

# HSA, HRA, Healthcare FSA and Dependent Care Eligibility List

The following is a summary of common expenses claimed against Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), Healthcare Flexible Spending Accounts (HC-FSAs) and Dependent Care Flexible Spending Accounts (DC-FSAs). Due to frequent updates to the regulations governing these accounts and arrangements, this list does not guarantee reimbursement and is to be utilized as a guide for the submission of claims. For more information on IRS-qualified medical expenses, please review IRS Publication 502.

If you have an HRA, your employer's plan may only reimburse a subset of expenses. Please refer to your plan document for confirmation of reimbursable expenses under your plan.

If you are currently participating in a high-deductible health plan (HDHP) and are contributing to an HSA, you may also participate in a Limited Purpose HRA or Health FSA. Expenses are limited to dental and vision expenses identified with an \* in the list below.

## Common IRS-qualified medical expenses

|   |   |  |
|---|---|--|
| Acupuncture   | Guide dogs  | Physical therapy   |
| Ambulance   | Hearing aids and batteries                                | Special education services for learning disabilities (recommended by a doctor) |
| Artificial limbs  | Infertility treatment                                     | Speech therapy   |
| Artificial teeth*   | Inpatient alcoholism treatment                            | Stop-smoking programs (including nicotine gum or patches, if prescribed)       |
| Birth control treatment   | Insulin   | Surgery, excluding cosmetic surgery  |
| Blood sugar test kits for diabetics   | Laboratory fees   | Vaccines   |
| Breast pumps and lactation supplies   | Laser eye surgery*  | Vasectomy  |
| Chiropractor  | Medical alert bracelet                                    | Vision exam*   |
| Contact lenses and solutions*   | Medical records charges                                   | Walker, cane   |
| Crutches  | Menstrual care products                                   | Wheelchair   |
| Dental treatments (including X-rays, cleanings, fillings, sealants, braces and tooth removals*) | Midwife   |  |
| Doctor's office visits and co-pays  | Occlusal guards to prevent teeth grinding                 |  |
| Drug addiction treatment  | Orthodontics*   |  |
| Drug prescriptions  | Orthotic Inserts (custom or off the shelf)                |  |
| Eyeglasses (Rx and reading)*  | Over-the-counter medicines and drugs (see examples below) |  |
| Fluoride treatments*  |   |  |
| Flu shots   |   |  |

## Common over-the-counter (OTC) medicines

Examples include, but are not limited to:

|                            |   |  |
|----------------------------|---|--|
| Acid controllers           | Eye drops*                                | Ointments for cuts, burns or rashes          |
| Acne medicine              | Feminine antifungal or anti-itch products | Pain relievers, such as aspirin or ibuprofen |
| Aids for indigestion       | Hemorrhoid treatment                      | Sleep aids                                   |
| Allergy and sinus medicine | Laxatives or stool softeners              | Stomach remedies                             |
| Anti-diarrheal medicine    | Lice treatments                           |  |
| Baby rash ointment         | Motion sickness medicines                 |  |
| Cold and flu medicine      | Nasal sprays or drops                     |  |

## Services that may be eligible with a Letter of Medical Necessity completed

This list is not all-inclusive:

### Weight-loss program

only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)

Compression hosiery/socks, antiembolism socks or hose

Massage treatment for specific ailment or diagnosis

CPR classes for adult or child

Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person

## Ineligible expenses

Listed below are some services and expenses that are not eligible for reimbursement. This list is not all-inclusive:

Aromatherapy

Baby bottles and cups

Baby oil

Baby wipes

Breast enhancement

Cosmetics and skin care

Cotton swabs

Dental floss

Deodorants

Hair re-growth supplies and/or services

Health club membership dues

Humidifier

Lotion

Low-calorie foods

Mouthwash

Petroleum jelly

Shampoo and conditioner

Spa salts

## Eligible dependent care expenses

Au pair services

Babysitting services

Before- and after-school programs

Custodial or eldercare expenses, in-home

or daycare center (not medical care)

Nursery school

Pre-kindergarten

Summer day camp (not educational in nature)

## Ineligible dependent care expenses

Clothing

Food/meals

Kindergarten and higher education/tuition expenses

Overnight camp

This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, "Medical and Dental Expenses," Catalog Number 15002Q. Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.



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