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## FSA Eligible Expenses

**IMPORTANT NOTE: Starting in 2011, a prescription will be required to be reimbursed for over-the-counter drugs and medicines. [Click here for the 2011 eligibility list](#) noting which items require a prescription.**

Below is a listing of items that are typically covered. Click on the WageWorks logo above and enter your User Name and Password to see your employer's complete list of eligible expenses.

**Standard FSA** = The type of plan offered by most employers, it covers your medical, dental,


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## Learning Center

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vision and pharmacy expenses. Having this type of FSA disqualifies you from contributing to an HSA.

**HSA-Compatible (or Limited) FSA** = A new type of FSA designed for people who want to take advantage of and contribute to an HSA and who have expected dental and vision expenses. Because this plan does not cover any medical or pharmacy expenses, it does not disqualify you from contributing to an HSA. Participating in this plan lets you put all the money you can into an HSA and then all the money you need to spend this year on dental and vision expenses in an FSA - so you get the advantages of both programs.

Certain expenses require additional information in order to determine if they qualify. Products and services classified as "Maybe" may require a written statement (letter of medical necessity) from your provider indicating (1) the diagnosis, (2) the medical necessity of the expense and (3) the duration of the treatment. Others involving specialized items also require proof of the difference in cost: (1) the cost of standard, unmodified item and (2) the cost of special or modified item. The difference between these two qualifies for a tax-free withdrawal. If you incur an expense that is classified as "Maybe," you will want to include a copy of the written statement (letter of medical necessity) from your provider when you submit your claim.

**Click on a letter to view expenses that begin with that letter.**

[A](#) [B](#) [C](#) [D](#) [E](#) [F](#) [G](#) [H](#) [I](#) [J](#) [K](#) [L](#) [M](#) [N](#)  
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	<b>Standard FSA</b>	<b>HSA-Compatible (or Limited) FSA</b>
01 - Rx (prescription)	Yes	No
02 - Co-payment (medical)	Yes	No
03 - Office visit (medical)	Yes	No
04 - Dental	Yes	Yes
05 - Over-the-counter (eligible)	Yes	No
06 - Vision	Yes	Yes
07 - Psych / therapy	Yes	No
08 - Chiropractic care	Yes	No
09 - Lab (medical)	Yes	No
10 - Orthodontia	Yes	Yes
11 - Hospital fees	Yes	No
12 - X-ray (medical)	Yes	No
13 - Over-the-counter vision products	Yes	Yes

Acne treatments (over-the-counter)	Yes	No
Acupuncture	Yes	No
Adoption (medical expenses related to)	Yes	No
Adoption fees	No	No
Alcoholism treatment	Yes	No
Allergy & sinus medicine and products (over-the-counter)	Yes	No
Allergy medication	Yes	No
Allergy treatments and products	Yes	No
Alternative dietary supplements (for treatment of a medical condition)	Maybe	No
Alternative drugs, medicines and treatment products (for treatment of a medical condition)	Maybe	No
Alternative healers (for treatment of a medical condition)	Maybe	No
Ambulance and emergency health services	Yes	No
Anesthesia (for non-cosmetic purposes)	Yes	No
Antacid (over-the-counter)	Yes	No
Antibiotic ointment (over-the-counter)	Yes	No
Aspirin or other pain reliever (over-the-counter)	Yes	No
Asthma medicines or treatments (over-the-counter)	Yes	No
Athletic treatments / braces	Yes	No
Bandages and related items (over-the-counter)	Yes	No
Birth control (over-the-counter)	Yes	No
Birth control (prescription or other)	Yes	No
Blood pressure monitor	Yes	No
Body scans	Yes	No
Braille books and magazines (difference in cost only)	Maybe	Maybe

Breastfeeding classes	No	No
Breast pump (to compensate for a medical condition)	Maybe	No
Breast reconstruction surgery (following mastectomy)	Maybe	No
COBRA premiums (dental)	No	No
COBRA premiums (medical)	No	No
COBRA premiums (other)	No	No
COBRA premiums (prescription)	No	No
COBRA premiums (vision)	No	No
Cancer insurance premiums	No	No
Canker & cold sore treatments (over-the-counter)	Yes	No
Car modifications (as required for a medical condition diagnosed by a licensed health care professional)	Maybe	No
Chest rubs (over-the-counter)	Yes	No
Child or newborn care instruction	No	No
Childbirth classes	Yes	No
Chiropractic office visit or treatment	Yes	No
Christian Science practitioners	Yes	No
Cholesterol test kits and supplies	Yes	No
Co-insurance (dental)	Yes	Yes
Co-insurance (medical)	Yes	No
Co-insurance (prescription)	Yes	No
Co-insurance (vision)	Yes	Yes
Co-payment (dental)	Yes	Yes
Co-payment (medical)	Yes	No
Co-payment (other)	Yes	No
Co-payment (vision)	Yes	Yes
Cold & flu medicine (over-the-counter)	Yes	No
Cold cream (over-the-counter)	No	No
Compression or anti-embolism socks, stockings or hose	Yes	No

