Expenses Guide for FSA Benefits

This guide provides important information about your flexible spending account (FSA). It also includes detailed lists of expenses generally reimbursable under your FSA. The various lists contain general expenses allowed by the Internal Revenue Service (IRS). Eligible expenses are defined by IRS rules and your employer's plan. To learn more about eligible FSA expenses under your specific plan, please refer to your Summary Plan Description (SPD).

A final determination cannot be made on any claim until you complete and submit a reimbursement form along with the required supporting documentation. Reimbursement forms are available by logging in to your personal account at anthem.com.*

Be sure to keep receipts and other supporting documentation related to your FSA expenses as well as your reimbursement requests. Per IRS rules, you may be required to submit itemized receipts to verify your expenses.

Bookmarked Sections

This guide has been bookmarked so it's easier to quickly find the information you're looking for. In Adobe Acrobat or Adobe Acrobat Reader, simply click the bookmark icon on the left-hand side of the screen or click one of the section names below.

- **Health FSA Expenses** – A summary of eligible and ineligible expenses
- **Health FSA Reimbursement Requirements** – Documents needed for the reimbursement
- **Health FSA and Limited-purpose FSA Expenses List** – A complete list of eligible expenses and, if necessary, supporting documents required for reimbursement
- **Over-the-counter (OTC) Drugs and Other Health Care Items** – A list of OTC medicines and drugs requiring a prescription and other health care-related products
- **Orthodontia Expenses** – Reimbursement methods for orthodontia expenses
- **Dependent Care FSA Expenses** – Various qualified dependent care expenses and required documents

Health FSA Expenses

The key to making the most of your health FSA is knowing about the wide variety of eligible expenses. You can use your account funds for numerous health care-related products and services – for yourself, your spouse, and your qualifying child or relative. IRS rules state that expenses reimbursed under your health FSA may not be reimbursed under any other plan or program, and only your qualified out-of-pocket expenses are eligible. These expenses must be incurred within the coverage period specified by your plan. Plus, expenses reimbursed under a health FSA may not be used to claim any federal income tax deduction or credit.

Eligible Expenses

Certain products and services that are used to prevent, cure, or treat a specific illness or medical condition may be eligible expenses. The list below shows some examples.

Eligible Expenses

- Acupuncture and chiropractic services
- Artificial limbs or teeth
- Birth control pills, condoms, contraceptive devices, and sterilization procedures
- Childbirth classes
- Co-pays, co-insurance, and deductibles
- Crutches, wheelchairs, and other durable medical equipment
- Dental exams, cleanings, fillings, and other qualified services
- Eye exams and vision correction surgery
- Eyeglasses, contact lenses, and solutions
- Hearing devices
- Hospital bills
- Insulin, diabetic supplies, and test kits
- Medical tests and other medical services
- Mileage to and from medical services
- Orthodontia
- Over-the-counter health care items, such as bandages and thermometers
- Physical exams and medical screenings
- Prescription drugs
- X-rays
- ... and hundreds more

Standard documentation required: Explanation of Benefits (EOB), provider's statement of work, or itemized receipt. Document must include the patient's name, date of service or purchase, provider or merchant name, procedure description or product name, and cost of service or product.

Ineligible Expenses

Items or services that are purchased for cosmetic, personal, or general health purposes are ineligible expenses. You can't use your health FSA funds for these products and services.

Ineligible Expenses

- Cosmetic dental procedures
- Cosmetic prescription drugs, surgery, and procedures
- Cosmetics, makeup, and perfume
- Deodorant, soap, shaving cream, and razors
- Diapers or diaper service
- Feminine hygiene products
- Hair removal treatments and waxes
- Moisturizers and lotions
- Prescription drugs from another country
- Teeth whitening kits and strips
- Toothpaste, mouthwash, and antiseptics

Over-the-counter Medicines and Drugs

Over-the-counter (OTC) medicines and drugs are not eligible for reimbursement unless they have been prescribed by a doctor (or another health care professional who can authorize a prescription) in the state where you purchased the OTC medicine.

Over-the-counter Drug Examples

- Allergy and sinus: Actifed, Alavert, Benadryl, Claritin, Sudafed
- Antacids and acid reducers: Mylanta, Pepcid AC, Prilosec, TUMS, Zantac
- Antidiarrheal and laxatives: Ex-Lax, Imodium A.D., Kaopectate, Miralax, Pepto-Bismol
- Antifungal: Lamisil AT, Lotrimin AF, Micatin
- Anti-itch lotions and creams: Benadryl Cream, Calamine Lotion, Caldecort, Cortaid, Hydrocortisone
- Aspirin and pain relievers: Advil, Aleve, Bayer Aspirin, Excedrin, Motrin, Tylenol
- Cold and flu: Advil Cold & Sinus, Afrin, Nyquil, Theraflu, Tylenol Cold & Flu
- Cough suppressants: Chloraseptic, Robitussin, Vicks 44
- Diaper rash ointments: Balmex, Desitin
- Digestive aids: Lactaid, Lactase, Beano
- First aid creams, sprays, and ointments: Bactine, Neosporin
- Hemorrhoid treatments: Preparation H, Hemorid, Tronolane
- Liniments: BENGAY, Tiger Balm, Flexall
- Menstrual cycle medications: Midol, Pamprin, Premsyn PMS
- Motion sickness: Dramamine, Marezine
- Nicotine gum and patches: Commit, Nicoderm CQ, Nicorette, Nicotrol, Nicodin
- Respiratory treatments: Primatene, Bronkaid, Vicks Vapor Rub
- Sleep aids: Sominex, Sleepinal, Tylenol PM, Unisom Sleep Tabs
- Teething pain: Orajel

Standard documentation required: A written or electronic OTC prescription along with an itemized cash register receipt that includes the merchant name, name of OTC medicine, purchase date, and amount; OR a printed pharmacy statement or receipt that includes the patient's name, the Rx number, the prescription fill date, and the amount.

