


The IRS requires the plan to verify that all expenses reimbursed or paid from your Health Flexible Spending Account (FSA) are for qualified healthcare expenses. The table below will help you determine what expense types qualify.


Section 213(d) of the Internal Revenue Code defines qualified expenses, in part, as “medical care” amounts paid “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body...”


**Expenses that are merely beneficial to your general health and do not serve a medical purpose are not qualified medical care expenses.** In addition, expenses solely for cosmetic reasons are not usually considered expenses for medical care.

This table has two columns:

1. The **Medical Expense Type** column contains a list of expense types in alphabetical order.
2. The **Qualified Expense?** column contains a “Yes,” “Requires a LOMN (or Prescription),” or “No”. This indicates whether the listed expense is or is not a qualified medical expense. In some cases, you may need to submit special documentation, such as a doctor’s prescription or letter of medical necessity (LOMN), before we can reimburse your out-of-pocket cost as a qualified medical care expense. A color-coded key is included below to help you navigate this resource.

 This expense **IS** eligible for reimbursement. Standard supporting documentation is required.

 This expense **IS** eligible for reimbursement, but **a doctor’s prescription or LOMN is required** to show that the expense was primarily for the treatment of a specific diagnosis.

 The expense is **NOT** eligible for reimbursement.

As a general reminder, you cannot use your Health FSA account for:

1. Expenses incurred outside your employer’s Health FSA plan year unless permitted as part of a carryover election allowed by your employer’s plan;
2. Expenses for services that have not been received yet or items that have not been purchased; and
3. Expenses that have been reimbursed or paid for by another source (i.e., insurance, HRA, HSA, etc.).

This is not an exhaustive list. If you have a question regarding an item or services that are not listed in this table, contact the customer care center at **1-888-338-4415**.

MEDICAL EXPENSE TYPE	QUALIFIED EXPENSE?
Abortion	YES
Activity Tracker	REQUIRES A LOMN
Acupressure	REQUIRES A LOMN
Acupuncture	YES
Air Ambulance Services or Membership	YES
Alcoholism Treatment	YES
Allergy Treatment Products, Other Than Medicine	REQUIRES A LOMN
Alternative Healers and Medicine	REQUIRES A LOMN
Ambulance	YES
Anesthesia	YES
Annual Physical Examination	YES
Artificial Eye, Limbs, and Teeth Prosthesis	YES
Asthma Delivery Devices	YES
Athletic Braces	YES
Autopsy	NO
Bandages	YES
Birth Control (Prescription)	YES
Blood Pressure Monitor	YES
Blood Storage	REQUIRES A LOMN
Body Scans	YES
Braille Books and Magazines	YES
Breast Pumps, Purchase or Rental	YES
Breastfeeding Classes	YES
Cancer Screenings	YES
Car Seats, Standard	NO
Carpal Tunnel Wrist Supports	YES
Chair Lift	REQUIRES A LOMN
Chiropractic Care	YES
Cholesterol Test Kits	YES

MEDICAL EXPENSE TYPE	QUALIFIED EXPENSE?
Chondroitin or Glucosamine	REQUIRES A LOMN
Christian Science Practitioners, for Medical Care	YES
Circumcision	YES
Co-insurance	YES
Cold or Hot Packs, for Medical Care	YES
Compression Socks, Stockings, and Hose	YES
Condoms	YES
Contact Lenses and Solution	YES
Co-payments	YES
Cosmetics, Makeup, and Toiletries	NO
CPR Classes	NO
Deductible	YES
Defibrillator	YES
Dehumidifier	NO
Dental Care	YES
Dental Floss	NO
Dermatology	REQUIRES A LOMN
Diabetic Supplies and Equipment	YES
Diagnostic Tests	YES
Dietician	REQUIRES A LOMN
Disabled Dependent Care	REQUIRES A LOMN
Doctor Fees	YES
Drug Addiction or Overdose Treatment	YES
Ear Plugs	YES
Erectile Dysfunction Treatment	YES
Exercise Equipment	REQUIRES A LOMN
Experimental Drugs or Medical Services, Legally Obtained	YES
Eye Drops	REQUIRES A LOMN
Eyeglasses	YES

MEDICAL EXPENSE TYPE	QUALIFIED EXPENSE?
Fertility and Infertility Treatments	YES
First Aid Kits or Supplies	YES
Fluoridation Services	YES
Fluoride Treatment (Over-the-Counter)	REQUIRES A LOMN
Food	NO
Funeral Expenses	NO
Gambling Addiction Treatment	REQUIRES A LOMN
Gym Membership	REQUIRES A LOMN
Gynecologist	YES
Handicap, Disability Placards, and License Plates	YES
Healthcare Sharing Ministry Fees	NO
Hearing Aids, Batteries, and Supplies	YES
Heart Rate Monitor	YES
Heating Pads or Wraps, for Medical Care	YES
Home Diagnostic Kits, Tests, and Devices	YES
Hormone Replacement Therapy (HRT)	REQUIRES A LOMN OR PRESCRIPTION
Hospice Care	YES
Hospital Services	YES
Humidifier	REQUIRES A LOMN
Hydrotherapy	REQUIRES A LOMN
Hypnosis	REQUIRES A LOMN
Illegal Operations and Treatments	NO
Immunizations or Vaccinations	YES
Incontinence Supplies (Adult Diapers)	YES
Insect Repellant	REQUIRES A PRESCRIPTION
Insulin	YES
Inversion Table	REQUIRES A LOMN
Laboratory Fees	YES
Lactation Aids and Consultation	YES
Laser Eye Surgery (Lasik)	YES
Late Payment Fees	NO
Latex Gloves	REQUIRES A LOMN
Lodging While Away from Home Receiving Medical Care (You may include lodging costs for the patient and a necessary traveling companion (i.e., parent with sick child or travel to be with a sick spouse), up to \$50 per person, per night for lodging.)	YES
Life Coach	REQUIRES A LOMN
Masks, Disposable	REQUIRES A LOMN
Massage Therapy	REQUIRES A LOMN OR PRESCRIPTION
Mastectomy-related Expenses (Breast prosthesis, bra or other clothing designed to hold the breast prosthesis, special bra or other clothing with built-in breast prosthesis)	YES
Maternity Girdle or Support Belt	YES
Medical Alert Bracelet or Necklace	YES
Medical Equipment, Services, and Supplies	YES
Missed Appointment Fees	NO
Mouthguard	YES
Mouthwash	NO
Nasal Strips or Sprays	REQUIRES A PRESCRIPTION
Neti Pot	YES
Neurologist	YES
Nursing Services, Provided at Home	REQUIRES A LOMN
Nutritionist	REQUIRES A LOMN
Obstetrical (OB/GYN) Care	YES
Oncologist	YES
Ophthalmologist	YES
Optometrist	YES
Organ Transplants, Recipient or Donor	YES

