



Your Guide to Eligible Expenses

This guide is a summary of common expenses that may be claimed through your benefit spending account.

Tools and resources to help determine eligibility are also available year-round through your benefits portal and the MyChoice Mobile App. Download the app through Apple or Google Play Stores.

Note: The IRS regulations that determine which expenses are eligible for reimbursement are subject to change and the following list does not guarantee reimbursement. We encourage you to review IRS-qualified expenses through IRS Publication 502 should you have any questions. This list is not comprehensive.

Health Savings Account or Healthcare Flexible Spending Account



Eligible Expenses

(No Letter of Medical Necessity Required)

- Acupuncture
- Alcoholism treatment (inpatient treatment)
- Ambulance Service
- Bandages/Band-Aids
- Birth control (prescription pills and devices)
- Birthing classes
- Blood pressure monitor
- Braces for knee, ankle, wrist
- Braille books & magazines
- Breast pumps & lactation supplies (excludes breastfeeding bras)
- Chiropractic care
- Cochlear implants
- Coinsurance
- Cold/hot packs
- Condoms
- Contact lenses (corrective) & contact lens solution
- Copays
- Counseling (excludes marriage counseling, life coach or career counseling)
- Crutches
- Deductibles
- Dental care (excludes cosmetic services)
- Dentures (includes denture adhesives)
- Diabetic supplies
- Diagnostic tests/health screening
- Eye exams
- First aid kit & supplies
- Gauze pads
- Glasses (includes cleaners and supplies)
- Hearing aids and exams (includes batteries)
- Immunizations
- Incontinence supplies
- Insulin
- Invisalign
- Laboratory fees
- Lactation consultant
- Laser eye surgery/Lasik/Radial Keratotomy
- Medical records fees
- Menstrual care products
- Nursing services
- Optometrist
- Orthodontia*
- Orthotic inserts
- Over-the-counter medications
- Physical exams
- Physical therapy
- Pregnancy tests
- Prenatal expenses
- Prosthesis
- Psychiatric care (must have medical diagnosis on file)
- Prescription medicines/drugs
- Reading glasses
- Smoking cessation programs
- Sunglasses (prescription lens only)
- Sunscreen (SPF 15 or higher)
- Surgery (excludes cosmetic procedures)
- Thermometers
- Transportation/travel expenses for medical care (lodging, mileage, tolls & parking)
- Vasectomy/vasectomy reversal
- Walkers
- Wheelchairs
- X-rays

Potentially Eligible Expenses

(Requires a Letter of Medical Necessity or Prescription on File)

- Acne treatments (prescription)
- Allergy medication (prescription)
- Air purifiers & humidifiers (letter of medical necessity)
- Capital expenses (letter of medical necessity + cost comparisons, before & after)
- Cord blood storage (letter of medical necessity-excludes indefinite storage)
- Cosmetic procedures (letter of medical necessity)
- Ear plugs (letter of medical necessity)
- Fertility treatments (letter of medical necessity)
- Gym membership (letter of medical necessity)
- Guide dogs (letter of medical necessity)
- Homeopathic medicines (letter of medical necessity)
- Lead based paint removal (letter of medical necessity)
- Learning disabilities (letter of medical necessity-includes testing and/or tutoring)
- Massage therapy (letter of medical necessity)
- Nutritionist (letter or medical necessity)
- Orthopedic shoes (letter or medical necessity + cost comparison)
- Personal trainer fees (letter of medical necessity)
- Vitamins/nutritional supplements (letter of medical necessity)
- Weight loss programs (letter of medical necessity)

Excluded Expenses

- Concierge, boutique or prepaid physician fees
- Cosmetic dentistry (includes teeth whitening/bleaching, veneers or bonding)
- Cosmetic procedures (to improve appearance)
- Diapers or diaper services
- Eyewear protection plans or warranties
- Finance charges
- Funeral expenses
- Missed appointment fees
- Personal items
- Premiums – includes COBRA, Insurance premiums, DMO, Long-term care
- Prepayment for medical expenses not yet incurred
- Prescriptions if purchased outside of the U.S.
- Late fees charged on medical bills

*Orthodontia expenses work differently than other FSA expenses. There are two different ways to use the FSA for orthodontia: 1. A lump-sum reimbursement once services begin, even if you receive future services related to the same treatment plan during a future. You would need a copy of the orthodontia treatment plan for documentation of the expense, including the date services started, the contracted amount, services to be rendered and the amount paid by you. This is required when requesting reimbursement and when you use your MyChoice Accounts debit card. 2. You can receive reimbursement on a monthly basis. You will need a copy of the orthodontia treatment plan, showing the dates services started, the expected amount of time services will continue and the monthly contracted amount to be paid. If submitting a claim for reimbursement, you will need to provide proof of payment to the provider. If you use your MyChoice Accounts debit card, you will need to provide documentation to set up recurring reimbursement going forward. If the amount paid does not match the monthly contracted amount, you will need to submit documentation showing what service expense is being reimbursed.

Limited Purpose Flexible Spending Account



Eligible Expenses

Dental

- Bridges
- Cleanings
- Coinsurance
- Copays
- Crowns
- Deductibles
- Dentures
- Fillings
- Invisalign
- Orthodontia*
- Root canals
- X-rays

Vision

- Coinsurance
- Copays
- Contacts (corrective lens)
- Contact solution
- Deductibles
- Exams
- Eyeglass cleaner
- Glasses (corrective lens)
- Laser eye surgery
- Lasik surgery
- Radial keratotomy
- Reading glasses
- Sunglasses (corrective lens)

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Dependent Care Flexible Spending Account



Eligible Expenses

- Au Pair (for children under age 13)
- Babysitter (cannot be a tax dependent or spouse, for children under age 13)
- Before & after school care (for children under age 13)
- Nanny (for children under age 13)
- Pre-K or preschool tuition
- Registration fees (reimbursed after services being paid for are incurred)
- Summer day camp

Potentially Covered Expenses

- Care for spouse or other tax dependent who is physically or mentally incapable of self-care (must reside in member's home at least 8 hours a day)
- Elder day care for spouse or other tax dependent who is physically or mentally incapable of self-care (must reside in member's home at least 8 hours a day)
- Transportation fees, to & from (transportation provided by the dependent care provider to and from daycare)

Excluded Expenses

- Activity fees/meals (if fees can be separated out from cost of care)
- Child care placement fees
- Materials fees (if fees can be separated out from cost of care)
- Music/dance/swimming/etc. lessons
- Nursing home care
- Overnight camp
- Tuition for kindergarten or above

Note: Dependent care is for qualifying dependent children under the age of 13 and, in some cases, adult daycare or elder care for a qualifying dependent. If parents are divorced, only the custodial parent is allowed reimbursement from a Dependent Care FSA, even if that parent does not claim the child as a dependent on his/her federal tax return. The non-custodial parent cannot be reimbursed under a dependent care FSA even if he/she claims the child as a dependent on his/her federal tax return. In order to be eligible for reimbursement through a dependent care FSA, the care provided must be for the purpose of the member and spouse, if married, to work or actively look for work.



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