

FSA Eligible Expense List

Health FSA Eligible Expenses

NEW: Over-The-Counter Medicines and Drugs no longer require a prescription!

Ace bandages	Dental care (routine and corrective)	Medical monitoring and testing
Acne treatments	Dentures	New! Menstrual care products (tampons, pads, etc.)
Acupuncture	Diabetic monitors and supplies	Mileage to receive medical care
Allergy and sinus medicine	Diaper rash ointments	Motion and nausea medicine
Antacids and digestive aids	Eye exams	Nutritional supplements*
Antibiotic ointments	Eye glasses	Orthodontia
Antifungal and anti-itch	Eye related equipment	Orthopedic and surgical supports
Aspirin and other pain relievers	First aid kits	Orthotics
Asthma medicine	Gastrointestinal medication	Physical exams
Athletic treatments	Genetic testing*	Physical therapy
Band-aids	Glucosamine	Physician services
Blood pressure monitors	Group therapy	Pregnancy tests
Canker and cold sore remedies	Hearing aids and batteries	Prescription drugs
Chest rubs	Hearing care	Psychoanalysis and mental health therapy
Chiropractic care	Herbal medicine*	Reading glasses
Cholesterol meter test kit and supplies	Hospitalization costs	Sleep aids
Cold and flu medicines	Hypnosis - treatment of illness	Smoking deterrents
Contact lenses	Immunizations	Sunscreen (SPF 30 and higher)
Contact lens cleaning solution	Imaging scans	Thermometers
Co-insurance	Incontinence supplies	Toothache gels
Contraceptive devices and family planning products	Individual therapy	Urological products
Copays	Laboratory fees	Vision care
Corn and callus removers	Lasik eye surgery	Vitamins*
Cough medicine	Laxatives	Wart removal treatment
CPAP machine	Lice treatments	Weight loss drugs and programs*
Crutches, canes and walkers	Massage therapy	Wheelchairs and repairs
Deductibles	Medical equipment	

If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team through online chat at benstrat.com/clients/mass-general-brigham/, 1-844-777-7870 or email MGBinfo@benstrat.com.



Ineligible Expenses Examples

- Cosmetic Surgery & Procedures
- Health Club Dues
- Insurance Premiums
- Dental Hygiene Products

*Dual Use items and services are those that can be used for general health as well as to treat an illness or physical defect. If the item/service is prescribed to treat an illness or physical defect, a Physician Statement form needs to be submitted to Benefit Strategies for it to be FSA eligible. This form can be found on benstrat.com, or by contacting our Consumer Relations team. Dual Use items/services will not work with the Benefit Strategies Debit card. You will need to pay with another means and submit for reimbursement through one of our reimbursement methods. Remember to submit the Physician Statement, along with the purchase documentation.

Election Worksheet



The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at benstrat.com.

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

Health FSA Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Over-The-Counter (OTC) products, including medicines and drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	(A)\$	(B)\$	(C)\$
Total cost of health care expenses for the plan year (A)+(B)+(C)	(D)\$		
Enter the maximum permitted Health FSA election This can be found on your FSA Enrollment Form	(E)\$		
Election amount. Enter (D) or (E), whichever is less Also enter this amount on your FSA Enrollment Form	(F)\$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F)÷(G)	\$		

Dependent Care FSA Worksheet

Eligible weekly dependent care cost	(A)\$
Weeks of dependent care you will have in the plan year	(B)\$
Total cost of dependent care for the plan year (A) x (B)	(C)\$
Enter the maximum permitted Dependent Care FSA election This can be found on your FSA Enrollment Form	(D)\$
Election amount. Enter (C) or (D), whichever is less Also enter this amount on your FSA Enrollment Form	(E)\$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) ÷ (F)	(G)

Dependent Care FSA

Eligible Expenses



Expense Description	Expense Eligibility	Required Documentation	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 by 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 child age 13 or older	No	N/A	
Care for 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, non-custodial parent cannot be reimbursed under a dependent FSA.
Care for a spouse or other tax dependent who is physically or mentally incapable of self-care(e.g., 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	
Childcare placement fees (e.g., finders fee)	No	N/A	
Elder daycare for a spouse or other tax dependent who is physically or mentally incapable of self-care(e.g., elderly dependent)	Potentially	Standard	Individual must reside in the participant's home at least eight hours a day. See Nursing home-care.
Field Trip and/or activity fees	No	N/A	Ineligible unless incident to and inseparable from cost of care.
Lessons in lieu of care	No	N/A	
Materials Fee	No	N/A	Ineligible unless incident to and inseparable from cost of care.
Meals	No	N/A	Ineligible unless incident to and inseparable from cost of care.
Nanny	Yes	Standard	Only actual care of dependents is eligible.
Nursing home care for a spouse or other tax dependent who is physically or mentally incapable of self-care (e.g., elderly dependent)	No	N/A	
Over night 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.



Expense Description	Expense Eligibility	Required Documentation	Processing Notes
Sick child facility	Yes	Standard	
Summer day camp	Yes	Standard	Advanced payment for the entire summer is not eligible.
Transportation expenses to and/or from care	Yes	Standard	Only the cost of transportation to or from where care provided furnished by a dependent care provider may be an employment-related expense (e.g. 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	

All dependent care reimbursement request must include a completed and signed provider certification (noted on the reimbursement form). If you do not have provider certification, complete the reimbursement form and submit an itemized statement from the dependent care provider the includes:

- Start and end dates of service
- Dependent's name and date of birth
- Itemization of charges
- Provider's name, address, and tax ID or Social Security number

Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.

The maximum reimbursement you may receive is equal to the current account balance in your dependent care FSA. If your reimbursement request is more than your available balance, the remaining amount will be placed in a pending status. The pended amount will be paid when additional funds are posted to your account.