MEDICAL EXPENSE TYPE	QUALIFIED EXPENSE?
Orthodontia	YES
Orthopedic and Surgical Supports	YES
Orthotics, Custom and Over-the-Counter	YES
Osteopath	YES
Ostomy and Colostomy Supplies	YES
Over-the-Counter Drugs and Medicines (Acne treatment, allergy or sinus, antacids, antibiotic ointments, cold and flu medicine, decongestants, diarrhea medicine, <b>feminine care products</b> , insect bite creams and ointments, lactose intolerance tablets, laxatives, menstrual pain relievers, pain relievers, smoking cessation, sunburn creams, throat lozenges, topical steroids, wart removal, yeast infection medication)	YES (IF PURCHASED AFTER December 31, 2019) REQUIRES A PRESCRIPTION (IF PURCHASED ON or BEFORE December 31, 2019)
Ovulation Kit	YES
Oxygen and Oxygen Equipment	YES
Paternity Testing	NO
Physical Therapy	YES
Pill Cutters, Boxes, Sorters, and Organizers	YES
Pillows for Support	REQUIRES A LOMN
Pregnancy Tests	YES
Prenatal Vitamins	REQUIRES A PRESCRIPTION
Psychiatric Care and Services	YES
Psychoanalysis	YES
Psychologist	YES
Psychotherapist	YES
Reading Glasses	YES
Rehabilitation Center or Convalescent Home	YES
Respite Care	YES
Safety Goggles, Prescription	YES
Scale or Weight	REQUIRES A LOMN
Scooter, Electric	REQUIRES A LOMN
Service Animal, Guide Dog, or Companion	REQUIRES A LOMN
Sitz Bath	YES
Skin Tag Removal	REQUIRES A LOMN
Sleep Deprivation Treatment	YES
Speech Therapy	YES
Standing Desk	REQUIRES A LOMN
Stem Cell Harvesting or Storage	REQUIRES A LOMN
Sterilization Procedure or Reversals	YES
Sunglasses, Prescription	YES
Sunscreen	YES
Supplements (Calcium, dietary, fiber, herbal, joint, mineral, St. John's Wart)	REQUIRES A LOMN OR PRESCRIPTION
Surcharges, Spousal or Tobacco (Paid with after-tax dollars)	YES
Surgery, Non-cosmetic	YES
Surrogate or Gestational Carrier Expenses	NO
Teeth Whitening	NO
Telemedicine, Including Online Consultation	YES
Toothbrush	NO
Toothpaste	NO
Transplants	YES
Transportation, for Medical Care (Airfare, bus fare, personal care mileage, parking, subway, taxi fare, toll fees)	YES
TENS Unit	YES
Ultrasound, Prenatal	YES
Urinalysis	YES
Varicose Veins Treatment	REQUIRES A LOMN
Vision Care	YES
Vitamins	REQUIRES A LOMN
Walking Aids	YES
Wheelchair	YES

You can use your OneBridge Dependent Care FSA to pay for a variety of child and elder care services. The IRS determines which expenses are eligible for reimbursement. The purpose of the list below is to identify some of the most common dependent care expenses, however, it is not meant to be comprehensive. Please check with your employer and tax professional if you have questions about whether a particular expense is eligible for reimbursement under this program.

It is important to keep receipts and other supporting documentation related to your Dependent Care FSA expenses and reimbursement requests. The IRS requires appropriate documentation for all Dependent Care FSA reimbursements. Reimbursement requests must include a statement from the Dependent Care provider that includes: service dates, dependent's name, type of service, amount billed, and provider's name and address. Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.

This table has two columns:

1. The **Expense Type** column contains a list of expense types in alphabetical order.
2. The **Qualified Expense?** column contains a "Yes" or "No". This indicates whether the listed expense is or is not a qualified dependent care expense. In all cases, you will need to submit supporting documentation as indicated above.

If you have any further question regarding an item or services, contact the customer care center at **1-888-338-4415**.

EXPENSE TYPE	QUALIFIED EXPENSE?
Activity Fees	NO
Adult Daycare Center/ Elder Care (Work-related)	YES
Au Pair	YES
Babysitter (Work-related)	YES
Childcare by a Relative (Work-related)	YES
Day Camps (Work-related)	YES
Disabled Dependent Care (13+)	YES
Enrichment Classes	NO
Food Expenses	NO
Kindergarten	NO
Montessori School	YES
Nanny	YES
Overnight Camp	NO
Overnight Care	YES
Preschool, Nursery School/Pre-Kindergarten	YES
Registrations Fees (Required for Eligible Care)	YES
School Tuition	NO
Summer School	NO