Potentially Eligible Items or Programs

Various items, therapies, and programs that are used for cosmetic or overall health improvement are ineligible expenses unless they are used to treat a medical condition. To be an eligible expense, the item or service must be prescribed by a doctor to treat a medical condition and appropriate documentation must be provided.

Potentially Eligible Expenses

- Exercise equipment or programs
- Fertility treatments
- Genetic testing
- Hormone replacement therapy
- Home and/or automobile modifications
- Lactation consultant
- Massage therapy
- Nutritionist's professional services
- Sleep deprivation treatment
- Weight-loss drugs or programs

Standard documentation required: A Medical Determination Form completed by your doctor and an itemized receipt, an EOB, or a statement of work from your health care provider. Find the Medical Determination Form by logging in to your personal account at anthem.com.*

Health FSA Reimbursement Requirements

Keep in mind that a final determination cannot be made on any claim until you complete and submit a reimbursement form along with the required supporting documentation. These forms are available by logging in to your personal account at anthem.com.*

Appropriate Standard Documentation

A signed and dated reimbursement form should be sent along with one of the following types of appropriate documentation:

- **For office visits and other health care services –** An Explanation of Benefits (EOB) from your insurance carrier showing the date of service and out-of-pocket expense(s).
- **For expenses not covered by insurance** – An itemized statement from the service provider. The itemized statement should include: the patient's name, date(s) of service, procedure description(s), provider name, and the charge(s) for the service. Account balance statements, balance forward statements, canceled checks, cash register receipts, and credit card receipts are not acceptable third-party documentation. See below for special rules regarding cash register receipts for eligible over-the-counter medicines. In some cases, a Medical Determination Form from a doctor may be required.
- **For prescription drugs –** A pharmacy statement or itemized cash register receipt including: the name of the pharmacy, patient's name, date of fill, cost, Rx number, and name of the drug.
- **For over-the-counter (OTC) medicines and drugs –** A written or electronic OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine, purchase date, and amount; OR a printed pharmacy statement or receipt from a pharmacy that includes the patient's name, the Rx number, the date the prescription was filled, and the amount.
- **For eligible OTC health care-related items** – An itemized cash register receipt. The merchant name, product name, and the purchase date must be on the receipt.
- **For dual-purpose items or programs** – A Medical Determination Form that has been completed by a doctor is required for dual-purpose items or programs that have both a medical purpose and a general health, personal, or cosmetic purpose. See specific details for each dual-purpose item or program in the following Health FSA Expense List. The Medical Determination Form is available online through your personal account.

Submission Process

There are three ways to submit reimbursement requests:

- Online submission at anthem.com.*
- Fax reimbursement forms and supporting documentation to the attention of Reimbursement Account Services using the number listed on your form.
- Mail reimbursement forms and copies of supporting documents to the mailing address listed on your form.

Helpful Habit - Save all of your itemized receipts, EOBs, and other supporting documents along with copies of your reimbursement forms. Because of IRS rules, CONEXIS may ask you to verify your expenses.

Health FSA and Limited-purpose FSA Expenses List

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Acupuncture	Yes	No	Standard	
Adoption (medical expenses related to)	Yes	No	Standard	
Alcohol and drug counseling	Yes	No	Standard	
Alcohol and drug rehab	Yes	No	Standard	
Allergy products and home improvements to treat severe allergies	Potentially	No	Standard + Medical Determination Form	Examples of eligible expenses include: special vacuum cleaners, electro-static air purifiers, pillows and mattresses to alleviate certain allergies, etc. If the product would be owned without the allergy, then the expense is not considered eligible. See Capital expenses.
Alternative healers, dietary substitutes, drugs and medicines	Potentially	No	Standard + Medical Determination Form	
Ambulance transport	Yes	No	Standard	
Artificial limbs	Yes	No	Standard	
Artificial teeth	Yes	Yes	Standard	
Bandages	Yes	No	Standard	
Bariatric surgery (i.e., LAP-BAND®, gastric bypass)	Potentially	No	Standard + Medical Determination Form	Only if recommended by a physician to treat a medical condition.
Batteries for hearing aids and durable medical equipment	Yes	No	Standard	Participant must note usage of batteries on receipt.
Birth control drugs	Yes	No	Standard	Birth control pills prescribed by a doctor are an eligible expense; examples: birth control implants (for example, Implanon, Norplant), birth control patches (for example, Ortho Evra), birth control pills, birth control shots (for example, Depo-Provera), vaginal rings (for example, NuvaRing), morning-after pills (emergency contraception), hormonal IUDs (for example, Mirena).
Birth control OTC medicines	Yes	No	Standard + prescription	OTC birth control pills (for example, Plan B) require a doctor's prescription to be an eligible expense.
Birth control supplies	Yes	No	Standard	Examples of eligible expenses include: cervical caps (for example, FemCap), condoms, diaphragms, female condoms, birth control sponges (for example, Today Sponge), spermicides (for example, Nonoxynol-9).
Blood pressure monitoring devices	Yes	No	Standard	
Body scan / diagnostic testing	Yes	No	Standard	
Braille books and magazines	Potentially	No	Standard + Medical Determination Form	If for the visually-impaired person, only the amount above the cost of regular printed material is reimbursable.

