

## Eligible Medical Care Expenses

Funds in a Health FSA, HRA, or HSA may only reimburse services for treatments classified as “medical care” as defined by Internal Revenue Code Section 213(d). Generally, medical care refers to expenses incurred to diagnose, cure, treat, mitigate or prevent a disease, or for the purpose of affecting any structure or function of the body. Expenses for items that are merely beneficial to the general health are not expenses for medical care.

Below is a partial list of common eligible expenses. Refer to Publication 502: Medical and Dental Expenses (<https://www.irs.gov/pub/irs-pdf/p502.pdf>) for a more extensive list and a general definition of what is considered a medical expense.<sup>1</sup>

### Common Expenses that are Generally Considered Qualified Health Care Expenses <sup>2</sup>:

- Acne treatment
- Acupuncture
- Alcoholism treatments
- Ambulance
- Artificial limb
- Bandages
- Birth control pills
- Body scans
- Braille books and magazines
- Breast pumps and lactation supplies
- Breast reconstructive surgery following mastectomy as a result of cancer
- Capital expenses in home for special medical equipment
- Car expenses such as special hand controls
- Childbirth classes (to the extent not related solely to child rearing)
- Chiropractic treatment
- Chiropractic office visit
- Christian Science practitioners<sup>3</sup>
- Co-insurance (medical, dental or vision)
- Condoms and spermicides
- Contact lenses, cleaning solutions
- Contraceptives (over-the-counter)
- Copayments (medical, pharmacy, dental or vision)
- Cord blood storage (for future treatment of an existing birth defect)<sup>3</sup>
- Crutches, canes or like equipment (purchase or rental)
- Deductibles (medical, pharmacy, dental or vision)
- Dental treatments (excluding treatments solely for cosmetic purposes)
- Diabetic supplies
- Diagnostic devices
- Drug addiction treatment
- Dyslexia treatment
- Eye examination
- Eyeglasses/Reading glasses (over-the-counter)
- Eyeglasses/Sunglasses (prescription)
- Eye surgery
- Fertility enhancement / fertility monitor (over-the-counter)
- Flu shots
- Guide dog (dog, training, care)
- Health institute (if prescribed)
- Hearing aids and batteries
- Hospital services
- Immunizations
- Infertility treatment
- Insulin
- Insulin testing materials and equipment
- Insurance premiums for COBRA coverage, long-term care insurance, health coverage, while drawing unemployment, and group and/or individual health insurance maintained at and after age 65 (including both active and retiree group health coverage but does not include Medicare supplemental coverage) -*HSA only*
- Laboratory fees
- Lamaze classes (related to childbirth)
- Laser eye surgery/Lasik
- Lead-based paint removal
- Learning disability treatments
- Lodging (essential to receive medical care; amounts subject to daily dollar limits established by Internal Revenue Code)
- Long-term care services - *HSA only*
- Massage therapy<sup>3</sup>
- Mastectomy-related special bras (if prescribed by a physician for mental health reasons)
- Medical abortion
- Medical equipment and repairs
- Medical monitoring and testing devices
- Medical records charges
- Menstrual care products\*
- Norplant insertion or removal
- Nursing services (wages and taxes)
- OB/GYN fees
- Occlusal guards to prevent teeth grinding
- Office visits (medical, dental or vision)
- Operations (excluding cosmetic)
- Optometrist/ophthalmologist fees
- Organ transplants (recipient and donor)
- Ortho keratotomy
- Orthodontia
- Over-the-counter medications\*
- Ovulation monitor (over-the-counter)
- Oxygen
- Physical exam
- Physical therapy
- Pregnancy tests (over-the-counter)
- Prescription drugs (excludes illegal drugs and prescriptions for cosmetic purposes)
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist fees<sup>3</sup>
- Radial keratotomy (RK)
- Removal of benign mole, cyst or tumor
- Speech therapy
- Sterilization
- Stop smoking (programs/counseling, prescription)
- Student health fees (for medical services)
- Surgery (excluding surgery solely for cosmetic purposes)
- Telephone tied to medical needs
- Therapy<sup>3</sup>
- Transplants
- Transportation, parking and related travel expenses (essential to receive medical care; subject to IRS limits)
- Tubal ligation
- Vaccinations
- Varicose veins surgery<sup>3</sup>
- Vasectomy
- Viagra (prescription)
- Weight loss program or counseling (if prescribed by a physician to treat a specific medical condition)
- Wheelchair and repairs
- Wig (upon advice of physician following hair loss due to disease)
- X-ray fees

<sup>1</sup> The Coronavirus Aid, Relief and Economic Security (CARES) Act, signed into law on 3/27/2020, includes provisions that 1) repeal the requirement to obtain prescriptions for over-the-counter (OTC) medicines, and 2) add eligibility of menstrual care products for the first time. These provisions apply for purchases beginning on January 1, 2020.

