



## Eligible and Ineligible Expenses

Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care."

### Important Information Impact of Health Care Reform

In order to receive reimbursement for over-the-counter (OTC) drug expenses incurred on and after January 1, 2011, you will be required to submit supporting documentation. You are able to receive reimbursement for these expenses incurred prior to January 1, 2011, without any additional documentation. This change applies to OTC medicines and drugs only and does not affect OTC supplies or equipment, or other expense types. The effective date of the change is January 1, 2011, for all reimbursement plans, regardless of when your particular plan starts or ends.

In order to substantiate OTC drug expenses, you must provide one of the following:

- The receipt plus Ceridian's Physician's Statement form, which has been modified to include a physician's attestation that the OTC drug has been prescribed in accordance with state law.  
**NOTE:** *The expense listed on Ceridian Physician's Statement form must be specific and exactly match the expense listed on the receipt. Substitutions or equivalent items will not be accepted. **Example 1:** a Tylenol prescription cannot be filled with another brand of acetaminophen. **Example 2:** Broad descriptive terms such as 'decongestants' will not be accepted as valid prescriptions.*
- The receipt alone if it includes an RX number for the OTC drug expense

You can obtain Ceridian's Physician's Statement form by accessing the "Forms" tab of our participant website.

*Please note that the Internal Revenue Service or Treasury Department may issue guidance that could result in further changes to the information in this table.*

### IRS Requirements

To reimburse an expense from a reimbursement account, IRS regulations require third party documentation that includes date and type of services provided as well as the amount the participant is responsible for paying.

### Use it or lose it

You and your employer share a small level of risk in electing and providing this benefit. If your annual eligible medical expenses are less than your annual election amount, you forfeit any unused balance. For this reason, it's important to accurately predict your medical expenditures.

### Uniform coverage rule

On the other hand, your employer is required to fund your HFSA up to your annual election regardless of how much you have actually contributed as of the date you submit a claim for reimbursement. This means your full annual election amount is available to you for reimbursement as of the first day of coverage.

### Documentation Requirements

To be reimbursed from your HFSA, you must submit a claim form with third party documentation that includes DAPT:

- Date of service
- Amount you are responsible for
- Provider
- Type of service

For **orthodontia** only, documentation may include either your monthly payment coupons or statements from your orthodontist that show either:

- Date due and amount due
- Date paid and amount paid

## Definition of medical care

In the context of your HFSA, the IRS defines medical care as the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body, and transportation primarily for and essential to medical care. Neither Ceridian nor your employer has the discretion to reimburse expenses that don't meet this definition, or the tax benefits to all participating employees could be lost.

## When are expenses incurred?

Under IRS rules, HFSA expenses are incurred when the medical services are provided, not when you pay or are billed for them.

## Cosmetic surgery is not medical care

Medical care does not include cosmetic surgery or other similar procedures, unless the surgery or procedure is necessary to ameliorate a deformity arising from, or directly related to, a congenital abnormality, a personal injury resulting from an accident or trauma, or disfiguring disease.

Cosmetic surgery means any procedure (including drug regimens) that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat an illness or disease.

## Physician's statement

Some expenses, such as most prescription drugs, crutches or surgery, are obviously incurred for medical reasons, while others, such as massage or cosmetic surgery, can be incurred for either medical or personal reasons. In order to be reimbursed from a HFSA, such dual purpose expenses must be supported with a physician's statement to demonstrate they are truly for medical care. Other expenses, such as expenses for learning disabilities, may require a statement from the teacher that he or she specializes in treating such conditions, in addition to a physician's statement. You must submit a physician's statement when requested.

You are more likely to receive reimbursement if you properly complete and submit Ceridian's Physician's Statement form than if you ask your physician to compose one — there are numerous technical requirements of which most physicians are not aware. Submitting a physician's statement, including Ceridian's form, does not guarantee you will be reimbursed.

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## Partially eligible expenses

Certain expenses are only partially eligible. Generally, the cost of a special item (such as a telephone for the hearing impaired) used for medical care is eligible to the extent it exceeds the cost of a regular such item. You may be asked to document the difference in price between special and normal items.

*To help provide you with guidance on which expenses may be reimbursed through your HFSA, we have provided a [table of common expenses](#) on the following pages. This table will aid in determining which expenses are eligible, ineligible or may be eligible when submitted with a physician's statement.*

## Orthodontia expenses

The IRS recognizes that orthodontia services are generally provided over an extended period of time, often with no direct relationship between the date of treatment and the payments. As a result, the rules for reimbursing orthodontia are slightly different than other health care expenses.

Generally, you will be reimbursed for orthodontia expenses from the plan year in which the payment is due. You may be reimbursed from the plan year in which payment is made, if you provide proof of payment, such as a canceled check or receipt.

***The following FAQs are provided to assist you in submitting orthodontia claims against your health flexible spending account***

**How do I receive reimbursement from my reimbursement account for orthodontia expenses?**

You may be reimbursed for orthodontia expenses by submitting a signed claim form with third party documentation, such as an orthodontia coupon or statement, that indicates either date due or date paid.

**I paid the full amount for orthodontia treatment in one lump sum. Can I be reimbursed this full amount?**

Yes, if payment was made in full within your plan year for the orthodontia treatment and proof of payment is submitted, you may be reimbursed up to your reimbursement account available balance.

**I paid more than the amount due for this month. Can I be reimbursed for the full amount I paid?**

Yes, if you paid more than the amount required on the coupon or statement and proof of payment is submitted with the claim form, you may be reimbursed the amount you paid up to your available balance.

**My child is getting braces in the beginning of next year; however, I have to pay for them in full by the end of the current year. When can I claim this expense?**

Reimbursement for orthodontia expenses will be payable to you in the plan year in which payment is due or the plan year in which payment is made. The expense may be claimed at the end of the current year.