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Breast pumps and lactation supplies	Yes	No	Standard	Considered durable medical equipment.
Breast reconstruction surgery following mastectomy	Yes	No	Standard	
Burn garment	Yes	No	Standard	
Capital expenses	Potentially	No	Standard + Medical Determination Form	The primary purpose of the expenditure must be for the medical care of the taxpayer, spouse, or dependent. The following information must be provided to determine eligibility: 1. A letter and/or prescription from a physician citing the medical necessity; 2. A written certification that states the item is for the patient's individual use, or the percentage of use in relation to other members of the household; 3. Third-party appraisal of the participant's home to substantiate the difference between the cost of capital expenditure and the increase in value to the participant's home (the cost of the appraisal is not reimbursable).
Carpal tunnel wrist supports	Yes	No	Standard	
Chelation (EDTA) therapy	Yes	No	Standard	Will qualify if used to treat a medical condition such as lead poisoning.
Childbirth classes	Potentially	No	Standard + Medical Determination Form	See Lamaze classes.
Chiropractor services	Yes	No	Standard	
Chondroitin sulfate	Potentially	No	Standard + Medical Determination Form	Only if used to treat a medical condition.
Christian Science practitioners	Potentially	No	Standard + Medical Determination Form	Only expenses for medical care are reimbursable.
Circumcision	Yes	No	Standard	
COBRA premiums	No	No	N/A	
Co-insurance, co-payments, and deductibles – dental	Yes	Yes	Standard	
Co-insurance, co-payments, and deductibles – medical	Yes	No	Standard	
Co-insurance, co-payments, and deductibles – vision	Yes	Yes	Standard	
Concierge medical fee	No	No	N/A	A retainer fee (membership fee) that is billed for future services is not an eligible expense. Fees billed for actual qualified services rendered may be eligible for reimbursement.
Condoms and other contraceptive devices	Yes	No	Standard	See Spermicidal foam.

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Contact lenses, equipment, and materials (for example, Aosept, Allergan, Bausch & Lomb, Boston, Opti-Free, Renu)	Yes	Yes	Standard	
Controlled substances in violation of federal law	No	No	N/A	
Cosmetic prescriptions	No	No	N/A	
Cosmetics and perfume	No	No	N/A	
Counseling and therapy	Potentially	No	Standard + Medical Determination Form	If recommended to treat a medical condition. Also see Alcohol and drug counseling.
Counseling and therapy: - Marriage counseling	No	No	N/A	Marriage counseling typically does not qualify for reimbursement under the health FSA or HRA; however if the counseling is incurred to treat an underlying medical condition, the expense may be considered eligible.
CPR classes	No	No	N/A	
Defibrillator	Yes	No	Standard	
Dental crowns (metal / porcelain)	Yes	Yes	Standard	
Dental implants	Potentially	Potentially	Standard + Medical Determination Form	
Dental veneers	Potentially	Potentially	Standard + Medical Determination Form	
Dental visits (non-cosmetic)	Yes	Yes	Standard	Cosmetic dental procedures are not eligible.
Dentures	Yes	Yes	Standard	
Deodorant	No	No	N/A	
Diabetic supplies, test kits, and strips	Yes	No	Standard	
Diagnostic services	Yes	No	Standard	
Diapers or diaper service for newborns	No	No	N/A	
Diet foods	No	No	N/A	
Dietary supplements	Potentially	No	Standard + Medical Determination Form	
Disabled dependent's qualified dental or vision expenses	Yes	Yes	Standard	
Disabled dependent's qualified medical expenses	Yes	No	Standard	
DNA collection and storage	No	No	N/A	
Doula (birthing coach)	Potentially	No	Standard + Medical Determination Form	The expense is only eligible if the doula is a licensed health care professional and provides medical care. Participant must submit itemized statement detailing the medical services rendered.
Drug overdose treatment	Yes	No	Standard	

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Dual-purpose expenses (items that have both a medical and general/ personal/cosmetic purpose)	Potentially	No	Standard + Medical Determination Form	
Durable medical equipment and repairs (crutches, wheelchairs, nebulizers, CPAP machines and CPAP related supplies, etc.)	Yes	No	Standard	
Ear piercing	No	No	N/A	
Ear plugs	Potentially	No	Standard + Medical Determination Form	
Electrolysis or hair removal	No	No	N/A	
Exercise equipment or programs	Potentially	No	Standard + Medical Determination Form	Not unless recommended by a physician to treat a specific medical condition and the equipment would not otherwise be purchased but for treatment of the condition.
Eye examinations, eyeglasses, equipment, and materials	Yes	Yes	Standard	
Face creams and moisturizers	No	No	N/A	
Face lifts	No	No	N/A	
Family counseling	Potentially	No	Standard + Medical Determination Form	Not unless recommended to treat a medical condition.
Feminine hygiene products (tampons, etc.)	No	No	N/A	
Fertility treatments	Potentially	No	Standard + Medical Determination Form	Will qualify if procedures are intended to overcome the inability to have children and are performed on the participant, their spouse, or eligible dependent. Treatment examples: gamete intrafallopian transfer (GIFT), in vitro fertilization (including temporary storage of eggs or sperm), surgery (including reversal of surgical procedure meant for sterilization), shots, treatments, and zygote intrafallopian transfer (ZIFT). Expenses paid to or for an in vitro surrogate usually do not qualify nor do egg donor expenses unless preparatory to a procedure performed on the participant, spouse, or eligible dependent.
Fiber supplements (for example, Benefiber, Metamucil)	Potentially	No	Standard + Medical Determination Form	Only if recommended by a physician. Expenses incurred for general health purposes are not eligible.
Flu shots	Yes	No	Standard	
Fluoridation device	Yes	No	Standard	
Foods	Potentially	No	Standard + Medical Determination Form	See Special foods; Meals; Alternative healers; and Dietary supplements.
Founder's fee	No	No	N/A	
Gauze pads	Yes	No	Standard	

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Genetic testing	Potentially	No	Standard + Medical Determination Form	If ordered for medical care.
Glucosamine	Potentially	No	Standard + Medical Determination Form	
Glucose monitoring equipment	Yes	No	Standard	
Guide dog or other service animal aide	Potentially	No	Standard + Medical Determination Form	
Hair loss/replacement treatment (for example, Rogaine)	Potentially	No	Standard + Medical Determination Form	
Hair removal and transplants	No	No	N/A	
Hand lotion	No	No	N/A	
Health club dues and fees	Potentially	No	Standard + Medical Determination Form	Not unless recommended by a physician to treat a specific medical condition and expense would not otherwise be incurred but for treatment of the condition. Expenses incurred for general health purposes are not eligible.
Hearing aids and hearing aid batteries	Yes	No	Standard	
Herbs and Herbal Supplements (for example, St. John's Wort)	Potentially	No	Standard + Medical Determination Form	Only if used to treat a specific medical condition.
Hormone replacement therapy (HRT)	Potentially	No	Standard + Medical Determination Form	Only if used to treat a medical condition.
Hospital services	Yes	No	Standard	
Hot and cold packs	Yes	No	Standard	
Household help	No	No	N/A	
Humidifier	Potentially	No	Standard + Medical Determination Form	See vaporizer.
Illegal operations and treatments	No	No	N/A	
Immunizations	Yes	No	Standard	
Inclinator	Potentially	No	Standard + Medical Determination Form	If the primary purpose is medical care, the qualifying amount will be limited to the added property value.
Incontinence supplies (for example, Depends, Serenity)	Yes	No	Standard	Products must have labels for bladder control/incontinence.
Insulin (prescription and over-the-counter)	Yes	No	Standard	
Insurance premiums	No	No	N/A	
Laboratory fees	Yes	No	Standard	
Lactation consultant	Potentially	No	Standard + Medical Determination Form	
Lamaze classes	Yes	No	Standard	Only the portion of the class covering the birthing process is covered.

