

Medical FSA Eligible Expenses

The list below includes generally eligible IRS Code Section 213 expenses. **Items marked with a *** require a copy of a current prescription (written on a prescription pad). The prescription must be submitted each time a request for reimbursement is submitted for these items.

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
Insulin

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
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



THIRD PARTY ADMINISTRATION

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	

*Items marked with a * require a copy of a current prescription (written on a prescription pad). The prescription must be submitted each time a request for reimbursement is submitted for these items.

Some Important Points...

- You can be reimbursed for out-of-pocket expenses incurred by you, your IRS-defined 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!

Questions? 1-800-626-3539

Email: clientservices@gdynamic.com

www.gdynamic.com



THIRD PARTY ADMINISTRATION

GENERAL MEDICAL EXPENSES

Allergy Care	\$ _____
Deductible or Coinsurance	\$ _____
Diabetic Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Lab or X-ray	\$ _____
Massage Therapy *	\$ _____
Office Visit co-pays	\$ _____
Orthopedic 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.