**Can I submit the orthodontia contract for services for reimbursement of my orthodontia expenses?**

No, orthodontia contracts generally do not include specific dates due, dates paid or specific amounts associated with dates of service and therefore do not meet the IRS requirements for claim adjudication.

**Do I have to submit an explanation of benefits (EOB) to be reimbursed for orthodontia expenses?**

No, an EOB is not required.

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<b>Category</b>		<b>HFSA</b>	<b>Notes and Examples</b>																						
<b>Acne medicine (OTC drugs)</b>		Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Clean and Clear, Clearasil, Stridex and Store Brand Acne Medication																						
<b>Acne medicine (prescription drugs)</b>		Eligible																							
<b>Acne surgery</b>		Eligible																							
<b>Acupuncture</b>		Eligible																							
<b>Adoption medical expenses</b>		Eligible																							
<b>Air purification equipment</b>		To become eligible, expense must be supported by a physician statement	Include products to treat severe allergies such as humidifier, vaporizers, air filtration, replacement filter, allergy home air system																						
<b>Alcoholism treatment</b>		Eligible	Include: meals and lodging at inpatient facility; out patient care; transportation associated with treatment																						
<b>Alertness aid (OTC drugs)</b>		Ineligible	Examples: NoDoz, caffeine pills																						
<b>Allergy and sinus medicine (OTC drugs)</b>		Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples: Actifed, Advil, Afrin, Alavert, Benadryl, Chlor-Trimeton, Claritin, Tavist, Tylenol, Vicks, Diphedryl, Sudafed, Zicam, Store Brands: includes pills, drops, sprays																						
<b>Allergy products</b>		To become eligible, expense must be supported by a physician statement. AND Reimbursement limited to amount that exceeds cost of regular item.	Bed pads, sheets, pillows, special vacuum and vacuum filter. For home improvements - see Capital Expenditures																						

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Category	HFSA	Notes and Examples
<b>Ambulance</b>	Eligible	
<b>Anesthesiologist</b>	Eligible	
<b>Anesthesiologist for a cosmetic or ineligible procedure</b>	Ineligible	
<b>Artificial insemination</b>	Eligible	See Fertility Treatments. Includes fertility exams, sperm implants, sperm washing, embryo transfer and reverse vasectomy
<b>Asthma medications (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Bronkaid, inhaler, inhaler refills, Primatene Mist, Store Brands
<b>Automobile (car) modifications</b>	To become eligible, expense must be supported by a physician statement	Modifications to automobile, car or van to accommodate disability including wheelchair.
<b>Autopsy</b>	Ineligible	Autopsy expenses of deceased participant or his/her dependent or spouse.
<b>Babysitting related to medical care or condition</b>	Ineligible	
<b>Bandages and braces</b>	Eligible	Examples include: Ace bandage wrap, liquid adhesive, gauze pads, dressing and TapeAce, Tru-fit, Futuro, Band-Aid, 3M Next Care, Curity, Dome, Johnson & Johnson
<b>Bath and shower aids</b>	Eligible	Tub grab bar, shower bench/chair/stool (Medline, Nova)
<b>Birth control pills</b>	Eligible	

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Category	HFSA	Notes and Examples
<b>Blepharoplasty (eyelid surgery)</b>	To become eligible, expense must be supported by a physician statement	
<b>Blood pressure monitor and kits</b>	Eligible	
<b>Blood storage</b>	To become eligible, expense must be supported by a physician statement	Example: Storage for use during a scheduled elective surgery. See umbilical cord for cord blood
<b>Body scans, health screening</b>	Eligible	
<b>Botox</b>	To become eligible, expense must be supported by a physician statement	Ineligible as an expense for cosmetic purposes.
<b>Braille books and magazines</b>	Eligible. Reimbursement limited to amount that exceeds cost of regular item.	
<b>Breast Augmentation</b>	To become eligible, expense must be supported by a physician statement	
<b>Breast feeding consultation, classes or coaching</b>	To become eligible, expense must be supported by a physician statement	
<b>Breast feeding supplies</b>	Eligible	Examples of Breast Feeding Supplies are: breast pump, breast pads, breast milk freezing bags, breast shells, cooler tote bags for pumped breast milk
<b>Breast milk supplement</b>	To become eligible, expense must be supported by a physician statement	Must demonstrate treatment of medical condition, not simply choice or convenience.
<b>Breast reconstruction surgery</b>	Eligible	
<b>Breast Reduction</b>	Eligible	
<b>Bug repellent</b>	To become eligible, expense must be supported by a physician statement	

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<b>Category</b>										<b>HFSA</b>					<b>Notes and Examples</b>										
<b>Cancellation fee of orthodontia contract</b>										Ineligible					Doesn't alleviate medical condition										
<b>Capital expenditures</b>										To become eligible, expense must be supported by a physician statement. AND Cost must be reduced by increase in property value.					Special equipment and modifications to the home including the appraisal. See Publication 502 for a list of improvements that IRS says does not increase property value (ramps, railings, etc.).										
<b>Chelation therapy (remove heavy metals from the body)</b>										Eligible					Most common forms of heavy metal intoxication are lead, arsenic or mercury.										
<b>Childbirth classes</b>										Eligible					Total cost of class										
<b>Chinese herbal doctor office visit</b>										To become eligible, expense must be supported by a physician statement					Alternative medical treatment. Not drugs or supplements. Must be legal in the state.										
<b>Chiropractic care plans</b>										Ineligible					Act as premiums										
<b>Chiropractor</b>										Eligible															
<b>Christian science practitioner office visit</b>										Eligible					Alternative medical treatment. Not drugs or supplements										
<b>Circumcision</b>										Eligible					Also eligible if performed by a Rabbi or Moyel.										
<b>Coinsurance</b>										Eligible															
<b>Cold sore relief (OTC drugs)</b>										Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.					Examples include: Novitra, Abreva, Store Brands										
<b>Colonics</b>										To become eligible, expense must be supported by a physician statement					Colon cleansing / Colonics Example: Colonix (hydrotherapy)										

