

Eligible and Ineligible Expenses

Your Health Care Flexible Spending Account (FSA) and Health Savings Account (HSA) contains pre-tax funds that can be used for a variety of out-of-pocket health care expenses. The following is a list of eligible and ineligible expenses.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Lead-Based Paint Removal
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby/Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Compression Stockings*
- Contraceptive Devices
- Crutches, Walkers, Wheelchairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hair Loss Treatment*
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Doula*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)
- Exercise Programs*
- Hypnosis*
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

The IRS does not allow the following expenses to be reimbursed, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- Cosmetic Surgery/Procedures
- Electrolysis
- Marriage or Career Counseling
- Insurance Premium and Interest (FSA Plan)
- Long-Term Care Premiums (FSA Plan)
- Personal Trainers
- Sunscreen (SPF less than 30)
- Swimming Lessons

As of January 2011, FSA funds can no longer be used to purchase over-the-counter (OTC) medicines and drugs unless the medicine or drug is prescribed. A “prescription” means a written or electronic order for a medicine or drug that meets the legal requirements of a prescription in the state where the medical expense is incurred and that is issued by an individual who is legally authorized to issue a prescription in that state.

If you have a prescription for an OTC medicine or drug, you can use your SHDR Benefit Access Visa® Card for this purchase as long as the prescription is filled by the pharmacist with an Rx number assigned. **CHECK WITH YOUR PHARMACIST TO MAKE SURE THEY CAN FILL AN OTC PRESCRIPTION.** If your OTC prescription is not filled by a pharmacist, you must pay out-of-pocket and submit a manual claim requesting reimbursement.

Eligible OTC Items

Note: Product categories are listed in bold. Common examples of products are listed in regular face.

The following is a list of example OTC items that clearly are not medicine or drugs and are eligible for purchase with Health Care FSA dollars. You can use your benefits card for these items.

- **Antiseptics, Wound Cleansers**
peroxide, epsom salt
- **Baby Electrolytes**
Pedialyte, Enfalyte
- **Denture Adhesives, Repair, and Cleansers**
PoliGrip, Benzodent, Efferdent
- **Diabetes Testing and Aids**
Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products
- **Diagnostic Products**
Thermometers, blood pressure monitors, cholesterol testing
- **Elastics/Athletic Treatments**
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**
Contact lens care
- **Family Planning**
Pregnancy and ovulation kits
- **First-aid Dressings and Supplies**
Band-Aid, 3M Nexcare, non-sport tapes
- **Hearing Aid/Medical Batteries**
- **Incontinence Products**
Attends, Depend, GoodNites for juvenile incontinence
- **Reading Glasses and Maintenance Accessories**

For additional information, please contact your plan administrator.

This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are “potentially eligible expenses” that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your plan administrator. Please note that this listing is subject to change at any time and without notice due to new legislation. The SHDR Benefit Access Visa Card is issued by Branch Banking and Trust Company, Member FDIC. Your Benefit Access VISA® Debit Card gives you immediate access to funds stored in your health care or dependent day care accounts. Just select “Credit;” no PIN is required.

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