Concierge medical fees (billed for actual services received)	Yes	No
Concierge medical fees (billed for future availability of services, with no services actually received)	No	No
Condoms and spermicides	Yes	No
Contact lenses, cleaning solutions, etc.	Yes	Yes
Contraceptives (prescription or over-the-counter)	Yes	No
Cord blood storage (for future treatment of a birth defect or known medical condition)	Maybe	No
Cord blood storage (for unidentified future use)	No	No
Corn and callus remover (over-the-counter)	Yes	No
Corneal keratotomy	Yes	Yes
Cosmetic procedures or surgery	No	No
Cough drops & sore throat lozenges (over-the-counter)	Yes	No
Cough syrup (over-the-counter)	Yes	No
Counseling (for treatment of a medical condition)	Yes	No
CPR classes (adult or child)	No	No
Crutches, canes, walkers or like equipment (purchase or rental)	Yes	No
Dancing lessons (for treatment of a medical condition)	Maybe	No
Deductible for dental plan	Yes	Yes
Deductible for medical plan	Yes	No
Deductible for prescription plan	Yes	No
Deductible for vision plan	Yes	Yes
Dental care (for non-cosmetic purposes, including sealants)	Yes	Yes
Dental co-insurance	Yes	Yes
Dental co-payment	Yes	Yes
Dental insurance premiums	No	No

Dental plan premiums	No	No
Dental products (for treatment of a dental condition and/or general health)	No	No
Dental reconstruction (including implants)	Yes	Yes
Dental veneers	Maybe	Maybe
Dentures, bridges, etc.	Yes	Yes
Diabetic monitors, test kits, strips and supplies	Yes	No
Diagnostic services	Yes	No
Diaper rash ointments and creams	Yes	No
Diapers and diaper services	No	No
Dietary supplements (for treatment of a medical condition)	Maybe	No
Doula or birthing coach	No	No
Drug addiction treatment	Yes	No
Drugs (experimental or imported)	No	No
Drugs (prescription)	Yes	No
Dyslexia treatment	Yes	No
Ear drops & wax removal (over-the-counter)	Yes	No
Educational classes or tuition	No	No
Electrolysis	No	No
Emergency kits (over-the-counter)	No	No
Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed health care professional)	Maybe	No
Eye examinations	Yes	Yes
Eye related equipment/materials	Yes	Yes
Eye surgery or treatment to correct vision	Yes	Yes
Eyeglasses (over-the-counter)	Yes	Yes
Eyeglasses (prescription)	Yes	Yes
Face lifts	No	No

Feminine hygiene products	No	No
Fertility monitor (over-the-counter)	Yes	No
Fertility treatment (for employee, spouse or dependent)	Yes	No
Fertility treatment (for non-dependent surrogate)	No	No
First aid kits (over-the-counter)	Yes	No
Fitness programs (as treatment for a medical condition diagnosed by a licensed health care professional)	Maybe	No
Flu shots	Yes	No
Funeral expenses	No	No
Gastrointestinal medication (over-the-counter)	Yes	No
Guide dog (dog, training, care)	Yes	Yes
Hair regrowth products	No	No
Hair removal	No	No
Hair transplant	No	No
Hair treatments	No	No
Hand lotion (over-the-counter)	No	No
Health club dues (as treatment for a medical condition diagnosed by a licensed health care professional)	Maybe	No
Health insurance premiums	No	No
Health plan premiums	No	No
Health savings account (HSA) contributions	No	No
Hearing aids and batteries	Yes	No
Herbal or homeopathic medicines (over-the-counter)	No	No
Home improvements (as required for a medical condition diagnosed by a licensed health care professional)	Maybe	No
Hospital insurance premiums	No	No
Hospital services and fees	Yes	No
Household help	No	No