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<b>Contraceptives (devices)</b>	Eligible	Examples include: condoms (durex, lifestyles, trojan), films and diaphragms
<b>Contraceptives (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include spermicidal products such as gels, Advantage-S, Encare, Gyno II, Ortho, VCF
<b>Contraceptives (prescription drugs)</b>	Eligible	Examples include: birth control pills, Norplant including insertion and removal
<b>Controlled substances</b>	Eligible	Darvon, Percocet, Ritalin and Valium
<b>Copay</b>	Eligible	
<b>Cosmetic surgery</b>	To become eligible, expense must be supported by a physician statement	Must demonstrate that surgery treats accepted underlying medical condition or injury.
<b>Cosmetics</b>	Ineligible	Examples include: Olay, Aveeno, Jergens, St. Ives, L'Oreal, Neutrogena, Almay, Cover Girl, Maybelline, Cutex, Revlon, Sally Hansen, Store Brands, face creams, lotions, make-up, nail care, Chapstick
<b>Cotton balls</b>	Ineligible	Examples include: cotton balls, swabs, Q-Tips
<b>Cough and cold relief (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: pills, sprays, Lozenges, rubs, night time vapor plug, Actifed, Dimetapp, Drixoral, Robitussin, Sudafed, Triaminic, Advil, Contrex, Theraflu, Tylenol Flu, Mucinex, Chloraseptic, Zicam, Store Brands

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	<b>Counseling: behavioral therapy</b>	To become eligible, expense must be supported by a physician statement	For an individual, group, family, child, couple; documentation must indicate the specific type of counseling such as bereavement or psychotherapy
	<b>Counseling: bereavement, grief</b>	Eligible	For an individual, group, family, child, couple; documentation must indicate the specific type of counseling such as bereavement or psychotherapy
	<b>Counseling: life, career, marriage</b>	Ineligible	
	<b>Counseling: mental health, psychoanalysis, psychotherapy</b>	Eligible	For an individual, group, family, child, couple; documentation must indicate the specific type of counseling such as bereavement or psychotherapy
	<b>CPR classes</b>	To become eligible, expense must be supported by a physician statement	Must treat an existing medical condition
	<b>Cranial technology</b>	Eligible	Generally, medical equipment for infants - (or adult) to correct plagiocephaly (abnormal head shape/flat head syndrome)
	<b>Crutches</b>	Eligible	Rent or buy
	<b>Deductibles</b>	Eligible	
	<b>Dental treatment</b>	Eligible	X-Rays, fillings, extractions, dentures, implants, crowns, sealants and cleanings
	<b>Dental treatment: cosmetic</b>	To become eligible, expense must be supported by a physician statement	Examples include: veneers, bonding, teeth whitening or bleaching. Eligible with physician's statement demonstrating expense is needed for proper tooth function or to improve deformity resulting from birth defect or accident

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Category	HFSA	Notes and Examples
<b>Denture supplies</b>	Eligible	Examples include: adhesives or cleansers (Cushion Grip, Dentemp, Ezo, Fixodent, Polident, Sea-Bond, Super Poli-Grip)
<b>Dentures, repair and treatment</b>	Eligible	Dentures: full, partial, prosthesis
<b>Dermatologist</b>	Eligible	
<b>Diabetes or diabetic management class</b>	Eligible	
<b>Diabetes or diabetic management medications (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Example: glucose tablets
<b>Diabetes or diabetic supplies</b>	Eligible	Monitoring system, insulin pump, glucose kit, test strips, lancets, syringes, alcohol swabs (Accu-chek, Ascensia, Freestyle, One Touch, Precision, BD)
<b>Diabetic supplies: insulin</b>	Eligible	
<b>Diagnostic tests</b>	Eligible	
<b>Diapers or diaper service for mentally or physically impaired person</b>	To become eligible, expense must be supported by a physician statement	For healthy infants and/or children - ineligible
<b>Diet drugs (OTC and prescription)</b>	To become eligible, expense must be supported by a Ceridian Physician's Statement form. An RX number alone is not acceptable. Substitutions or equivalent items will not be accepted.	Examples include: dexatrim, alli. Food not eligible -- see Food
<b>Diet drugs (prescription)</b>	To become eligible, expense must be supported by a physician statement	Food not eligible -- see Food

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<b>Category</b>													<b>HFSA</b>				<b>Notes and Examples</b>								
<b>Diet programs</b>													To become eligible, expense must be supported by a physician statement				Food not eligible -- see Food Membership and periodic meeting fees for programs such as Jenny Craig, Weight Watchers, etc.								
<b>Digestive - stomach medications (OTC drugs)</b>													Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.				Examples include: items/remedies such as Axid AR, Pepcid, Prilosec, Tagamet, Zantac, Tums, Rolaids, Alka-Seltzer, Maalox, Mylanta, Pepto-Bismol, Phillips, Gaviscon, Gas-X, Lactaid Pills, Bonine, Dramamine, Emetrol, Store Brands, Antacid, Acid Reducers								
<b>Doula, doolah, abdula</b>													To become eligible, expense must be supported by a physician statement												
<b>Drug addiction treatment</b>													Eligible				Include: meals, lodging, at inpatient facility								
<b>Drug tests or screenings</b>													Eligible				Including at home drug test/screening								
<b>Ear care (OTC drugs)</b>													Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.				Examples include: Swim-ear and ear wax removal such as Otix Drops								
<b>Ear piercing</b>													Ineligible												
<b>Ear plugs</b>													To become eligible, expense must be supported by a physician statement												
<b>Education for learning disability</b>													To become eligible, expense must be supported by a physician statement				The school teacher or tutor must specialize in teaching learning-disabled children. Education must be for learning-disabled.								
<b>Egg donor expenses</b>													Eligible												