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Language training	Potentially	No	Standard + Medical Determination Form	Only qualifies for an individual with a diagnosed medical condition (for example, dyslexia or disabled child)
Lasik eye surgery	Yes	Yes	Standard	
Lead-based paint removal	Potentially	No	Standard + Medical Determination Form	Eligible if done to prevent a child who has or had lead poisoning from eating the paint. The wall surface must be within the child's reach.
Lifetime care-advance payments	No	No	N/A	
Lip balm (for example, Burt's Bees Lip Balm, Chapstick)	No	No	N/A	
Lodging at a hospital or similar institution (patient only)	Yes	No	Standard	
Lodging not at a hospital or similar institution	Potentially	No	Standard + Medical Determination Form	Up to $50 per night if the lodging is primarily for and essential to medical care. The service must be provided by a physician in a licensed hospital or medical care facility equivalent to a licensed hospital. An additional $50 per night may be reimbursable for a parent or companion who must accompany the patient.
Lodging of a companion	Yes	No	Standard	If accompanying a patient for medical treatment.
Lodging while attending a medical conference	No	No	N/A	
Long-term care premiums	No	No	N/A	Only qualified insurance premiums are reimbursable if allowed under your plan. Documentation requires a copy of the insurance premium billing notice **AND** proof of payment (copy of front and back of check, credit card confirmation, etc.) for qualified insurance policies. Itemized bills should include the insurance carrier name, participant name, amount charged, and coverage dates.
Marijuana or other controlled substances in violation of federal law	No	No	N/A	
Massage therapy	Potentially	No	Standard + Medical Determination Form	
Mastectomy-related special bras	Yes	No	Standard	
Meals at a hospital or similar institution (patient only)	Potentially	No	Standard + Medical Determination Form	Only meals for the person receiving care are eligible. Meals that are not for inpatient care will not qualify.
Meals not at a hospital or similar institution	No	No	N/A	
Meals of a companion	No	No	N/A	
Meals when attending a medical conference	No	No	N/A	

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Medic Alert bracelet or necklace	Yes	No	Standard	
Medical conference admission	Potentially	No	Standard + Medical Determination Form	
Medical information plan changes	Yes	No	Standard	
Medical monitoring and testing devices	Yes	No	Standard	
Medical newsletter	No	No	N/A	
Medical records charges	Yes	No	Standard	
Medical services	Yes	No	Standard	
Medicare premiums	No	No	N/A	
Medicated shampoo (to treat a specific medical condition like psoriasis; for example, Dermarest shampoo)	Potentially	No	Standard + Medical Determination Form	Only the amount in excess of the cost of normal shampoo is reimbursable.
Mouthwash	Potentially	Potentially	Standard + Medical Determination Form	
Nasal strips (nose strips)	Potentially	No	Standard + Medical Determination Form	
Naturopathic healers	Potentially	No	Standard + Medical Determination Form	Treatments using natural agents (for example, air, water, wind, etc.) are not reimbursable.
Nebulizer	Yes	No	Standard	
Nursing services for a baby	No	No	N/A	
Nursing services provided by a nurse or other attendant	Yes	No	Standard	
Nutritionist's professional expenses	Potentially	No	Standard + Medical Determination Form	Expenses incurred for general health purposes are not eligible.
OB/GYN	Yes	No	Standard	
Occlusal guards	Yes	Yes	Standard	
Office visits - dental	Yes	Yes	Standard	
Office visits - medical	Yes	No	Standard	
Office visits - vision	Yes	Yes	Standard	
Operations - dental	Yes	Yes	Standard	Legal operations only. Cosmetic procedures are not eligible.
Operations - medical	Yes	No	Standard	Legal operations only. Cosmetic procedures are not eligible.
Operations - vision	Yes	Yes	Standard	Legal operations only. Cosmetic procedures are not eligible.
Optometrist	Yes	Yes	Standard	
Organ donors	Yes	No	Standard	
Orthodontia	Yes	Yes	Standard	
Orthopedic inserts	Yes	No	Standard	
Orthopedic shoes	Potentially	No	Standard + Medical Determination Form	The excess cost over ordinary shoes.
Osteopath fees	Yes	No	Standard	

