



Eligible Health Savings Account Expense Examples:

■ Dental Services

Crowns/Bridges
Dental X-Rays
Dentures
Exams/Teeth Cleanings
Extractions
Fillings
Gum Treatments
Oral Surgery
Orthodontia/Braces

■ Insurance-Related Items

Copays
Coinsurance
Deductibles
Insurance Premiums**

■ Lab Exams/Tests

Blood Tests
Cardiographs
Diagnostic Fees
Laboratory Fees
Spinal Fluid Tests

Urine/Stool Analyses
X-Rays

■ Medication

Insulin
Prescribed Birth Control
Prescribed Vitamins*
Prescription Drugs*

■ Other Medical Treatments/Procedures

Acupuncture
Alcoholism (*inpatient treatment*)
Chiropractor Services
Drug Addiction (*inpatient treatment*)
Hearing Exams
Hospital Services
Infertility
In-vitro Fertilization
Norplant Insertion or Removal
Patterning Exercises
Physical Examination (*not employment related*)
Physical Therapy
Speech Therapy
Sterilization
Vaccinations and Immunizations
Vasectomy and Vasectomy Reversals
Well Baby Care

■ Other Medical Supplies and Services

Abdominal/Back Supports
Ambulance Services
Arches
Breast Pumps and Lactation Supplies
Compression Hosiery Above 30 mmHg
Contact Lens Solution and Cleaners
Contraceptives
Counseling (*except for Marriage and Family*)
Crutches
Guide Dog (*for visually/hearing impaired person*)
Hearing Aids & Batteries
Hospital Bed
Ice Pack
Insulin Supplies
Learning Disability (*special school/teacher*)
Lead Paint Removal (*if not capital expense and incurred for a child poisoned*)
Mastectomy Bras
Medic Alert Bracelet or Necklace
Medical Miles, Tolls, and Parking
Orthopedic Shoes
Oxygen Equipment
Pregnancy Tests
Pre-natal Vitamins
Prosthesis
Rubbing Alcohol

Splints/Casts
 Suntan Lotion/Sunscreen greater than SPF 14
 Syringes
 Transportation Expenses (*essential to medical care*)
 Wheelchair
 Wigs (*hair loss due to disease*)

■ Vision Expenses

Contact Lenses
 Contact Lens Solution
 Eye Examinations
 Eyeglasses
 Laser Eye Surgeries
 Prescription Sunglasses

Radial Keratotomy/LASIK
 Reading Glasses

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll-free Participant Services line at 800 346 2126.

Eligible with Doctor's Prescription:

Important note about over-the-counter (OTC) drug reimbursement: A Health Savings Account may only reimburse OTC drug expenses if you have and provide a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Make sure you use your HSA accordingly.

Allergy Medicines
 Antihistamines
 Analgesics
 Antacids
 Anti-Diarrhea Medications
 Anti-Itch Medications

Anti-Nausea Medications
 Aspirin
 Athletes Foot Creams and Powders
 Cold Sore Remedies
 Cough Drops
 Cough Syrups
 Decongestants
 Eye Drops
 Fever Reducers
 First Aid Cream (*Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments*)
 Digestive Tract Relief Medications
 Flu and Cold Medications
 Hemorrhoidal Medications
 Laxatives
 Lice and Scabies Treatments
 Menstrual Cycle Products (*medication for pain and cramp relief*)

Motion Sickness Pills
 Muscle/Joint Pain Relievers
 Nasal Sinus Sprays
 Nicotine Gum/Patches
 Pain Relievers
 Pedialyte
 Pre-natal vitamins
 Retin A (*non-cosmetic*)
 Sinus Medications
 Sleeping Aids
 Smoking Cessation Products
 Sore Throat Sprays
 Special Ointments/Burn Ointments
 Throat Lozenges
 Vapor Rubs
 Weight Loss Drugs (*to treat specific disease*)*
 Yeast Infection Treatments

Ineligible Health Savings Account Expense Examples:

Baby-Sitting
 Canceled Appointment Fees
 Chapstick/Lip Balm
 Contact Lens Insurance
 Cosmetics
 Cosmetic Surgery/Procedures
 Dance/Exercise/Fitness Programs
 Diaper Service
 Electrolysis
 Exercise Equipment

Eyeglass Insurance
 Face Cream
 Feminine Hygiene Products
 Hair Loss Medications*
 Hair Transplant
 Health Club Dues
 Illegal Operation or Treatments
 Marriage or Family Counseling
 Massage Therapy*
 Maternity Clothes
 Mattresses
 Meals that are not part of inpatient care
 Moisturizers
 Non-qualified Insurance Premiums**
 Nutritional Supplements*

Personal Trainer
 Prescription Drug Discount Programs
 Prescription Drugs for Hair Loss
 Provider Discounts
 Shampoos/Soaps
 Special Foods*
 Suntan Lotion/Sunscreen less than SPF 15
 Supplements* (*for general health*)
 Teeth Whitening/Bleaching
 Toiletries
 Toothbrushes (*including battery operated*)
 Toothpaste
 Vision Discount Program Premiums
 Vitamins* (*for general health*)
 Weight Loss Programs* (*for general health*)

**Employee
 Benefits
 Corporation**
 We make it easy.

P: 800 346 2126 | 608 831 8445

F: 608 831 4790

P.O. Box 44347
 Madison, WI 53744-4347

An employee-owned company

www.ebcflex.com

*Excludes drugs imported from Canada and other countries. Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

**Premiums must be for: COBRA or USRRRA leave premiums, premiums paid while receiving unemployment compensation, long term care insurance premiums or, if over age 65, health insurance premiums other than for a Medicare supplement plan (e.g., Medicare Part B or D, retiree health coverage, etc.).