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<b>Electro-dermal screening</b>	To become eligible, expense must be supported by a physician statement	Usually a cosmetic procedure.
<b>Employment taxes</b>	Eligible	For nursing or dependent care services paid by participant Example: Social Security tax, FUTA, Medicare tax. Include only the amount of taxes paid for eligible services.
<b>Epsom salt</b>	To become eligible, expense must be supported by a physician statement	
<b>Exercise equipment</b>	To become eligible, expense must be supported by a physician statement	
<b>Eye drops (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Visine, Murine, Store Brands
<b>Eye exam</b>	Eligible	
<b>Eye surgery</b>	Eligible	Eye surgery, radial keratotomy, Lasik, etc.
<b>Eyewear: non corrective</b>	To become eligible, expense must be supported by a physician statement	Non-prescription sunglasses, clip-ons for glasses, vanity contact lenses
<b>Eyewear: corrective</b>	Eligible	Prescription lens (with and without frames) including progressive (bifocals, trifocals) and polycarbonate (plastic). Sunglasses, RX. Frames alone are eligible, do not need to submit supporting receipt for lenses to reimburse frames. RX swim, RX sport.
<b>Eyewear: medical supplies and repair</b>	Eligible	Lens cleaning supplies, contact solution, contact cleaning procedure, eyeglass repair

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<b>Eyewear: non-medical supplies</b>	Ineligible	Vanity supplies, misc. options including cases, sports wraps and chains
<b>Eyewear: protection plans, warranties.</b>	Ineligible	BPP = Breakage Protection Plan
<b>Eyewear: Tintings &amp; Coatings for corrective lenses</b>	Eligible	Coatings/tints Including: anti-reflective (AR), scratch resistant (SR), ultra-violet (UV), Crizal tints, polarized, photo chromic, transition, mirror, double gradient.
<b>Face lift</b>	Ineligible	See cosmetic surgery
<b>Face mask</b>	To become eligible, expense must be supported by a physician statement	To prevent airborne diseases. Brands such as Liberty.
<b>Feminine products</b>	Ineligible	Feminine hygiene products (personal use item) such as FDA, Massengill, Summer's Eve as well as sanitary napkins, pads or tampons such as Kotex, O.B., Playtex, Tampax, Always, Stayfree
<b>Fertility treatments</b>	Eligible	Treatment that impacts the participant or a dependent of the participant. Expenses paid to or for an in vitro surrogate if surrogate is dependent or participant.
<b>Fiber supplements (OTC drugs)</b>	To become eligible, expense must be supported by a Ceridian Physician's Statement form. An RX number alone is not acceptable. Substitutions or equivalent items will not be accepted.	Citrucel, Metamucil, Fiber Con
<b>First aid kits</b>	Eligible	Johnson & Johnson First Aid Kit, American Medical Association All Purpose First Aid Kit

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<b>Fluoridation device</b>	To become eligible, expense must be supported by a physician statement	
<b>Fluoride (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Pills, fluoride vitamins, fluoride supplements
<b>Fluoride (prescription drugs)</b>	Eligible	Pills, fluoride vitamins, fluoride supplements, prevident. Available only by prescription
<b>Fluoride treatment</b>	Eligible	Fluoride treatment applied in provider's office.
<b>Food (for diet, weight loss)</b>	Ineligible	Examples include: Jenny Craig, Weight Watchers, Nutrisystem. Ineligible - satisfies normal nutritional needs
<b>Food (not for weight loss)</b>	To become eligible, expense must be supported by a physician statement. AND Reimbursement limited to amount that exceeds cost of regular item.	Must alleviate or treat an illness such as allergies or lactose intolerant. Wheat free food for individuals who are allergic to wheat. Lactose intolerant food.
<b>Foot therapy supplies</b>	Eligible	Examples include: Insoles and arch support expenses
<b>Foot treatment medications (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: treatment of athletes foot, anti fungal, bunions or spurs such as Micatine, Fungi Care, Lotrimin, Store Brands
<b>Funeral expenses</b>	Ineligible	

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

Category	HFSA	Notes and Examples
Genetic testing to determine medical condition	Eligible	
Genetic testing to determine sex of unborn child	Ineligible	
Gloves	To become eligible, expense must be supported by a physician statement	disposable and dermatological cotton and latex gloves such as Cara, Playtex, Safeskin, Kimberly-Clark. Ineligible as an expense for personal use.
Gym membership, fitness or health club fees	To become eligible, expense must be supported by a physician statement	
Hair growth medicines (OTC and prescription drugs)	To become eligible, expense must be supported by a Ceridian Physician's Statement form. An RX number alone is not acceptable. Substitutions or equivalent items will not be accepted.	Examples include: Nu Hair, Rogaine, Store Brands
Hair growth medicines (prescription drugs)	To become eligible, expense must be supported by a physician statement	Not covered by insurance. Rogaine, Propecia
Hair transplant	Ineligible	
Hand sanitizer	To become eligible, expense must be supported by a physician statement	
Hand-held showerhead	To become eligible, expense must be supported by a physician statement	
Health insurance premiums	Ineligible	
Hearing aid insurance	Ineligible	
Hearing aids and batteries	Eligible	
Heat or cold pad, wraps or packs	Eligible	For pain relief from backache, arthritis, menstrual, injuries, breast feeding - example are ThermaCare, Cura Heat