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
OTC pregnancy tests/fertility monitors	Yes	No	Standard	
Over-the-counter drugs used for general health and /or cosmetic purposes	No	No	N/A	
Over-the-counter medicines used to treat a specific medical condition	Yes	No	Standard + prescription	See page 3 for OTC prescription requirements; see page 17 for a list of specific OTC medicines and supplies.
Over-the-counter supplies	Yes	No	Standard	See page 17 for a list of specific OTC medicines and supplies.
Ovulation monitor	Yes	No	Standard	
Oxygen	Yes	No	Standard	
Physical exams	Yes	No	Standard	Not employment-related exams.
Physical therapy	Yes	No	Standard	
Podiatrist	Yes	No	Standard	
Pregnancy termination	Yes	No	Standard	Legal terminations only.
Pregnancy test kits	Yes	No	Standard	
Prescription drug discount programs	No	No	N/A	
Prescription drugs – dual-purpose (for example, Propecia, Rogaine)	Potentially	No	Standard + Medical Determination Form	Not unless the item is used primarily to prevent or alleviate a physical or mental defect or illness.
Prescription drugs imported from another country	No	No	N/A	
Prescription drugs used for general health and/or cosmetic purposes	No	No	N/A	
Prescription drugs used to treat a specific medical condition	Yes	No	Standard	
Prescription eyeglasses	Yes	Yes	Standard	
Propecia	Potentially	No	Standard + Medical Determination Form	Not unless hair loss is due to a medical condition.
Prosthesis	Yes	No	Standard	
Psychotherapy	Yes	No	Standard	
Radial keratotomy	Yes	Yes	Standard	
Reading glasses	Yes	Yes	Standard	
Retin-A	Potentially	No	Standard + Medical Determination Form	
Reversal of tubal ligation or vasectomy	Yes	No	Standard	
Rogaine	Potentially	No	Standard + Medical Determination Form	Not unless hair loss is due to a medical condition.
Sales tax on qualified medical expenses (for example, OTC medications)	Yes	No	Standard	Sales tax will automatically be reimbursed if receipt contains only FSA-eligible expenses. If not the participant is responsible for calculating the sales tax in order for it to be reimbursed.

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
School and education – special	Potentially	No	Standard + Medical Determination Form	Only if recommended by a physician.
Schools and education – residential	Potentially	No	Standard + Medical Determination Form	Payments may qualify if made to a residential school or program treating an individual for behavioral, emotional, or addictive disorders.
Screening tests – dental or vision	Yes	Yes	Standard	
Screening tests – medical	Yes	No	Standard	
Shaving cream and lotion	No	No	N/A	
Shipping and handling fees on eligible expenses	Yes	Yes	Standard	
Sick-child facility	No	No	N/A	
Skin moisturizers and lotion	No	No	N/A	
Sleep deprivation treatment	Potentially	No	Standard + Medical Determination Form	
Smoking cessation programs	Yes	No	Standard	
Snoring cessation aids and medications (for example, Breathe Right Spray, Snoreeze)	Potentially	No	Standard + Medical Determination Form	
Special foods	Potentially	No	Standard + Medical Determination Form	These foods are not eligible expenses unless recommended to treat a medical condition (for example, gluten-free products). A cost comparison of the special food and the regular product must be provided, and the price difference will be reimbursed. Example: Gluten-free pasta = $2.50 Standard pasta = $1.25 Price difference = $1.25 Reimbursement amount = $1.25 Meal replacements are a substitute for food that an individual would normally consume. These products are not eligible for reimbursement (for example, shakes, meal bars, etc.).
Sperm storage fees	Potentially	No	Standard + Medical Determination Form	Temporary storage only up to 12 months.
Sterilization procedures	Yes	No	Standard	
Student health fee	No	No	N/A	
Sunglasses and clips (non-prescription)	No	No	N/A	
Sunglasses (prescription)	Yes	Yes	Standard	
Supplies to treat medical condition	Yes	No	Standard	
Surrogate expenses	No	No	N/A	
Take-home drug test	No	No	N/A	
Take-home pregnancy test	Yes	No	Standard	

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Take-home urinary tract infection test	Yes	No	Standard	
Tanning salons and equipment	No	No	N/A	
Teeth whitening	No	No	N/A	
Telephone for hearing-impaired persons	Yes	No	Standard	
Thermometers	Yes	No	Standard	
Toiletries	No	No	N/A	
Toothbrushes and toothpaste	No	No	N/A	
Transplants	Yes	No	Standard	
Transportation and travel expenses for person receiving dental or vision care	Yes	Yes	Standard	**2016 Mileage Rate:** Effective January 1, 2016 mileage is reimbursable at $.19 per mile. **2015 Mileage Rate:** Effective January 1, 2015 mileage is reimbursable at $.23 per mile. **Note:** Participants are required to itemize mileage expenses on the claim form. However, mileage expenses would not apply to reimbursement requests for taxi, bus, plane, or train fare. A participant may be reimbursed for the full amount of the fare. If the participant cannot get a fare receipt, they must itemize the amount on the claim form and indicate no receipt is obtainable.
Transportation and travel expenses for person receiving medical care	Yes	No	Standard	**2016 Mileage Rate:** Effective January 1, 2016 mileage is reimbursable at $.19 per mile. **2015 Mileage Rate:** Effective January 1, 2015 mileage is reimbursable at $.23 per mile. **Note:** Participants are required to itemize mileage expenses on the claim form. However, mileage expenses would not apply to reimbursement requests for taxi, bus, plane, or train fare. A participant may be reimbursed for the full amount of the fare. If the participant cannot get a fare receipt, they must itemize the amount on the claim form and indicate no receipt is obtainable.
Transportation of someone other than the person receiving dental or vision care	Potentially	Potentially	Standard + Medical Determination Form	Only certain cases are reimbursable: 1. A parent who must travel with a sick child receiving medical care 2. A nurse or other person who administers medication or injections to a patient 3. An individual's visits to a mentally ill dependent, if recommended as part of treatment
Transportation of someone other than the person receiving medical care	Potentially	No	Standard + Medical Determination Form	Only certain cases are reimbursable: 1. A parent who must travel with a sick child receiving medical care 2. A nurse or other person who administers medication or injections to a patient 3. An individual's visits to a mentally ill dependent, if recommended as part of treatment

