

Quick Reference Guide

for Medical Expenses

Reimbursed by FSAs and HSAs

Medical care is defined in Section 213(d) of the Internal Revenue Code as the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body. If the medical care is to be a qualified medical expense and eligible for reimbursement under your FSA or HSA, the expense must be primarily for the prevention or alleviation of a physical or mental defect or illness. Keep in mind that the determination of whether an incurred expense is medical care is based on all relevant facts and circumstances that pertain to the medical care.

This information is not intended to act as legal or tax advice and may change without notice. Be sure to check with your tax consultant or refer to IRS Publication 969 when you have questions about what may qualify as a medical expense under your FSA or HSA.

Quick Reference Guide for HSA & FSA Qualified Medical Expenses

- acupuncture
- alcoholism treatment
- ambulance
- artificial limbs
- birth control pills (prescribed by a doctor)
- breast pumps and supplies that assist lactation
- breast reconstruction surgery (following a mastectomy)
- chiropractor
- contact lenses, material, and equipment
- copayments/co-insurance amounts (some restrictions apply)
- cosmetic surgery due to congenital abnormality, personal injury or a disfiguring disease
- deductibles (some restrictions apply)
- dental treatment (x-rays, fillings, braces, extractions, dentures, etc.)
- diagnostic items/services
- disabled dependent care expenses (some restrictions apply)
- drug addiction (inpatient treatment)
- eyeglasses, eye exam, vision correction surgery
- fertility treatments (some restrictions apply)
- guide dog
- health institute (some restrictions apply)
- hearing aids and batteries
- home improvements/capital expenses (e.g. exit ramps, widening doorways)
- hospital services (includes meals)
- insulin
- lab fees
- medical services provided by a doctor
- medical supplies (e.g. bandages, crutches)
- mentally handicapped home (some restrictions apply)
- nursing home (some restrictions apply)
- nursing services (some restrictions apply)
- operations (some restrictions apply)
- osteopath
- oxygen and oxygen equipment
- physical exams
- pregnancy test kit
- prescription medicines (some restrictions apply)
- psychiatric care
- psychoanalysis (some restrictions apply)
- psychologist (some restrictions apply)
- sterilization
- stop-smoking programs (some restrictions apply)
- telephone and television for the hearing impaired (some restrictions apply)
- therapy (some restrictions apply)
- transplants (includes donor's expenses and transportation)
- transportation as related to medical care (some restrictions apply)
- vasectomy
- weight-loss program (some restrictions apply)
- wig (some restrictions apply)
- x-rays

In general, health insurance premiums or coverage contributions may not be paid with HSA Funds. However, HSA funds can be used to pay for:

- COBRA continuation coverage through your former employer.
- Tax-qualified long term care insurance. The amount of the qualified medical expense depends on your age.
- Health insurance premium while you are collecting Federal or State unemployment benefits.
- Retiree medical coverage if age 65 and older. Does not include a Medicare supplemental policy.
- Medicare Part A, B, C and/or D if age 65 or over and your premium payment is deducted from your Social Security benefit payment.



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