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

<u><a href="#">A</a></u> <u><a href="#">B</a></u> <u><a href="#">C</a></u> <u><a href="#">D</a></u> <u><a href="#">E</a></u> <u><a href="#">F</a></u> <u><a href="#">G</a></u> <u><a href="#">H</a></u> <u><a href="#">I</a></u> <u><a href="#">J</a></u> <u><a href="#">K</a></u> <u><a href="#">L</a></u> <u><a href="#">M</a></u> <u><a href="#">N</a></u> <u><a href="#">O</a></u> <u><a href="#">P</a></u> <u><a href="#">Q</a></u> <u><a href="#">R</a></u> <u><a href="#">S</a></u> <u><a href="#">T</a></u> <u><a href="#">U</a></u> <u><a href="#">V</a></u> <u><a href="#">W</a></u> <u><a href="#">X</a></u> <u><a href="#">Y</a></u> <u><a href="#">Z</a></u>	Category	HFSA	Notes and Examples
	<b>Hemorrhoid relief (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Hemorid, Anusol, Preparation H, Nupercainal, Tucks, Store Brands
	<b>Home health care</b>	Eligible	At home nursing services
	<b>Homeopathic care office visit</b>	To become eligible, expense must be supported by a physician statement	Alternative medical treatment. Not drugs or supplements
	<b>Hormone replacement therapy (prescription drugs)</b>	Eligible	
	<b>Hospital services</b>	Eligible	Include treatment, lodging, meals
	<b>Hot tub</b>	To become eligible, expense must be supported by a physician statement	Including portable
	<b>Household help</b>	Ineligible	See nursing services
	<b>Hypnotherapy, hypnosis</b>	To become eligible, expense must be supported by a physician statement	
	<b>Illegal drugs</b>	Ineligible	
	<b>Illegal operations, treatment</b>	Ineligible	If state and federal law conflict, apply federal law
	<b>Immunization</b>	Eligible	Includes flu shot, vaccines
	<b>Incontinence supplies</b>	Eligible	Examples include: briefs, guards, pads, bed pads, shields, undergarments; Depends, Poise, Serenity, Store Brands
	<b>Infant medicine dispenser</b>	Eligible	NUMI Med
	<b>Infertility treatment</b>	Eligible	See Fertility Treatments
	<b>Insulin</b>	Eligible	

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

Category	HFSA	Notes and Examples
Insurance premiums: long term disability coverage	Ineligible	
Insurance premiums: age 64 or under, employer sponsored retiree health insurance premiums	Ineligible	Example, premiums for employer-sponsored retiree health insurance
Insurance premiums: age 64 or under, Medicare part A, B, Medicare HMO and D premiums	Ineligible	
Insurance premiums: age 65 or older, employer sponsored retiree health insurance premiums	Ineligible	Example, premiums for employer-sponsored retiree health insurance
Insurance premiums: age 65 or older, Medicare part A, B, Medicare HMO and D premiums	Ineligible	Premiums for Medicare supplemental policies such as Medigap are not qualified medical expenses.
Insurance premiums: COBRA health care continuation coverage	Ineligible	
Insurance premiums: fixed indemnity policies	Ineligible	Including fixed indemnity cancer or hospital policies
Insurance premiums: premiums for continuation coverage while receiving unemployment compensation under federal or state law	Ineligible	
Insurance premiums: premiums for employer sponsored group health coverage offered on a pre-tax basis under the employer's cafeteria plan	Ineligible	
Insurance premiums: qualified long-term care insurance.	Ineligible	
Interest payments	Ineligible	Generally interest/finance charges would apply towards ortho loan or contract

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

Category	HFSA	Notes and Examples
<b>Inversion therapy</b>	To become eligible, expense must be supported by a physician statement	Inversion table / therapy
<b>Invisalign (invisible braces)</b>	Eligible	Clear removable aligners to straighten teeth (braces)
<b>Jock itch treatment (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Tinactin, Micatin, Lotrimin AF, Lamisil AT, Cruex, Store Brands
<b>Labor, colic, or yoga ball</b>	Ineligible	
<b>Laboratory fees</b>	Eligible	Must be a part of medical care
<b>Lactation coaching, consultation or classes</b>	To become eligible, expense must be supported by a physician statement	
<b>Lamaze classes</b>	Eligible	
<b>Language training</b>	To become eligible, expense must be supported by a physician statement	To treat medical condition (eg. disabled or dyslexic child)
<b>Lead-based paint removal</b>	To become eligible, expense must be supported by a physician statement	Medical condition must be lead poisoning or related.
<b>Legal fees related to mental illness</b>	Eligible	Legal fees incident to proceeding authorize treatment for mental illness
<b>Lice treatment (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Licefree, Rid, Pronto, Store Brands

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

<u>A</u> <u>B</u> <u>C</u> <u>D</u> <u>E</u> <u>F</u> <u>G</u> <u>H</u> <u>I</u> <u>J</u> <u>K</u> <u>L</u> <u>M</u> <u>N</u> <u>O</u> <u>P</u> <u>Q</u> <u>R</u> <u>S</u> <u>T</u> <u>U</u> <u>V</u> <u>W</u> <u>X</u> <u>Y</u> <u>Z</u>		
Category	HFSA	Notes and Examples
<b>Lodging for a companion required to be present for medical care</b>	To become eligible, expense must be supported by a physician statement	Eligible with physician's statement documenting medical need for travel companion. Eligible with proof of medical services. Limit of \$50.00 per night per person.
<b>Lodging for person receiving medical care</b>	To become eligible, expense must be supported by a physician statement	Requires supporting documentation demonstrating the main purpose is to receive medical care. Limit of \$50.00 per night per person.
<b>Long term care medical expenses</b>	Ineligible	
<b>Long term care room and board</b>	Ineligible	Expenses for room, board
<b>Lubricants</b>	To become eligible, expense must be supported by a physician statement	Examples include: K-Y, Lubrin, Replens, Vagisil. Ineligible as an expense for personal use.
<b>Maintenance, repair of eligible medical equipment</b>	Eligible	Hearing aids, wheelchairs, etc.
<b>Marijuana</b>	Ineligible	Even if legal in state, if state and federal law conflict, we apply federal law
<b>Massage, massage therapy</b>	To become eligible, expense must be supported by a physician statement	Includes Reiki & Rolfing. Eligible if provided by a chiropractor/chiropractor's office or with a physician's statement.
<b>Mastectomy bra</b>	Eligible	
<b>Maternity bra</b>	Ineligible	
<b>Maternity clothing</b>	Ineligible	
<b>Mattress and or box springs</b>	To become eligible, expense must be supported by a physician statement. AND Reimbursement limited to amount that exceeds cost of regular item.	Generally for allergies or back problems, special support, hypoallergenic

