

# 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!

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## 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	\$_____
<b>TOTAL GENERAL MEDICAL</b>	<b>\$_____</b>

★ 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	\$_____
<b>TOTAL DENTAL</b>	<b>\$_____</b>

## VISION EXPENSES

Eye Glasses ( <i>Prescription or OTC Reading Glasses</i> )	\$_____
Contact Lenses	\$_____
Contact Lens Solution	\$_____
Vision Exam	\$_____
Lasik Surgery	\$_____
<b>TOTAL VISION</b>	<b>\$_____</b>

**GRAND TOTAL** \$\_\_\_\_\_

Multiply Grand Total by 27% for a rough estimate of payroll tax savings.