Expense Description	Eligibility Expenses (If Plan Allows)		Required Documents	Processing Notes
	Standard FSA	Limited-purpose FSA		
Transportation to and from medical conference	Potentially	No	Standard + Medical Determination Form	See Medical conference admission and Meals for a medical conference.
Tubal ligation	Yes	No	Standard	
Umbilical cord, cord blood, and stem cells harvesting, freezing, and storage	Potentially	No	Standard + Medical Determination Form	Collection and storage of indefinitely "in case needed" is not eligible for reimbursement. Must be an existing or imminent medical condition to be considered for reimbursement.
Vaccines	Yes	No	Standard	
Vaporizers	Yes	No	Standard	A vaporizer is an eligible expense; however, a humidifier requires a Medical Determination Form.
Varicose veins, treatment of	No	No	N/A	
Vasectomy	Yes	No	Standard	
Viagra	Yes	No	Standard	
Virtual physical (body scan)	Yes	No	Standard	
Vision discount programs	No	No	N/A	
Vitamins	Potentially	No	Standard + Medical Determination Form	Expenses incurred for general health purposes are not eligible.
Walker, wheelchair, or cane	Yes	No	Standard	
Warranties	No	No	N/A	Warranties for the replacement of items (eyeglasses, hearing aids, medical equipment, etc.) are not eligible expenses.
Weight-loss programs and/or drugs prescribed to induce weight loss	Potentially	No	Standard + Medical Determination Form	Only if recommended by a physician.
Wigs	Potentially	No	Standard + Medical Determination Form	Not unless hair loss is due to a medical condition.
X-rays – dental	Yes	Yes	Standard	
X-rays – medical	Yes	No	Standard	

Over-the-counter Drugs and Other Health Care Items

Expense Description	Expense Eligibility		Required Documents
	Standard FSA	Limited-purpose FSA	
Acetaminophen (for example, Tylenol)	Yes	No	Standard + prescription
Acne treatments (for example, Clearasil, Proactiv)	Yes	No	Standard + prescription
Allergy medicine (for example, Actifed, Benadryl, Claritin, Zyrtec)	Yes	No	Standard + prescription
Antacids and acid relievers (for example, AXID AR, Gas-X, Maalox, Mylanta, Pepcid AC, Prilosec OTC, Tagamet HB, TUMS, Zantac 75)	Yes	No	Standard + prescription
Antidiarrheal and laxatives (for example, Ex-Lax, Imodium A.D., Kaopectate, Pepto-Bismol)	Yes	No	Standard + prescription
Antifungal cream (for example, Fenstat 3, Gyne-Lotrimin, Lamisil AT, Lotrimin AF, Micatin, Monistat 3, Vagistat-1)	Yes	No	Standard + prescription
Antihistamine (for example, Actifed, Allerest, Chlor-Trimeton, Contac, Dimetane, Drixoral, NyQuil, Tavist-1, Triaminic)	Yes	No	Standard + prescription
Anti-itch lotion and cream (for bug bites and poison ivy, for example, Benadryl Cream, Calamine Lotion, Caldecort, Cortaid, Hydrocortisone)	Yes	No	Standard + prescription
Aspirin (for example, Bayer, Excedrin)	Yes	No	Standard + prescription
Bandages	Yes	No	Standard
Blood pressure monitoring devices	Yes	No	Standard
Burn garment	Yes	No	Standard
Carpal tunnel wrist supports	Yes	No	Standard
Chondroitin sulfate	Potentially	No	Standard + Medical Determination Form
Cold medicines and decongestants (for example, Advil Cold and Sinus, Afrin, Aleve Cold and Sinus, Children's Advil Cold, Neo-Synephrine-12 Hour, Sudafed, Tavist-D, Tylenol Cold and Flu, Theraflu)	Yes	No	Standard + prescription
Cold sore remedies (for example, Abreva, Campho-Phenique, Releev, Zicam)	Yes	No	Standard + prescription
Condoms and other contraceptive devices	Yes	No	Standard
Contact lens solution (for example, Aosept, Allergan, Bausch & Lomb, Boston, Opti-Free, Renu)	Yes	Yes	Standard
Cough suppressants (for example, Chloraseptic, Delsym, Mucinex, Robitussin, Triaminic, Vicks 44)	Yes	No	Standard + prescription
Diabetic supplies, test kits, and strips	Yes	No	Standard
Diaper rash ointments and creams (for example, Balmex, Desitin)	Yes	No	Standard + prescription
Diarrhea medicine (for example, Ex-Lax, Imodium A.D., Kaopectate, Pepto-Bismol)	Yes	No	Standard + prescription
Ear plugs	Potentially	No	Standard + Medical Determination Form

Expense Description	Expense Eligibility		Required Documents
	Standard FSA	Limited-purpose FSA	
Eye drops for allergy and cold relief (for example, OcuHist, Visine)	Yes	No	Standard + prescription
Feminine antifungal and anti-itch creams (for example, Fenstat 3, Gyne-Lotrimin, Vagistat-1)	Yes	No	Standard + prescription
Fiber supplements (for example, Benefiber, Metamucil)	Potentially	No	Standard + Medical Determination Form
First aid cream, ointment, and spray (for example, Bactine, Neosporin)	Yes	No	Standard + prescription
First aid kits and supplies (for example, ACE bandages, BAND-AIDS, bandage tape, gauze, medical gloves)	Yes	No	Standard
Gauze pads	Yes	No	Standard
Glucosamine	Potentially	No	Standard + Medical Determination Form
Glucose monitoring equipment	Yes	No	Standard
Glucose tablets and gel	Yes	No	Standard + prescription
Hearing aids and hearing aid batteries	Yes	No	Standard
Hemorrhoid treatments (for example, Preparation H, Tronolane)	Yes	No	Standard + prescription
Herbs and Herbal Supplements (for example, St. John's Wort)	Potentially	No	Standard + Medical Determination Form
Hot and cold packs	Yes	No	Standard
Humidifier	Potentially	No	Standard + Medical Determination Form
Ibuprofen (for example, Advil, Motrin)	Yes	No	Standard + prescription
Incontinence supplies (for example, Depends, Serenity)	Yes	No	Standard
Insect bite creams and ointments (for example, Benadryl cream, Calamine lotion, Cortaid, cortisone cream)	Yes	No	Standard + prescription
Insulin (over-the-counter)	Yes	No	Standard
Lactose intolerance products (for example, Lactaid)	Yes	No	Standard + prescription
Laxatives (for example, Correctol, Dulcolax, Ex-Lax, MiraLAX, Senokot)	Yes	No	Standard + prescription
Liniments (for example, BENGAY, Flexall, Tiger Balm)	Yes	No	Standard + prescription
Mastectomy-related special bras	Yes	No	Standard
Medic Alert bracelet or necklace	Yes	No	Standard
Medical monitoring and testing devices	Yes	No	Standard
Medicated shampoo (to treat a specific medical condition like psoriasis, for example, Dermarest shampoo)	Potentially	No	Standard + Medical Determination Form
Menstrual pain relievers (for example, Midol, Pamprin, Premsyn PMS)	Yes	No	Standard + prescription
Migraine pain relievers (for example, Advil Migraine Liqui-gels, Excedrin Migraine)	Yes	No	Standard + prescription
Motion sickness pills (for example, Dramamine, Marzine)	Yes	No	Standard + prescription

