**HSA ELIGIBLE EXPENSES**

- This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify.
- Expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider, which should be kept with your receipt for the expense.
- For additional information on HSA eligible expenses, consult IRS Publication 502 *Medical and Dental Expenses*.
- Receipts for expenses paid with HSA funds should be kept with your tax records.

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

### MEDICAL EQUIPMENT/SUPPLIES
- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Exercise Equipment*
- Hospital Beds*
- Mattresses*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

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

### MEDICATIONS
- Insulin
- Prescription Drugs

### OBSTETRICS
- Breast Pumps and Lactation Supplies
- Doulas*
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

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

### HOSPITAL SERVICES
- Hearing Aids and Batteries
- Hearing Exams

### LAB EXAMS/TESTS
- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

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

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

### INSURANCE PREMIUMS

Insurance premiums are generally not considered qualified medical expenses. However, the following types of insurance premiums typically do qualify:

- Qualified long-term care insurance contract
- Health care continuation coverage under federal law (such as COBRA)
- Any health plan maintained while you are receiving unemployment compensation under federal or state law
- If you are eligible for Medicare, premiums for any health insurance, (including Medicare Part B and Part D premiums), other than a Medicare supplemental policy.
### HSA ELIGIBLE OVER-THE-COUNTER SUPPLIES

(Product categories are listed in bold face; common examples are listed in regular face.)

<table>
<thead>
<tr>
<th>Baby Electrolytes and Dehydration</th>
<th>Elastics/Athletic Treatments</th>
<th>Hearing Aid/Medical Batteries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pedialyte, Enfalyte</td>
<td>ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts</td>
<td>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints &amp; casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs</td>
</tr>
<tr>
<td>Contraceptives</td>
<td>Eye Care</td>
<td>Home Health Care (limited segments)</td>
</tr>
<tr>
<td>Unmedicated condoms</td>
<td>Contact lens care</td>
<td>Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints &amp; casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs</td>
</tr>
<tr>
<td>Denture Adhesives, Repair, and Cleansers</td>
<td>Family Planning</td>
<td>Incontinence Products</td>
</tr>
<tr>
<td>PoliGrip, Benzodent, Plate Weld, Efferdent</td>
<td>Pregnancy and ovulation kits</td>
<td>Attends, Depend, GoodNites for juvenile incontinence, Prevail</td>
</tr>
<tr>
<td>Diabetes Testing and Aids</td>
<td>First Aid Dressings and Supplies</td>
<td>Prenatal Vitamins</td>
</tr>
<tr>
<td>Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products</td>
<td>Band Aid, 3M Nexcare, non-sport tapes</td>
<td>Stuart Prenatal, Nature’s Bounty</td>
</tr>
<tr>
<td>Diagnostic Products</td>
<td>Foot Care Treatment</td>
<td>Prenatal Vitamins</td>
</tr>
<tr>
<td>Thermometers, blood pressure monitors, cholesterol testing</td>
<td>Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles</td>
<td>Reading Glasses and Maintenance Accessories</td>
</tr>
<tr>
<td>Ear Care</td>
<td>Glucosamine &amp;/or Chondroitin</td>
<td>Laxatives (non-fiber)</td>
</tr>
<tr>
<td>Unmedicated ear drops, syringes, ear wax removal</td>
<td>Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements</td>
<td>Medicated nasal sprays, drops, &amp; inhalers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Medicated respiratory treatments &amp; vapor products</td>
</tr>
</tbody>
</table>

### HSA ELIGIBLE OVER-THE-COUNTER MEDICINES AND DRUGS

**IMPORTANT:** Over-The-Counter Medicines and Drugs are only eligible if a prescription is obtained and the medicine/drug is prescribed in accordance with state laws. Although you don’t need the prescription for the purchase, keep it attached to your receipts for the expense.

<table>
<thead>
<tr>
<th>Acid controllers</th>
<th>Cough, cold &amp; flu Denture pain relief</th>
<th>Medicinal nasal sprays, drops, &amp; inhalers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acne medications</td>
<td>Digestive aids</td>
<td>Medicinal respiratory treatments &amp; vapor products</td>
</tr>
<tr>
<td>Allergy &amp; sinus</td>
<td>Ear care</td>
<td>Motion sickness</td>
</tr>
<tr>
<td>Antibiotic products</td>
<td>Eye care</td>
<td>Oral remedies or treatments</td>
</tr>
<tr>
<td>Antifungal (Foot)</td>
<td>Eye care</td>
<td>Pain relief (includes aspirin)</td>
</tr>
<tr>
<td>Antiparasitic treatments</td>
<td>Eye care</td>
<td>Skin treatments</td>
</tr>
<tr>
<td>Antiseptics &amp; wound cleansers</td>
<td>Feminine antifungal &amp; anti-itch</td>
<td>Sleep aids &amp; sedatives</td>
</tr>
<tr>
<td>Anti-diarrheals</td>
<td>Fiber laxatives (bulk forming)</td>
<td>Smoking detergents</td>
</tr>
<tr>
<td>Anti-gas</td>
<td>First aid burn remedies</td>
<td>Stomach remedies</td>
</tr>
<tr>
<td>Anti-itch &amp; insect bite</td>
<td>Foot care treatment</td>
<td>Unmedicated remedies</td>
</tr>
<tr>
<td>Baby rash ointments &amp; creams</td>
<td>Hemorrhoidal preps</td>
<td>Unmedicated nasal sprays, drops &amp; inhalers</td>
</tr>
<tr>
<td>Baby teething pain</td>
<td>Homeopathic remedies</td>
<td>Unmedicated vapor products</td>
</tr>
<tr>
<td>Cold sore remedies</td>
<td>Incontinence protection &amp; treatment products</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laxatives (non-fiber)</td>
<td></td>
</tr>
</tbody>
</table>