Know Your FSA: What's Eligible & What's Not

Eligible Health Care Expenses

▶ Caring for the Handicapped
  • Service dog
  • Special education for the blind
  • Tuition at special school for handicapped

▶ Child Birth & Well-Being
  • Breast pumps & lactation supplies
  • Birthing/Lamaze
  • Childbirth expenses (physician, hospital, etc.)
  • Midwife services

▶ Dental
  • Bridges
  • Crowns (non-cosmetic)
  • Dentures and care products
  • Exams and teeth cleaning
  • Fillings
  • Gum treatment
  • Implants
  • Occlusal guards
  • Oral surgery
  • Orthodontia
  • Root canals
  • X-Rays

▶ Medical Equipment
  • Artificial limb/prosthetics
  • Asthma flow meters
  • Autoette/wheelchair
  • Blood pressure monitors
  • Blood sugar test kit/strips
  • Custom orthotic
  • Diabetic Supplies
  • Glucose kits, monitors and testers
  • Heart rate monitors
  • Medic-alert bracelet
  • Nebulizers/Vaporizers
  • Prosthesis
  • Syringes

▶ Medical Procedures
  • Acupuncture
  • Breast reconstruction surgery
    (following mastectomy due to disease)
  • Operations (non-cosmetic)
  • Organ donor’s medical expenses
  • Surgical fees

▶ Family Planning
  • Condoms
  • Fertility treatments
  • Oral contraceptives
  • Pregnancy test kit
  • Tubal ligation
  • Vasectomy

▶ Hearing
  • Hearing aid devices and batteries
  • Hearing exams
  • Telephone for the hearing impaired

▶ Lab Exams & Tests
  • Blood tests
  • Body scans
  • Cardiographs
  • Cholesterol testing
  • Laboratory fees
  • Mammograms

▶ Medical Drugs & Specialties
  • Insulin
  • Prescription Drugs

▶ Medicines & Drugs
  • Insulin
  • Prescription Drugs

▶ Miscellaneous
  • Ambulance service
  • Co-insurance and co-pays
  • Deductible eligible expenses
  • Hospital services
  • Transportation expenses incurred for the rendering of medical services

▶ Routine or Preventative Care
  • Flu shots
  • Immunizations/Vaccinations
  • Physical exams

▶ Specialists
  • Chiropractor
  • Dermatologist

▶ Therapy
  • Alcoholism treatments
  • Drug dependency treatments
  • Physical therapy
  • Smoking cessation programs
  • Speech therapy

▶ Vision
  • Artificial eyes
  • Contact lenses & cleaning solutions
  • Eye examinations
  • Eye surgery
  • Eyeglasses
  • Laser eye surgery/LASIK
  • Prescription sunglasses
  • Seeing eye dog and its upkeep

▶ Over-the-Counter
  • Bandages
  • Callous and corn removers
  • Crutches
  • Cushions, pads, arch supports
  • First-Aid kits
  • Gauze and gauze pads
  • Heating pads
  • Hot/cold packs
  • Hydrogen Peroxide
  • Incontinence supplies for adults
  • Medical tape
  • Pedialyte for child’s dehydration
  • Rubbing alcohol
  • Sunscreen (SPF 15+)
  • Supports and braces
  • Thermometers

Prescriptions for OTC drugs and medicines must be submitted to Sentinel Benefits along with a request for reimbursement.

Note: This list is not meant to be all-inclusive. For a full list please refer to IRS Code Section 213(d).
Ineligible Health Care Expenses

- Christian Science practitioner*
- Compression hosiery* (for treatment of varicose veins)
- Cosmetic Surgery/Procedures
- Dancing/Exercise/Fitness Programs*
- Diaper Service
- Doula*
- Electrolysis
- Exercise Equipment/Personal Trainers
- Fiber supplements*
- Glucosamine/Chondroitin*
- Hair Loss Medication
- Hair Transplant
- Handicap automobile modifications*
- Health Club Dues*
- Herbal supplements*
- Humidifier*
- Insurance Premiums and Interest
- Lactation consultant*
- Language training for disabled child*
- Laser hair removal
- Lead-based paint removal*
- Long-Term Care Premiums
- Marriage Counseling
- Massage*
- Maternity Clothes
- Mentally handicapped or disabled person's cost for special home*
- Nutritionist*
- Orthopedic shoes* (to the extent the cost exceeds that of normal shoes)
- Prenatal vitamins*
- Psychoanalysis*
- Special food/beverage* (cost difference from regular food purchase)
- Special formula*
- Stem cell harvesting*
- Swimming Lessons
- Teeth Bleaching or Whitening
- Vitamins or nutritional supplements*
- Weight-loss program*
- Wig*

*Expenses marked with an asterisk (*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement.

Eligible expenses under a Dependent Care FSA are defined as those that enable the participant or the participant’s spouse to work or to look for work. For purposes of a Dependent Care FSA plan, a “qualified dependent” must be under the age of 13, unless mentally or physically handicapped. Per IRS regulations, the service provider cannot be an individual under the age of 19 whom a personal tax exemption may be claimed and/or a child of the participant or spouse.

Eligible Dependent Care Expenses

- After-school care or extended day programs
- Babysitters (not for social events)
- Caregivers for a disabled spouse or dependent who lives with the participant
- Child care centers that care for six or more children and that meet the IRS's definition of a qualified day care center
- Day camps
- Nursery schools
- Transportation services provided by the dependent care provider

Ineligible Dependent Care Expenses

- Babysitting for social events
- Educational expenses
- Expenses deducted from personal income tax return (dependent care)
- Kindergarten
- Overnight camps

For more information call (888) 762-6088, or visit www.sentinelgroup.com

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