# HSA, HRA, Healthcare FSA and Dependent Care Eligibility List

The following is a summary of common expenses claimed against Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), Healthcare Flexible Spending Accounts (HC-FSAs) and Dependent Care Flexible Spending Accounts (DC-FSAs). Due to frequent updates to the regulations governing these accounts and arrangements, this list does not guarantee reimbursement and is to be utilized as a guide for the submission of claims. For more information on IRS-qualified medical expenses, please review IRS Publication 502.

If you have an HRA, your employer's plan may only reimburse a subset of expenses. Please refer to your Plan Document for confirmation of reimbursable expenses under your plan.

If you are currently participating in a high-deductible health plan (HDHP) and are contributing to an HSA, you may also participate in a Limited Purpose HRA or Health FSA. Expenses are limited to dental and vision expenses identified with an \* in the list below.

## Common IRS-qualified medical expenses

Acupuncture

Ambulance Artificial limbs

Artificial teeth\*

Birth control treatment

Blood sugar test kits for diabetics

Breast pumps and lactation supplies

Chiropractor

Contact lenses and solutions\*

Crutches

Dental treatments

(including X-rays, cleanings, fillings, sealants, braces and tooth removals\*)

Doctor's office visits and co-pays

Drug addiction treatment

Drug prescriptions

Eyeglasses (Rx and reading)\*

Fluoride treatments\*

Flu shots

Guide dogs

Hearing aids and batteries

Infertility treatment

Inpatient alcoholism treatment

Insulin

Laboratory fees

Laser eye surgery\*

Medical alert bracelet Medical records charges

Menstrual care products

Occlusal guards to prevent teeth

grinding

Orthodontics\*

Orthotic Inserts (custom or off the

Over-the-counter medicines and drugs

(see examples below)

Physical therapy

Special education services for

learning disabilities (recommended

by a doctor)

Speech therapy

Stop-smoking programs

(including nicotine gum or patches,

if prescribed)

Surgery, excluding cosmetic

surgery

Vaccines

Vasectomy

Vision exam\*

Walker, cane

Wheelchair

## Common over-the-counter (OTC) medicines

Examples include, but are not limited to:

Acid controllers Acne medicine Aids for indigestion Allergy and sinus medicine Anti-diarrheal medicine Baby rash ointment Cold and flu medicine

Eye drops\* Feminine antifungal or anti-itch products Hemorrhoid treatment Laxatives or stool softeners

Lice treatments

Motion sickness medicines Nasal sprays or drops

Ointments for cuts, burns or rashes Pain relievers, such as aspirin or ibuprofen Sleep aids

Stomach remedies

#### Services that may be eligible with a Letter of Medical Necessity completed

This list is not all-inclusive:

Weight-loss program only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease) Compression hosiery/socks, antiembolism socks or hose

Massage treatment for specific ailment or diagnosis CPR classes for adult or child

Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

#### **Ineligible expenses**

Listed below are some services and expenses that are not eligible for reimbursement. This list is not all-inclusive:

Aromatherapy Baby bottles and cups Baby oil Baby wipes Breast enhancement

Cosmetics and skin care

Cotton swabs Dental floss Deodorants Hair re-growth supplies and/or services Health club membership dues Humidifier

Lotion Low-calorie foods Mouthwash Petroleum jelly Shampoo and conditioner

Spa salts

## Eligible dependent care expenses

Au pair services Babysitting services Before- and after-school programs Custodial or eldercare expenses, in-home or daycare center (not medical care) Nursery school

Pre-kindergarten Summer day camp (not educational in nature)

## **Ineligible dependent care expenses**

Clothing Food/meals Kindergarten and higher education/tuition expenses Overnight camp

This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.



