## FSA Eligible Expense List
### Health FSA Eligible Expenses

**NEW**: Over-The-Counter Medicines and Drugs no longer require a prescription!

<table>
<thead>
<tr>
<th>Eligible Expenses</th>
<th>Eligible Expenses</th>
<th>Ineligible Expenses Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ace bandages</td>
<td>Diabetic monitors and supplies</td>
<td>Cosmetic Surgery &amp; Procedures</td>
</tr>
<tr>
<td>Acne treatments</td>
<td>Diaper rash ointments</td>
<td>Health Club Dues</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>Eye exams</td>
<td>Insurance Premiums</td>
</tr>
<tr>
<td>Allergy and sinus medicine</td>
<td>Eye glasses</td>
<td>Dental Hygiene Products</td>
</tr>
<tr>
<td>Antacids and digestive aids</td>
<td>Eye related equipment</td>
<td></td>
</tr>
<tr>
<td>Antibiotic ointments</td>
<td>Fertility monitors</td>
<td></td>
</tr>
<tr>
<td>Antifungal and anti-itch</td>
<td>First aid kits</td>
<td></td>
</tr>
<tr>
<td>Aspirin and other pain relievers</td>
<td>Gastrointestinal medication</td>
<td></td>
</tr>
<tr>
<td>Asthma medicine</td>
<td>Genetic testing*</td>
<td></td>
</tr>
<tr>
<td>Athletic treatments</td>
<td>Glucosamine</td>
<td></td>
</tr>
<tr>
<td>Band-aids</td>
<td>Group therapy</td>
<td></td>
</tr>
<tr>
<td>Blood pressure monitors</td>
<td>Hearing aids and batteries</td>
<td></td>
</tr>
<tr>
<td>Canker and cold sore remedies</td>
<td>Hearing care</td>
<td></td>
</tr>
<tr>
<td>Chest rubs</td>
<td>Herbal medicine*</td>
<td></td>
</tr>
<tr>
<td>Chiropractic care</td>
<td>Hospitalization costs</td>
<td></td>
</tr>
<tr>
<td>Cholesterol meter test kit and supplies</td>
<td>Hypnosis – treatment of illness</td>
<td></td>
</tr>
<tr>
<td>Cold and flu medicines</td>
<td>Immunizations</td>
<td></td>
</tr>
<tr>
<td>Contact lenses</td>
<td>Imaging scans</td>
<td></td>
</tr>
<tr>
<td>Contact lens cleaning solution</td>
<td>Incontinence supplies</td>
<td></td>
</tr>
<tr>
<td>Co-insurance</td>
<td>Individual therapy</td>
<td></td>
</tr>
<tr>
<td>Copays</td>
<td>Laboratory fees</td>
<td></td>
</tr>
<tr>
<td>Corn and callus removers</td>
<td>Lasik eye surgery</td>
<td></td>
</tr>
<tr>
<td>Cough medicine</td>
<td>Laxatives</td>
<td></td>
</tr>
<tr>
<td>CPAP machine</td>
<td>Lice treatments</td>
<td></td>
</tr>
<tr>
<td>Crutches, canes and walkers</td>
<td>Massage therapy*</td>
<td></td>
</tr>
<tr>
<td>Deductibles</td>
<td>Medical equipment</td>
<td></td>
</tr>
<tr>
<td>Dental care (routine and corrective)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dentures</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical monitoring and testing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NEW!</strong> Menstrual care products (tampons, pads, etc.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mileage to receive medical care</td>
<td></td>
<td></td>
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<tr>
<td>Motion and nausea medicine</td>
<td></td>
<td></td>
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<tr>
<td>Nutritional supplements*</td>
<td></td>
<td></td>
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<tr>
<td>Orthodontia</td>
<td></td>
<td></td>
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<tr>
<td>Orthopedic and surgical supports</td>
<td></td>
<td></td>
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<tr>
<td>Orthotics</td>
<td></td>
<td></td>
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<tr>
<td>Physical exams</td>
<td></td>
<td></td>
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<tr>
<td>Physical therapy</td>
<td></td>
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<tr>
<td>Physician services</td>
<td></td>
<td></td>
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<tr>
<td>Pregnancy tests</td>
<td></td>
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<tr>
<td>Prescription drugs</td>
<td></td>
<td></td>
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<tr>
<td>Psychoanalysis and mental health therapy</td>
<td></td>
<td></td>
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<tr>
<td>Reading glasses</td>
<td></td>
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<tr>
<td>Sleep aids</td>
<td></td>
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<tr>
<td>Smoking deterrents</td>
<td></td>
<td></td>
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<tr>
<td>Sunscreen (SPF 30 and higher)</td>
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<td></td>
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<tr>
<td>Thermometers</td>
<td></td>
<td></td>
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<tr>
<td>Toothache gels</td>
<td></td>
<td></td>
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<tr>
<td>Urological products</td>
<td></td>
<td></td>
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<tr>
<td>Vision care</td>
<td></td>
<td></td>
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<tr>
<td>Vitamins*</td>
<td></td>
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<tr>
<td>Wart removal treatment</td>
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<td></td>
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<tr>
<td>Weight loss drugs and programs*</td>
<td></td>
<td></td>
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<tr>
<td>Wheelchairs and repairs</td>
<td></td>
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</tr>
</tbody>
</table>

*Dual Use items and services are those that can be used for general health as well as to treat an illness or physical defect. If the item/service is prescribed to treat an illness or physical defect, a Physician Statement form needs to be submitted to Benefit Strategies for it to be FSA eligible. This form can be found on benstrat.com, or by contacting our Consumer Relations team. Dual Use items/services will not work with the Benefit Strategies Debit card. You will need to pay with another means and submit for reimbursement through one of our reimbursement methods. Remember to submit the Physician Statement, along with the purchase documentation.

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If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team through online chat, 1-888-401-FLEX (3539) or email info@benstrat.com.
The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at benstrat.com.

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

### Health FSA Worksheet

<table>
<thead>
<tr>
<th>Health Care Expenses Per Plan Year</th>
<th>For You</th>
<th>For Your Spouse</th>
<th>For Your Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Deductibles</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dental Work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Eye Exams, LASIK Surgery</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Eyeglasses, Reading Glasses, Contact Lenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Vision Solutions and Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Copays</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Over-The-Counter (OTC) products, including medicines and drugs</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Chiropractic Care and Acupuncture</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total each family member column</strong></td>
<td><strong>(A)$$</strong></td>
<td><strong>(B)$</strong></td>
<td><strong>(C)$</strong></td>
</tr>
<tr>
<td><strong>Total cost of health care expenses for the plan year (A)+(B)+(C)</strong></td>
<td><strong>(D)$</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enter the maximum permitted Health FSA election</td>
<td><strong>(E)$</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>This can be found on your FSA Enrollment Form</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Election amount. Enter (D) or (E), whichever is less**

Also enter this amount on your FSA Enrollment Form

| Number of pay periods in a plan year | (G) |
| Payroll deduction amount per pay period (F)+(G) | $(F)+(G)$ |

### Dependent Care FSA Worksheet

| Eligible weekly dependent care cost | (A)$ |
| Weeks of dependent care you will have in the plan year | (B)$ |
| Total cost of dependent care for the plan year (A) x (B) | (C)$ |
| Enter the maximum permitted Dependent Care FSA election | (D)$ |
| This can be found on your FSA Enrollment Form | |

**Election amount. Enter (C) or (D), whichever is less**

Also enter this amount on your FSA Enrollment Form

| Number of pay periods in a plan year | (F) |
| Payroll deduction amount per pay period (E) + (F) | (E)+(F) |