



## Healthcare Flexible Spending Account, List of Eligible Healthcare Expenses

The following categorizes medical expenses as **eligible** for possible reimbursement under this program. **This list is not all-inclusive.** HealthSmart also has a helpful expense table on the HealthSmart website: <https://healthsmart.wealthcareportal.com>. Additional information can be found at: [www.irs.gov](http://www.irs.gov).

All service for medical, dental or vision must be considered by the enrollee's coverage prior to submitting to their flexible spending account. **The Explanation of Benefits (EOB) or itemized statement must be submitted with your reimbursement request for consideration.**

Acne Medicine ★	Eye Drops ★	Prescription Drugs and Copays
Acupuncture	Fiber Supplements ★	Prescription Eye Glasses
Ambulance Service	Health Club Dues / Memberships ★	Psychiatric Fee
Analgesics (all pain relievers) ★	Hearing Aids and Batteries	(medical diagnosis required)
Anti-inflammatories ★	Hearing Exams and Treatment	Psychologist Fee
Antacids ★	Hospital Services (minus phone/TV)	(medical diagnosis required)
Antibacterial Medication ★	Humidifiers ★	Psychotherapy
Antidiarrheal ★	Immunizations	(medical diagnosis required)
Antiemetics (for treating nausea, vomiting or motion sickness) ★	Injections	Reading Glasses
Antifungals ★	Insulin	Radial Keratotomy / PRK / Lasik
Antihistamines (allergies/colds) ★	In-Vitro Fertilization	Saline Solution ★
Band-Aids	Lab / X-Ray Fees, Deductibles or Copays	Services for Diagnosing and Treating Severe Learning Disabilities ★
Birth Control Pills	Laxatives ★	Sinus Medications/Nasal Sprays ★
Braille Books and Magazines	Medical Nursing Home Services	Sleeping Aids ★
Breast Pump and Supplies (for lactation purposes only)	Massage Therapy ★	Substance Abuse Treatment
Calamine and Bug Bite Lotion ★	Medical Plan Deductibles or Copays	Sunburn Ointment ★
Car Controls for the Disabled	Midwife/Doula	Sunscreen ★
Chiropractic Care	Mileage to/from Medical Services (documentation of service incurred required)	Suppositories/Hemorrhoid Creams ★
Cold Remedies ★	Muscle or Joint Pain Ointments ★	Surgery
Contact Lenses and Solutions	Nasal Sprays ★	Telephone for the Deaf and Hearing Impaired
Cosmetic Surgery (necessary due to birth defects, accidents, etc). ★	Nicotine Gum or Patches	Transportation for Medical Care
Cough Suppressants/Expectorants ★	Optometrist Fees	Vaccinations
Crutches	Ophthalmologist Fees	Vision Plan Deductibles or Copays
Decongestants ★	Organ Transplants	Wart Removal Treatments ★
Dental Fees	Orthodontic Treatment (special rules apply)	Weight Loss Programs / Drugs ★
Dental Implants (excluding veneers)	Orthotics	Wheelchairs
Dental Plan Deductibles or Copays	Oxygen	
Dermatologists	Osteopaths	
Dietary Supplements (excluding daily vitamins) ★	Pedialyte for Dehydration ★	
Diagnostic Tests	Periodontal Fees	
Diaper Rash Ointments ★	Physical Exams	
Doctor's Fees	Physical Therapy	
Durable Medical Equipment ★	Pregnancy Test (OTC)	
	Prenatal Care (reimbursed by service date)	

**★ These items require a prescription or letter of medical necessity that includes diagnosis and treatment description from a licensed doctor and must be dated prior to purchase or service incurred date.**