- Gas Medications</li> <li>Anti-Diarrhea Medications</li> <li>Anti-Fungal Spray/Creams</li> <li>Antihistamines</li> <li>Anti-Itch &amp; Insect Bite Meds</li> <li>Anti-parasitic treatments</li> <li>Asthma Medicine</li> <li>Birth Control Pills</li> <li>Canker Sore Medication</li> <li>Chest Rubs</li> <li>Stomach &amp; Digestive Aids</li> <li>Corn &amp; Callus Removers</li> <li>Cold Sore Medicines</li> <li>Cold, Cough &amp; Flu Medicines</li> <li>Cough Syrups/Drops</li> <li>Diaper Rash Ointments/Creams</li> <li>Digestive Aids/ Laxatives</li> <li>Ear Drops</li> <li>Eye Drops (including Dry Eye Drops)</li> <li>External Pain Relievers</li> <li>Feminine Anti-Fungal/Itch Meds</li> <li>Hemorrhoid Treatments</li> <li>Indigestion Medicines</li> <li>Laxatives</li> <li>Lice Treatment</li> <li>Menstrual Relief Medications</li> <li>Migraine Remedies</li> <li>Motion Sickness Medicine</li> <li>Nasal Sprays</li> <li>Pain Relief Medicines – (Aspirin, Advil, Aleve, Tylenol, Ibuprofen)</li> <li>Respiratory Treatments</li> <li>Sleep Aids &amp; Sedatives</li> <li>Smoking Cessation Medicines</li> <li>Stomach Remedies</li> <li>Topical Sunburn Relief Aloe/Lotion</li> <li>Wart Removal Products</li> </ul>	<p>All "potentially eligible expenses" require a <b>Letter of Medical Necessity</b> from your health care provider to be <i>considered</i> for reimbursement. Form can be found on Flexbene.com</p> <p>The letter must include the diagnosis or symptoms for which you, your spouse, or dependent are being treated, along with specific information on how the product or service is intended to alleviate symptoms and cure the condition.</p> <p>Submitting the Letter of Medical Necessity <i>does not</i> guarantee that the expense will be reimbursed. You <i>must</i> submit a new letter each year – they cannot be approved indefinitely.</p> <ul style="list-style-type: none"> <li>Air purifier</li> <li>Automobile Modifications</li> <li>Blood Storage (<i>not to exceed six months</i>)</li> <li>Calcium Supplements (<i>osteoporosis</i>)</li> <li>Cord Blood Storage (<i>specific condition required</i>)</li> <li>Dietary Supplements (<i>to treat a specific medical condition</i>)</li> <li>Electrolyte Replacements (<i>Pedialyte</i>)</li> <li>Fiber Supplements</li> <li>Glucosamine (<i>arthritis</i>)</li> <li>Hair Loss Treatment (<i>due to a specific medical condition</i>)</li> <li>Herbal Remedies (<i>by a licensed provider</i>)</li> <li>Homeopathic Medicines (<i>by a licensed provider with Rx</i>)</li> <li>Hormone Supplements</li> <li>Humidifiers (treat specific medical condition)</li> <li>Incontinence Products</li> <li>Lodging (<i>up to \$50 per night, subject to additional conditions</i>)</li> <li>Massage Therapy (<i>to alleviate pain due to a medical condition</i>)</li> <li>Nutritionist</li> <li>Orthodontia for adults</li> <li>Orthopedic shoes (<i>only custom-fitted shoes</i>)</li> <li>Oxygen</li> <li>Probiotics</li> <li>Retin-A (<i>for the treatment of acne</i>)</li> <li>Sperm Storage (1 yr. ONLY)</li> <li>Vitamin B-12 Injections</li> <li>Wigs (<i>loss of hair from disease or treatment</i>)</li> </ul>	<ul style="list-style-type: none"> <li>✗ Aromatherapy</li> <li>✗ Athletic Mouth Guard</li> <li>✗ Autopsy</li> <li>✗ Baby Diapers</li> <li>✗ Cosmetic Dentistry</li> <li>✗ Cosmetic Procedures</li> <li>✗ Cosmetics</li> <li>✗ Deodorant</li> <li>✗ Face Cream</li> <li>✗ Feminine Hygiene Products</li> <li>✗ Finance Charges</li> <li>✗ Fitness Device (i.e. Fitbit, Apple Watch, Miss Fit, etc)</li> <li>✗ Funeral/Burial Expenses</li> <li>✗ Health Club Dues (for purposes of general health)</li> <li>✗ Hair Removal Products</li> <li>✗ Hair Transplant</li> <li>✗ Late Payment Fees</li> <li>✗ Lens Replacement Insurance</li> <li>✗ Lotion</li> <li>✗ Electrolysis</li> <li>✗ Maternity Clothes</li> <li>✗ Marriage Counseling</li> <li>✗ Meals/Food</li> <li>✗ Microdermabrasion</li> <li>✗ Missed Appointment Fees</li> <li>✗ Mouthwash</li> <li>✗ Non-prescription Sunglasses</li> <li>✗ Nursing Home Expenses</li> <li>✗ AFLAC Premiums</li> <li>✗ Shampoo</li> <li>✗ Soap</li> <li>✗ Sports Energy Drinks</li> <li>✗ Teeth Whitening/Bleaching</li> <li>✗ Toiletries</li> <li>✗ Toothbrushes</li> <li>✗ Toothpaste</li> <li>✗ Transportation to and from work</li> <li>✗ Wrinkle Reducers</li> <li>✗ Weight Loss Procedures/Programs (i.e. Gym Membership)</li> <li>✗ *Medical Marijuana is federally illegal and remains ineligible for reimbursement*</li> </ul>