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

Category	HFSA	Notes and Examples
<b>MD VIP program or concierge program</b>	Ineligible	Ineligible as a premium
<b>Meals in hospital</b>	Eligible	Or similar situation while inpatient, only the meals for the person receiving the care are eligible.
<b>Medic alert bracelet, necklace, service</b>	Eligible	
<b>Medical alert system</b>	To become eligible, expense must be supported by a physician statement	Expenses related for medical condition (eg. visually impaired, deaf, disability)
<b>Medical care received outside of the USA</b>	Eligible	Must relate to medical care which could be legally provided within the U.S. Documentation must be in English and fees in US currency.
<b>Medical conference or classes</b>	To become eligible, expense must be supported by a physician statement	Relating to a chronic illness for a participant, spouse, or dependent. The costs of the medical conference must be primarily for and necessary to the medical care of the participant, spouse, or dependent. Include admission and transportation. See mileage
<b>Medical records fees</b>	Eligible	Costs associated with copying, storage or transfer of medical records. (FMLA paperwork, chart copies)
<b>Medical screening tests</b>	Eligible	EKG, cholesterol count
<b>Midwife</b>	Eligible	
<b>Mileage</b>	Eligible	Eligible with proof of medical services performed that day; pay actual expenses or IRS mileage rate based on year the expense was incurred. Expenses incurred for medical services. Mileage rates: 1/1/11 to 6/30/11 - 19 cents; 7/1/11 to 12/31/11 23.5 cents; 2012 23 cents

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>	<b>O</b>	<b>P</b>	<b>Q</b>	<b>R</b>	<b>S</b>	<b>T</b>	<b>U</b>	<b>V</b>	<b>W</b>	<b>X</b>	<b>Y</b>	<b>Z</b>
<b>Category</b>										<b>HFSA</b>					<b>Notes and Examples</b>										
<b>Naturopathic office visit</b>										To become eligible, expense must be supported by a physician statement					Alternative medical treatment, not drugs or supplements										
<b>Nebulizers, CPAP, BiPAP</b>										Eligible															
<b>Nicotine replacement (OTC drugs)</b>										Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.					Examples include: patches, candy, gum, Endit, Lite'n Up, Smoke Away, Venturi, Nicorette, NicoDerm CQ, Nicotrol Devices, Patches, Gum, Lozenges										
<b>Nursing home expenses for actual medical treatment</b>										Eligible															
<b>Nursing home expenses for room, board</b>										To become eligible, expense must be supported by a physician statement					Physician's statement must state that primary reason for being in home is for medical treatment.										
<b>Nutritional counseling</b>										To become eligible, expense must be supported by a physician statement					To treat a medical condition (eg. diabetes or heart disease). Nutritionist										
<b>Occlusal guard</b>										Eligible					Prevents teeth grinding										
<b>Operations</b>										Eligible					See cosmetic surgery										
<b>Optometrist</b>										Eligible															
<b>Organ donor</b>										Eligible					Both donor and recipient										
<b>Orthodontia</b>										Eligible															
<b>Orthotics</b>										Eligible															
<b>Osteopath</b>										Eligible															
<b>Oxygen</b>										Eligible															

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>	<b>H</b>	<b>I</b>	<b>J</b>	<b>K</b>	<b>L</b>	<b>M</b>	<b>N</b>	<b>O</b>	<b>P</b>	<b>Q</b>	<b>R</b>	<b>S</b>	<b>T</b>	<b>U</b>	<b>V</b>	<b>W</b>	<b>X</b>	<b>Y</b>	<b>Z</b>
<b>Category</b>		<b>HFSA</b>	<b>Notes and Examples</b>																						
<b>Pain relievers (OTC drugs)</b>		Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Aspirin, Ibuprofen, Advil, Midol, Motrin, Bayer, Doan's, Aleve, Excedrin, Pamprin, Premsyn PMS, Azo, Prodiem, Tylenol, Store Brands																						
<b>Pain relievers for cosmetic surgery pain (OTC drugs)</b>		Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Medicine treats the pain, not the cosmetic surgery																						
<b>Pain relievers for cosmetic surgery pain (prescription drugs)</b>		Eligible	Medicine treats the pain, not the cosmetic surgery																						
<b>Parking sticker for handicapped</b>		Eligible																							
<b>Pedialyte</b>		Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.																							
<b>Penile implants</b>		Eligible																							
<b>Physical therapy</b>		Eligible																							
<b>Physicals, check-ups</b>		Eligible																							
<b>Pill organizers, box or cutter</b>		Eligible	Must be a reasonable expense																						
<b>Pregnancy, ovulation tests</b>		Eligible	Examples include: At home test, Accu-Clear, Answer, E.P.T, Fact Plus Pro, Fact Plus, First Response, ClearBlue Easy, Early Detect, Fertile Focus, Clear Choice, Ovulite																						