Expense Description	Expense Eligibility		Required Documents
	Standard FSA	Limited-purpose FSA	
Nasal sprays	Yes	No	Standard + prescription
Nasal strips (nose strips)	Potentially	No	Standard + Medical Determination Form
Nicotine gum or patches (for example, Commit, NicoDerm CQ, Nicorette, Nicotrol, Nicodin)	Yes	No	Standard + prescription
Occlusal guards	Yes	Yes	Standard
Over-the-counter supplies	Yes	No	Standard
Pain relievers (for example, Advil, acetaminophen, aspirin, ibuprofen, Motrin, Tylenol)	Yes	No	Standard + prescription
Pedialyte and other oral electrolytes	Yes	No	Standard + prescription
Pediculicide (head lice treatment, for example, Nix, RID)	Yes	No	Standard + prescription
Poison ivy protection (for example, Ivy Block)	Yes	No	Standard + prescription
Pregnancy test kits	Yes	No	Standard
Prenatal vitamins	Yes	No	Standard + prescription
Reading glasses	Yes	Yes	Standard
Rubbing alcohol and alcohol pads	Yes	No	Standard + prescription
Sinus medicines (see decongestants)	Yes	No	Standard + prescription
Sleep aids (for example, Sominex, Sleepinal, Tylenol P.M., Unisom Sleep Tabs)	Yes	No	Standard + prescription
Snoring cessation aids and medications (for example, Breathe Right Spray, Snoreeze)	Potentially	No	Standard + Medical Determination Form
Spermicidal foam	Yes	No	Standard + prescription
Sunburn creams and ointments (for example, Aloe Vera Gel, Solarcaine)	Yes	No	Standard + prescription
Sunscreen and sun block with SPF 15 or greater	Yes	No	Standard + Itemized receipt (must show SPF value)
Sunscreen and sun block with SPF less than 15	Potentially	No	Standard + prescription
Supplies to treat medical condition	Yes	No	Standard
Thermometers	Yes	No	Standard
Throat lozenges and cough drops (for example, Cepacol, Chloraseptic, Halls, Sucrets)	Yes	No	Standard + prescription
Toothache and teething pain relievers (for example, Orajel)	Yes	No	Standard + prescription
Vaporizer	Yes	No	Standard
Vitamins (to treat a specific medical condition, for example, calcium to treat osteoporosis; iron to treat anemia)	Potentially	No	Standard + Medical Determination Form
Walker, wheelchair, cane	Yes	No	Standard
Wart remover treatments (for example, Tinamed)	Potentially	No	Standard + prescription

Orthodontia Expenses

Orthodontic services are usually provided over an extended period of time. The expenses for the entire period of treatment are sometimes required to be paid upfront – a single total payment at the beginning of the treatment period. Some orthodontists may also accept a substantial initial payment, followed by installment payments during the course of treatment.

Typically, health FSA expenses must be incurred during the coverage period specified by the plan. However, for orthodontia it may be difficult to divide and match up specific services and dates that are related to the total fee since the treatment usually spans beyond the plan year. For these reasons, orthodontia expenses may be reimbursed using one of the following two methods.

Reimbursement Method 1 – Paid in Full

If you pay for the entire orthodontia treatment plan with a single payment, this method allows upfront reimbursement for all qualified expenses paid in the current plan year. Documentation must include the treatment start date, anticipated treatment end date, proof of payment, and a completed Request for Reimbursement Form. Find this form through your personal account at anthem.com.*

If payment for orthodontia is made in full, the full contract amount, not to exceed your annual election, will be reimbursed. To receive reimbursement for the full contract amount:

- Payment must be made within the applicable plan year; and
- An itemized statement of work or receipt must be provided with your Request for Reimbursement Form.

Example of Paid in Full Orthodontia with a 24-month Contract

- Total cost: $2,500 (including $500 banding fee)
- Plan year: January December
- Treatment start date: August 1, 2014
- Treatment completion date: July 31, 2016

August 2014: Payment for initial treatment (including banding expenses); full contract amount paid at initial visit	$2,500
August 2014: Participant submits reimbursement request to include treatment start date, anticipated treatment end date, proof of payment, and a completed Request for Reimbursement Form	
Total Orthodontia Treatment Expenses Reimbursable in August 2014 (assuming sufficient account balance is available)	**$2,500**

Method 2 – Monthly Approach

This method is similar to the way you submit other health FSA claims. You may first request reimbursement for the initial payment that is typically for banding fees. The treatment plan or itemized statement is required with the initial contract/banding reimbursement request. The documentation should include the amount of the initial down payment (usually associated with banding fees), the treatment start date, and anticipated treatment end date.

Thereafter, you may file a monthly reimbursement request for the monthly payment amount. For ongoing monthly reimbursement requests, submit an itemized statement or payment coupon from the provider and a signed Request for Reimbursement Form. Go to anthem.com* and log in to your personal account to find this form.