Humidifier, air filter and supplies	Maybe	No
Illegal operations or substances	No	No
Immunizations	Yes	No
Incontinence supplies	Yes	No
Individual dental insurance premiums	No	No
Individual dental plan premiums	No	No
Individual insurance premiums	No	No
Individual medical insurance premiums	No	No
Individual medical plan premiums	No	No
Individual plan premiums	No	No
Individual prescription insurance premiums	No	No
Individual prescription plan premiums	No	No
Individual vision insurance premiums	No	No
Individual vision plan premiums	No	No
Infertility treatment (for employee, spouse or dependent)	Yes	No
Insulin, testing materials and supplies	Yes	No
Insurance or health insurance premiums	No	No
Insurance or health plan premiums	No	No
Laboratory fees	Yes	No
Lactose intolerance (over-the-counter)	Yes	No
Lamaze classes	Yes	No
Laser eye surgery	Yes	Yes
Lasik	Yes	Yes
Late payment fees charged by health care provider	No	No
Laxatives (over-the-counter)	Yes	No
Learning disability treatments	Yes	No
Lice treatment (over-the-counter)	Yes	No



Listening therapy	Yes	No
Lodging (essential to receive medical care)	Maybe	No
Long term care premiums (up to IRS tax-free limit, see IRS Publication 502)	No	No
Long term care services	No	No
Long term disability insurance premiums	No	No
Magnetic therapy (over-the-counter)	No	No
Marriage counseling	No	No
Massage therapy (for treatment of a medical condition)	Maybe	No
Mastectomy-related special bras	Yes	No
Maternity clothes	No	No
Medical abortion	Yes	No
Medical co-insurance	Yes	No
Medical co-payment	Yes	No
Medical equipment (for treatment of medical condition) and repairs	Yes	No
Medical insurance premiums	No	No
Medical plan premiums	No	No
Medical literature, books, pamphlets or audio	No	No
Medical monitoring and testing devices	Yes	No
Medical records charges	Yes	No
Medical savings account (MSA) contributions	No	No
Medical supplies (for treatment of a medical condition)	Yes	No
Medicare alternative insurance or plan premiums	No	No
Medicare Part B insurance	No	No
Medicare Part B premiums	No	No
Medicare alternative insurance premiums (vs. Part A & Part B)	No	No

Medicare alternative plan premiums (vs. Part A & Part B)	No	No
Medicare supplement policy premiums	No	No
Medicines (over-the-counter)	Yes	No
Medicines (prescription)	Yes	No
Midwife	Yes	No
Mileage (for travel to / from eligible health care <input type="checkbox"/> \$.165 effective 01/01/2010 and \$.24 from 1/1/2009 to 12/31/2009 per documented mile)	Yes	No
Modified equipment (difference in cost only)	Maybe	No
Monitors & test kits (over-the-counter)	Yes	No
Motion & nausea	Yes	No
Nasal sprays	Yes	No
Nasal strips (over-the-counter)	Yes	No
No show fees charged by health care provider	No	No
Non-prescription drugs and medicines (for non-cosmetic purposes)	Yes	No
Norplant insertion or removal	Yes	No
Nursing services (wages and taxes)	Yes	No
Nutritional supplements (for treatment of a medical condition)	Maybe	No
OB/GYN fees	Yes	No
Occlusal guards to prevent teeth grinding	Yes	Yes
Occupational therapy (related to a medical condition or disability)	Yes	No
Office visits (chiro)	Yes	No
Office visits (dental)	Yes	Yes
Office visits (medical)	Yes	No
Office visits (psych/therapy)	Yes	No
Office visits (vision)	Yes	Yes

Operations (for non-cosmetic purposes)	Yes	No
Optometrist / ophthalmologist fees	Yes	Yes
Oral care (over-the-counter)	No	No
Organ transplants (recipient and donor)	Yes	No
Orthotics	Yes	No
Ortho keratotomy	Yes	Yes
Orthodontia (braces and retainers)	Yes	Yes
Orthopedic and surgical supports	Yes	No
Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe)	Maybe	No
Over-the-counter acne treatments	Yes	No
Over-the-counter allergy & sinus medicine	Yes	No
Over-the-counter antacid	Yes	No
Over-the-counter antibiotic ointment	Yes	No
Over-the-counter aspirin or other pain reliever	Yes	No
Over-the-counter asthma medicines or treatments	Yes	No
Over-the-counter bandages and related items	Yes	No
Over-the-counter canker & cold sore treatments	Yes	No
Over-the-counter chest rubs	Yes	No
Over-the-counter cold & flu medicine	Yes	No
Over-the-counter cold & flu prevention	Yes	No
Over-the-counter cold cream	No	No
Over-the-counter cough drops & sore throat lozenges	Yes	No
Over-the-counter cough syrup	Yes	No
Over-the-counter (eligible medical)	Yes	No
Over-the-counter health care	Yes	No