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

<u>A</u> <u>B</u> <u>C</u> <u>D</u> <u>E</u> <u>F</u> <u>G</u> <u>H</u> <u>I</u> <u>J</u> <u>K</u> <u>L</u> <u>M</u> <u>N</u> <u>O</u> <u>P</u> <u>Q</u> <u>R</u> <u>S</u> <u>T</u> <u>U</u> <u>V</u> <u>W</u> <u>X</u> <u>Y</u> <u>Z</u>	Category	HFSA	Notes and Examples
	Prenatal care	Eligible	Pregnancy, maternity care
	Prenatal vitamins (OTC)	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	
	Pre-payments, deposit for surgery	ineligible	Deposits, down payments. May be considered for reimbursement after service has been incurred.
	Prescription drug copay	Eligible	
	Prescription drugs: imported	ineligible	Exception: Drugs purchased and consumed outside the US, if the drug is legal in both the US and the other country
	Private hospital room	Eligible	
	Prosthesis	Eligible	Artificial limb
	Psychiatric care	Eligible	
	Raised toilet seat	Eligible	Medline, Nova
	Reflexology	To become eligible, expense must be supported by a physician statement	This is a massage treatment
	Retin A and Tretinoin (OTC and prescription drugs)	To become eligible, expense must be supported by a Ceridian Physician's Statement form. An RX number alone is not acceptable. Substitutions or equivalent items will not be accepted.	Ineligible for cosmetic purposes
	Retin A and Tretinoin (prescription drugs)	To become eligible, expense must be supported by a physician statement	Ineligible for cosmetic purposes
	Rubbing alcohol	Eligible	

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z																										
Category	HFSA																									Notes and Examples
Sales tax on eligible expenses	Eligible																									
Scales	Ineligible																									For weight, food or drugs
Schools, teachers, tutors	To become eligible, expense must be supported by a physician statement																									The school, teacher or tutor must specialize in teaching learning disabled children or child with medical condition.
Service animal	To become eligible, expense must be supported by a physician statement																									Service animal for medical condition. Eligible with a physician's statement indicating a working animal trained to provide assistance for participant, spouse or dependent with a medical condition. Includes purchase, training and care.
Shipping, handling, and delivery costs	Eligible																									To obtain an eligible expense
Shoes (medically necessary)	Eligible. Reimbursement limited to amount that exceeds cost of regular item.																									Special Shoes for medical care such as orthopedic, diabetic, etc.
Sitz bath	Eligible																									Product use is intended to help relieve discomfort and cleanse the perianal and perineal area
Skin tag removal	To become eligible, expense must be supported by a physician statement																									Removal of skin tags
Sleep aid (OTC drugs)	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.																									Examples include: Alluna, Natrol, Nytol, Unisom, Store Brands
Smoking cessation programs	Eligible																									
Snoring aid supplies	Eligible																									Examples include: Nasal Strips

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

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Category	HFSA	Notes and Examples
<b>Speech therapy</b>	Eligible	
<b>Speech training</b>	To become eligible, expense must be supported by a physician statement	For a child with a medical condition affecting speech.
<b>Sperm, egg or embryo storage</b>	To become eligible, expense must be supported by a physician statement	Ineligible as an expense for long term storage. Eligible as an expense for interim, short term storage of sperm, egg, embryo. Must be supported by a physician's statement demonstrating conception procedures are immediate or currently in process.
<b>Sterilization</b>	Eligible	Includes both the sterilization and reversal of sterilization
<b>Student health insurance fees</b>	Ineligible	Premiums
<b>Substance abuse treatment</b>	Eligible	Include: meals and lodging at inpatient facility; out patient care; transportation associated with treatment
<b>Sun block or sunscreen (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Coppertone, Hawaiian Tropics, Bull Frog. Ineligible - toiletries and cosmetics, including moisturizer and makeup even with SPF.
<b>Sun or light box</b>	To become eligible, expense must be supported by a physician statement	Treats depression NOT a sunlight to get a suntan.
<b>Supplements: nutritional, dietary or vitamin (OTC drugs)</b>	To become eligible, expense must be supported by a Ceridian Physician's Statement form. An RX number alone is not acceptable. Substitutions or equivalent items will not be accepted.	Examples include: herbs, Ensure, Airborne, Acidophilus, Coenzymes, Q-10, DHEA, Fish Oils, Glucosamine and Chondroitin, Probiotics, Lecithin, Melatonin, MSM, Omega-3, SAM-e, Shark Cartilage, Echinacea, Flax Seed Oil, Garlic, Ginkgo Biloba, Herbs, Lutein,

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

Category	HFSA	Notes and Examples
<b>Support hose</b>	To become eligible, expense must be supported by a physician statement	Includes surgical or support hosiery and stocking
<b>Surgery</b>	Eligible	See cosmetic surgery
<b>Surgery equipment or products</b>	Eligible	Pre/Post Surgery products such as Impact, Recover, Peptinex, ReSource, Tolerex, Vivonex. Must be considered medical equipment(i.e. high powered enema)
<b>Swimming lessons</b>	Ineligible	
<b>Syringes</b>	Eligible	
<b>Teeth cleaning supplies</b>	Ineligible	Dental floss, manual toothbrush, toothpaste; electric and/or sonic toothbrushes, Oral B, Reach, Braun
<b>Telephone for hearing impaired</b>	Eligible. Reimbursement limited to amount that exceeds cost of regular item.	Include entire purchase and repair if separate unit from telephone
<b>Television equipment for hearing impaired</b>	Eligible. Reimbursement limited to amount that exceeds cost of regular item.	Displays the audio part of the television programs as subtitles for hearing impaired Includes repair if separate unit from television
<b>Termination of pregnancy</b>	Eligible	
<b>Therapy</b>	See Counseling entries	
<b>Thermometers</b>	Eligible	ear, oral, rectal
<b>Toilet paper, tissues</b>	Ineligible	
<b>Toiletries</b>	Ineligible	