Example of Monthly Expenses for Orthodontia with a 24-month Contract	
• Total cost: $2,500 (including $500 banding fee) • Plan year: January – December	• Treatment start date: August 1, 2014 • Treatment completion date: July 31, 2016
August 2014: Payment for initial treatment (including banding expenses)	$700
August 2014: August regular monthly expense	$75
September through December 2014: Regular monthly expense, submission of $75 reimbursement request each month (4 months x $75); one separate Request for Reimbursement Form	$300
2015: Regular monthly expenses; submission of $75 reimbursement request each month (12 months x $75); 12 separate reimbursement requests	$900
2016: Regular monthly expenses; submission of $75 reimbursement request each month (7 months x $75); 7 separate reimbursement requests	$525
Total Orthodontia Treatment Expense	$2,500

Submission Process

There are three ways to submit reimbursement requests:

- Online submission at anthem.com.*
- Fax reimbursement forms and supporting documentation to the attention of Reimbursement Account Services using the number listed on your form.
- Mail reimbursement forms and copies of supporting documents to the mailing address listed on your form.

Dependent Care FSA Expenses

Dependent care expenses must be for a qualifying individual who is:

- Your dependent child under the age of 13 and lives with you for more than half the year
- Your spouse or other qualifying dependent who is physically or mentally incapable of self-care and lives with you for more than half the year

A special note for divorced individuals: If you are divorced and you are the custodial parent, your child is a qualifying individual even if you do not claim the child as your tax dependent. A divorced, non-custodial parent cannot be reimbursed under a dependent care FSA, even if the divorced, non-custodial parent claims the child as a tax dependent.

To be eligible for reimbursement under your dependent care FSA, an expense must be incurred to enable you (and your spouse, if married) to work or look for work. For this purpose, "work" may include actively looking for work, but it does not include unpaid volunteer work or volunteer work for a nominal salary. Your spouse is considered to have worked if he or she is a full-time student for at least five calendar months during the tax year, or if your spouse is mentally or physically incapable of self-care.

IRS regulations state that expenses reimbursed under your dependent care FSA may not be reimbursed under any other plan or program, and only your out-of-pocket expenses are eligible. These expenses must be incurred within the current plan year. Plus, expenses reimbursed under a dependent care FSA may not be used to claim any federal income tax deduction or credit.

Although you may not claim any other tax benefit for the tax-free amounts received by you under the dependent care FSA, the balance of your eligible employment-related expenses may be eligible for the dependent care credit. Please consult your tax advisor to determine whether the tax credit may be more favorable to you than participating in the dependent care FSA.

Dependent Care Reimbursement Documentation

- A signed and dated Request for Reimbursement Form must accompany each reimbursement request. Find this form through your personal account at anthem.com.*
- If both the participant and the provider certifications on the reimbursement form are completed and signed, additional documentation is not required.
- For reimbursement forms without the provider's signature, an itemized statement from the dependent care provider is required.
- Itemized statements should include: the date(s) of service, the name and date of birth of the dependent, itemization of charges, and the provider's name, address, and Tax ID or Social Security number.

Submission Process

There are three ways to submit reimbursement requests:

- Online submission at anthem.com.*
- Fax reimbursement forms and supporting documentation to the attention of Reimbursement Account Services using the number listed on your form.
- Mail reimbursement forms and copies of supporting documents to the mailing address listed on your form.

Dependent Care FSA Expense List

Expense Description	Expense Eligibility	Required Documents	Processing Notes
Agency fees	Potentially	Standard	Agency fees may be employment-related expenses if the participant is required to pay these expenses to obtain care. However, these fees may not be reimbursed until the care is provided. Forfeited fees are not eligible for reimbursement.
Au pair	Yes	Standard	Amounts paid for the actual care of the dependent are eligible. See Agency fees.
Babysitter (in or out of the home)	Yes	Standard	
Before and after-school care	Yes	Standard	
Care for a child age 13 or older	No	N/A	
Care for a child under age 13	Yes	Standard	There is a special rule for children of divorced parents. The child is a qualifying individual of the "custodial parent." A divorced, noncustodial parent cannot be reimbursed under a dependent care FSA.
Care for a spouse or other tax dependent who is physically or mentally incapable of self-care (for example, elderly dependent)	Potentially	Standard	Individual must reside in the participant's home at least eight hours a day. See Nursing home care.
Care for person not residing with participant	No	N/A	
Child care placement fees (for example, finder's fee)	No	N/A	
Elder day care for a spouse or other tax dependent who is physically or mentally incapable of self-care (for example, elderly dependent)	Potentially	Standard	Will qualify online if (1) the primary purpose of the care is the individual's well-being and protection; (2) the person receiving the care is a qualifying individual; and (3) the qualifying individual (other than a qualifying child under age 13) regularly spends at least eight hours each day in the participant's household. Elder day care will often qualify, but around-the-clock care in a nursing home will not. See Nursing home care.
Field trip and/or activity fees	No	N/A	Ineligible unless incident to and inseparable from the cost of care.
Lessons (music, dance, swimming, etc.)	No	N/A	
Materials fees	No	N/A	Ineligible unless incident to and inseparable from the cost of care.
Meals	No	N/A	Ineligible unless incident to and inseparable from the cost of care.
Nanny	Yes	Standard	Only actual care of the dependents is eligible.
Nursing home care for a spouse or other tax dependent who is physically or mentally incapable of self-care (for example, elderly dependent)	No	N/A	
Overnight camp	No	N/A	
Payments to a participant's spouse or to a parent of the participant's child who is not the participant's spouse	No	N/A	
Registration fees	Potentially	Standard	Agency fees may be employment-related expenses if the participant is required to pay these expenses to obtain care. However, these fees may not be reimbursed until the care is provided. Forfeited fees are not eligible for reimbursement.
Sick-child facility	Yes	Standard	

Expense Description	Expense Eligibility	Required Documents	Processing Notes
Summer day camp	Yes	Standard	Advance payment for the entire summer is not eligible.
Transportation expenses to and/or from care	Potentially	Standard	Only the cost of transportation to or from where care is furnished by a dependent care provider may be an employment-related expense (for example, transportation to and from a day camp or to an after-school program not on school premises).
Tuition for pre-k or nursery school	Yes	Standard	
Tuition for kindergarten or above	No	N/A	

*If you are not enrolled in an Anthem health plan, you will need to log in to your Reimbursement Benefit Account at benefitadminsolutions.com/anthem. When logging in for the first time, please have on hand your Anthem Reimbursement Benefit Account number or Social Security number and date of birth.

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