



## **Flexible Spending Accounts ~ Eligible Expense Guide**

Healthcare & Dependent Care

## Eligible Expense Guide

This guide will provide a detailed listing of a healthcare and dependent care FSA spending account. It lists general expenses allowed by the Internal Revenue Service (IRS), however, it is not an exhaustive list and if you have a question regarding an expense not listed, please call The Laymon Group customer service at **1(800)467-2259**.

### How to use this guide

1. **Healthcare & Dependent Care:** Sections contain an easy-to-read chart listing common expenses.
2. **Expense Type:** Expenses are displayed alphabetically within their category. Examples of the expense are listed beneath the expense.
3. **Eligible for Reimbursement:** This guide will state if the expense is generally reimbursable from your FSA. However, there are certain exceptions or requirements for many expenses. It is important that you read the Special Exceptions or Requirement related to the expense.
4. **Special Exceptions or Requirements:** Follow the instructions provided to ensure your particular expense is eligible.
5. **Underlined Blue Phrases:** These are hotlinks to other sections of this guide or to other documents. Simply click your mouse on the link.

**Tip:** To quickly search for an expense, click the search icon and type in the item you are looking for. Example: You're searching for glasses, just type in 'eye glasses.'

### General rules for eligible expenses

In order for Laymon Group to consider an expense eligible, the expense must:

- Be allowed by the IRS;
- Be allowed by your employer's FSA plan;
- Be incurred during your employer's plan year or during the 2 ½ month extension period, if allowed by your employer's plan;
- Be for you or a qualified dependent
- Not be reimbursed through another plan
- Not be used as a dependent day care credit or healthcare deduction on your personal tax return.

To obtain reimbursement for an eligible healthcare or dependent care expense, you must complete a reimbursement request form, which can be found on our web site [www.laymongroup.com](http://www.laymongroup.com) and must be accompanied by a detailed receipt or other supporting documentation.

### Definition of a qualifying dependent

Healthcare and dependent care expenses must be for you or a qualified dependent in order to be eligible for your FSA.

The definition of "dependent." Please note:

Generally speaking, a **qualifying child** must:

- Reside with you for more than half the year<sup>1</sup>;
- Be younger than 19 years of age; or younger than 24 years of age if a full-time student; or any age if permanently and totally disabled

- Not provide over half of his/her own support.

A dependent who does not satisfy the requirements for a qualifying child may meet the requirements for a qualifying relative. A **qualifying relative** is an eligible individual if:

- You provide more than half of the individual's support;
- The individual is not a qualifying child of you or any other taxpayer.

*Please note that any questions regarding the status of an individual as either a qualifying child or a qualifying relative must be discussed with a qualified tax advisor in conjunction with the provisions of your employer's plan.*

## **Healthcare Expenses**

Eligible healthcare expenses generally include amounts paid for the diagnosis, care, mitigation, treatment, or prevention of disease or illness and for treatments affecting any part or function of the body. Any expense recommended for the bettering of an individual's general health or wellbeing is not eligible (example: vitamins/supplements). Eligible expenses must be for you, your spouse, children, and any other person who is a qualified dependent as defined by the IRS.

### **ATTENTION!**

**Doctor's Statement:** Certain expenses will require a doctor's statement indicating the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition. For your convenience, Laymon Group has created a doctor's statement form that is printed at the end of this document.

## Healthcare Expense List

| Expense Type  | Eligible for Reimbursement | Special Exceptions or Requirements   |
|---|----------------------------|--|
| <b>A</b>  |                            |  |
| AA, Alcoholism, Drug or Substance Abuse Treatments  | Yes                        | Payment to a treatment center for alcohol or substance abuse is an eligible medical expense. This includes meals and lodging provided by the center during inpatient medical treatment               |
| Abortion  | Yes                        | Check your employer's specific FSA plan to make sure this expense is covered.  |
| Acne Treatment  | Maybe                      | Acne treatments are eligible when prescribed by a doctor.<br><i>Doctor's statement required.</i>   |
| Acupuncture   | Yes                        |  |
| Adoption Fees   | No                         | You may submit healthcare expenses for an adopted child once it becomes your qualified dependent, including healthcare expenses incurred during the adoption process, such as physical examinations. |
| Air Purifier or Humidifier (for allergy relief)   | Yes                        |  |
| Allergy Relief <ul style="list-style-type: none"> <li>• Prescription and over-the-counter allergy medicines</li> <li>• Allergy shots</li> </ul>   | Yes                        |  |
| Allergy Relief <ul style="list-style-type: none"> <li>• Electro-static air purifier</li> <li>• Humidifier</li> <li>• Home/auto air conditioners</li> <li>• Air filters</li> <li>• Special vacuum cleaners</li> <li>• Special pillows, mattress covers, etc. to alleviate an allergic condition</li> </ul> | Yes                        | <i>Doctor's statement required.</i>  |
| Ambulance Service   | Yes                        |  |
| Artificial Limb (prosthesis) or Teeth (dentures)  | Yes                        |  |
| Artificial Insemination <ul style="list-style-type: none"> <li>• Fertility exams</li> <li>• Embryo replacement and storage</li> </ul>   | Yes                        |  |