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

**A B C D E F G H I J K L M N O P Q R S T U V W X Y Z**

Category	HFSA	Notes and Examples
<b>Toothache remedies (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Orajel, Zilactin, Red Cross, Orabase, Den Tek, Dents, Store Brands
<b>Topical products (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: BenGay, Arth-Rx, Dr. Holt's, Flexall, IcyHot, Jointflex, Joint-Ritis, PR5, Mentholatum, Stopain, Hydrogen Peroxide, Bactine, Neosporin, Polysporin, Iodine, Desitin Diaper Rash, Benadryl, Anti-itch Cream, Dermarest, Itch-X, Store Brands
<b>Transplants</b>	Eligible	Organ transplant; Both donor and recipient
<b>Transportation expense for another person traveling with part., spouse or dependent, who is unable to travel alone for medical care.</b>	To become eligible, expense must be supported by a physician statement. Documentation of medical service provided required.	Eligible with physician's statement documenting medical need for travel companion. Include: Parking, tolls, airfare, mileage. Does not include transportation for the purpose of visiting spouse or dependent in hospital. See: Mileage
<b>Transportation expense for person receiving medical care.</b>	Eligible	Eligible with proof of medical services. Includes: Parking, tolls, airfare. See: Mileage.
<b>Transportation to visit spouse or dependent in hospital</b>	Ineligible	
<b>Umbilical cord blood, stem cell harvesting and storage</b>	To become eligible, expense must be supported by a physician statement	Not eligible for preventive purposes, must relate to existing medical condition of newborn. Storage must be for current ongoing treatment.
<b>Urinals and bed pans</b>	Eligible	Medline

# Eligible and Ineligible Expenses



Under a Health Care Flexible Spending Account (HFSA) based on the IRS definition of "medical care"

<u><b>A</b></u> <u><b>B</b></u> <u><b>C</b></u> <u><b>D</b></u> <u><b>E</b></u> <u><b>F</b></u> <u><b>G</b></u> <u><b>H</b></u> <u><b>I</b></u> <u><b>J</b></u> <u><b>K</b></u> <u><b>L</b></u> <u><b>M</b></u> <u><b>N</b></u> <u><b>O</b></u> <u><b>P</b></u> <u><b>Q</b></u> <u><b>R</b></u> <u><b>S</b></u> <u><b>T</b></u> <u><b>U</b></u> <u><b>V</b></u> <u><b>W</b></u> <u><b>X</b></u> <u><b>Y</b></u> <u><b>Z</b></u>	<b>Category</b>	<b>HFSA</b>	<b>Notes and Examples</b>
	<b>Uvuloplasty, uvulopalatoplasty</b>	To become eligible, expense must be supported by a physician statement	Must indicate medical condition, not merely snoring
	<b>Vaccines, vaccinations</b>	Eligible	Includes Flu Shot, Vaccines
	<b>Varicose vein treatment</b>	To become eligible, expense must be supported by a physician statement	Expenses related to the removal or treatment of varicose or spider veins
	<b>Vasectomy or vasectomy reversal</b>	Eligible	
	<b>Visident</b>	Eligible	Visiting dental service generally for the homebound.
	<b>Vision discount programs</b>	Ineligible	
	<b>Vision therapy</b>	Eligible	Provided to treat dyslexia and other visual/neurological disorders
	<b>Vitamins, supplements (OTC drugs)</b>	To become eligible, expense must be supported by a Ceridian Physician's Statement form. An RX number alone is not acceptable. Substitutions or equivalent items will not be accepted.	Examples include: herbs, Ensure, Acidophilus, Coenzymes, Q-10, DHEA, Fish Oils, Glucosamine and Chondroitin, L-Carnitine, Lecithin, Melatonin, MSM, Omega-3, SAM-e, Shark Cartilage, Echinacea, Flax Seed Oil, Garlic, Ginkgo Biloba, Herbs, Lutein, Menopause
	<b>Vitamins, supplements (prescription drugs)</b>	Eligible	Vitamins and/or vitamin supplements available ONLY by prescription
	<b>Walker, cane</b>	Eligible	
	<b>Warranties</b>	Ineligible	Usually for hearing aids or eyeglasses, extended warranties, maintenance agreements

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<b>Wart treatment (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Compound W, Dr. Scholl's, Pedifix, Wart-off, Store Brands
<b>Weight-loss medicine (OTC and prescription drugs)</b>	To become eligible, expense must be supported by a Ceridian Physician's Statement form. An RX number alone is not acceptable. Substitutions or equivalent items will not be accepted.	Examples include: Alli, Dexatrim
<b>Weight-loss medicine (prescription required)</b>	To become eligible, expense must be supported by a physician statement	Not covered by insurance. Meridia
<b>Weight-loss programs</b>	To become eligible, expense must be supported by a physician statement	Food not eligible -- see Food; Membership and periodic meeting fees for programs such as Jenny Craig, Weight Watchers, etc.
<b>Wheelchairs, motorized</b>	Eligible	Purchase, operating costs, accessories and upkeep all eligible (e.g., Autoette)
<b>Wigs</b>	To become eligible, expense must be supported by a physician statement	
<b>Wrist support or stabilizer (carpal tunnel)</b>	Eligible	Ace, Tru-Fit, Futuro
<b>X-ray fees</b>	Eligible	
<b>Yeast infection remedies (OTC drugs)</b>	Eligible if prescribed. EITHER Expense must be filled by the pharmacist and you must submit the RX number OR Expense must be supported by Ceridian's Physician's Statement form. Substitutions or equivalent items will not be accepted.	Examples include: Monistat, Vagistate 3, Vaginex, Mycelex 3

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Yoga, pilates, tai chi	To become eligible, expense must be supported by a physician statement	

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