products (eligible)		
Over-the-counter health care products (not eligible)	No	No
Over-the-counter medication (including for motion sickness, sleep aids and sedatives)	Yes	No
Over-the-counter for dental, oral and teething pain	Yes	Yes
Over-the-counter products for general dental care	No	No
Over-the-counter vision products	Yes	Yes
Ovulation monitor (over-the-counter)	Yes	No
Oxygen	Yes	No
Pain reliever (over-the-counter)	Yes	No
Parental fees (billed for actual services received; charged by the State of Minnesota for disabled children)	Yes	No
Parental fees (billed for future availability of services, with no services actually received; charged by the State of Minnesota for disabled children)	No	No
Personal use items (toothbrush, toothpaste, etc.)	No	No
Physical exams	Yes	No
Physical therapy	Yes	No
Physician retainer fee (for on-call or concierge services)	No	No
Pregnancy tests (over-the-counter)	Yes	No
Prescription co-insurance	Yes	No
Prescription co-payment	Yes	No
Prescription drugs (for non-cosmetic purposes)	Yes	No
Prescription drugs for cosmetic purposes	No	No
Prescription drugs for hair regrowth	No	No
Prescription insurance premiums	No	No
Prescription plan premiums	No	No

Propecia (for treatment of a medical condition)	Maybe	No
Prosthesis	Yes	No
Psychiatric care	Yes	No
Psychoanalysis	Yes	No
Psychologist fees	Yes	No
Radial keratotomy (RK)	Yes	Yes
Reading glasses (over the counter)	Yes	Yes
Reconstructive surgery (following accident or medical procedure or condition)	Maybe	No
Removal of benign mole, cyst or tumor	Yes	No
Retainer fee (to physician for on-call or concierge services)	No	No
Retin-A (for non-cosmetic purposes)	Maybe	No
Rogaine or other hair regrowth medications (even if prescribed)	No	No
Sales tax, shipping and handling fees (for any eligible expense)	Yes	Yes
Smoking cessation (programs / counseling)	Yes	No
Smoking cessation drugs (prescription)	Yes	No
Smoking cessation gum or patches (over-the-counter)	Yes	No
Special equipment	Maybe	No
Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only)	Maybe	No
Special school (for mental and physical disabilities)	Maybe	No
Speech therapy	Yes	No
Sterilization	Yes	No
Student health fees for dental services (no services actually received; billed for future availability of services)	No	No
Student health fees for dental	Yes	Yes

services (billed for actual services received)		
Student health fees for medical services (no services actually received; billed for future availability of services)	No	No
Student health fees for medical services (billed for actual services received)	Yes	No
Student health fees for prescription services (no services actually received; billed for future availability of services)	No	No
Student health fees for prescriptions (billed for actual services received)	Yes	No
Student health fees for vision services (no services actually received; billed for future availability of services)	No	No
Student health fees for vision services (billed for actual services received)	Yes	Yes
Sunglasses (over-the-counter)	No	No
Sunglasses (prescription)	Yes	Yes
Sunscreen with SPF <30 or suntan lotion (over-the-counter)	No	No
Sunscreen with SPF 30+, sunburn creams and ointments (over-the-counter)	Yes	No
Supplies (for treatment of a medical condition)	Yes	No
Surgery (for non-cosmetic purposes)	Yes	No
Swimming lessons (for treatment of a medical condition)	Maybe	No
Teeth bleaching or whitening	No	No
Teeth grinding prevention devices	Yes	Yes
Therapy (for treatment of a medical condition)	Yes	No
Toothache and teething pain reliever (over-the-counter)	Yes	Yes
Toothpaste, toothbrush, floss	No	No

Transgender treatments / surgery	No	No
Transportation, parking and related travel expenses (essential to receive eligible care)	Yes	Yes
Tubal ligation	Yes	No
Tuition or educational classes	No	No
Urological products	Yes	No
UV protection clothing	No	No
Vaccinations	Yes	No
Varicose vein removal surgery	Yes	No
Vasectomy	Yes	No
Viagra and similar prescription medications	Yes	No
Vision co-insurance	Yes	Yes
Vision co-payment	Yes	Yes
Vision insurance premiums	No	No
Vision plan premiums	No	No
Vitamins (over-the-counter, for general health purposes)	No	No
Vitamins (prescription)	Yes	No
Walking aids (canes, walkers, crutches and related supplies)	Yes	No
Warranties or other charges for future anticipated services (with none actually received)	No	No
Wart removal treatments (over-the-counter)	Yes	No
Weight loss counseling	Maybe	No
Weight loss foods	No	No
Weight loss program (to improve or maintain general health)	No	No
Weight loss program or drugs (for treatment of a medical condition)	Maybe	No
Wheelchair and repairs	Yes	No
Wound care (over-the-counter)	Yes	No
X-ray fees (dental)	Yes	Yes

	X-ray fees (medical)	Yes	No
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