## Generally Excluded

Following is a list of some items that you can't include in figuring your medical expense deduction.

- Baby Sitting, Childcare, and Nursing Services for a Normal, Healthy Baby
- Controlled Substances
- Cosmetic Surgery (some exceptions for injury due to accident, trauma, disease)
- Dancing Lessons
- Diaper Service (unless providing disease relief)
- Electrolysis or Hair Removal
- Funeral Expenses
- Hair Transplant
- Health Club Dues
- Household Help (non-nursing)
- Illegal Operations and Treatments
- Maternity Clothes
- Medicines and Drugs From Other Countries
- Nonprescription Drugs and Medicines (insulin excepted)
- Nutritional Supplements
- Personal Use Items
- Swimming Lessons
- Teeth Whitening
- Veterinary Fees
- Weight-Loss Program unless tied to physician diagnosis

## Eligible Dependent Care Expenses

Dependent Care FSAs may only reimburse services incurred when caring for a qualified dependent. Publication 503: Child and Dependent Care Expenses (<https://www.irs.gov/pub/irs-pdf/p503.pdf>) provides definitions of who is a qualified dependent and what types of expenses are covered.

You may wish to consult your tax advisor to determine whether an expense is a reimbursable dependent care expense and to determine if you benefit more from the dependent care FSA or by claiming the standard dependent credit.

### Qualifying Dependents Include:

1. Your qualifying child who is your dependent and who was under age 13 when the care was provided (but see Child of divorced or separated parents or parents living apart, later);
2. Your spouse who wasn't physically or mentally able to care for himself or herself and lived with you for more than half the year; or
3. A person who wasn't physically or mentally able to care for himself or herself, lived with you for more than half the year, and either:
  - a. Was your dependent, or
  - b. Would have been your dependent except that:
    - i. He or she received gross income of \$4,150 or more,
    - ii. He or she filed a joint return, or
    - iii. You, or your spouse if filing jointly, could be claimed as a dependent on someone else's tax return.

### Dependent Care FSA-eligible Expenses Include:

- Care for your child who is under age 13
    - Before and after school care
    - Babysitting and nanny expenses
    - Daycare, nursery school, and preschool
    - Summer day camp (not overnight camp)
  - Care for your spouse or a relative who is physically or mentally incapable of self-care and lives in your home
1. Plans may further restrict what is covered. Please refer to your employer's plan description to confirm the qualified expense list and expense type available to you.
  2. This list is provided without warranty of any kind. You may wish to consult your legal or tax advisor to determine whether an expense is a reimbursable medical expense.
  3. Certain expenses may be subject to stricter scrutiny by the Internal Revenue Service (IRS), and you may have to provide the IRS with substantiation or documentation from a physician that the service or treatment was necessary to treat a specific medical condition and/or that the expense would not have been incurred but for the medical condition.

## Language Assistance Services

**Spanish:** ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

**Chinese:** 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

**Korean:** 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

**Portuguese:** ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

**Gujarati:** સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

**Vietnamese:** LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

**Russian:** ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

**Italian:** ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

**Arabic:** ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

**French Creole:** ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

**Tagalog:** PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

**French:** ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

**Pennsylvania Dutch:** BASS UFF: Wann du Pennsylvania Deitsch schwetzsch, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

**Hindi:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

**Japanese:** 備考: 母国語が日本語の方は、言語アシスタンスサービス (無料) をご利用いただけます。1-800-275-2583へお電話ください。

### Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

**Navajo:** Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódííłnih koji' 1-800-275-2583.

### Urdu:

توجه درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

**Mon-Khmer, Cambodian:** សូមមេត្តាចាប់អារម្មណ៍៖ ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

## Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: [civilrightscordinator@1901market.com](mailto:civilrightscordinator@1901market.com). If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.