|   |       |  |
|---|-------|--|
| <ul style="list-style-type: none"> <li>• Egg donor: recipient's medical expenses (recipient must be FSA participant or participant's dependent and the charges are covered by a medical plan)</li> <li>• In-vitro fertilization</li> <li>• Sperm bank/semen storage for artificial insemination</li> <li>• Sperm implants due to sterility</li> <li>• Sperm washing</li> <li>• See also "Fertility Treatments"</li> </ul> |       |  |
| <b>B</b>  |       |  |
| <p>Birth Control / Family Planning</p> <ul style="list-style-type: none"> <li>• Norplant or Depo-Provera</li> <li>• Ovulation kits</li> <li>• Condoms</li> <li>• Spermicides</li> <li>• Birth control pills, patches or rings</li> <li>• Diaphragm or IUD</li> <li>• Tubal ligation</li> <li>• Vasectomy</li> </ul> <p>The birth control list is not exhaustive.</p>  | Yes   |  |
| Blood Storage   | Maybe | Fees for storing blood for surgery in the near future are an eligible medical expense.   |
| <p>Body Scan</p> <ul style="list-style-type: none"> <li>• CT body scanning</li> <li>• Full body scanning</li> <li>• Whole body scanning</li> </ul>  | Maybe | <p>Body scanning performed as a preventive or proactive healthcare measure for healthy individuals who have no symptoms or suspicion of disease is <b>not</b> an eligible expense.</p> <p>Body scans ordered by your doctor for a specific medical purpose are eligible.<br/><i>Doctor's statement required.</i></p> |
| Braces and other Orthodontics   | Yes   |  |
| Breast Pumps  | Maybe | <p>Breast pumps are reimbursable under limited circumstances. To be an eligible expense, the participant must have a diagnosed disease, injury or illness, and the breast pump must be directly related to treating or alleviating that diagnosed condition.</p> <p><i>Doctor's statement required.</i></p>          |
| <b>C</b>  |       |  |
| <p>Childbirth-Related</p> <ul style="list-style-type: none"> <li>• Childbirth prep classes (Lamaze)</li> <li>• Midwife or doula fees</li> </ul>   | Yes   | New parent or newborn child care classes are <b>NOT</b> eligible   |

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| <ul style="list-style-type: none"> <li>• Maternity girdles (for back pain) or special support hose (for leg circulation)</li> <li>• Home pregnancy tests</li> <li>• Ovulation kits</li> </ul>  |          |  |
| Chiropractor fees  | Yes      |  |
| Circumcision   | Yes      | Fees for “ritual” circumcision performed by a non-healthcare provider (e.g., a rabbi, mohel) are <b>NOT</b> eligible.  |
| Contact Lenses   | Yes      | Prescription contact lenses only.  |
| Cord Storage   | Maybe    | Fees for storing umbilical cords for surgery in the near future are an eligible medical expense. Fees for storing umbilical cords for use in the indefinite future are <b>NOT</b> an eligible expense.   |
| Cosmetic Surgery and Procedures <ul style="list-style-type: none"> <li>• Cosmetics (make-up)</li> <li>• Dental veneers, bonding, tooth whitening/bleaching</li> <li>• Facelifts</li> <li>• Tattooing and ear/body piercing</li> <li>• Removal of tattoos</li> <li>• Liposuction</li> <li>• Blepharoplasty</li> <li>• Sclerotherapy</li> <li>• Facials, chemical peels</li> <li>• Botox or Collagen injections</li> <li>• Breast implants, lifts</li> <li>• Hair transplants or electrolysis</li> </ul> | No/Maybe | A cosmetic surgery or procedure can be an eligible expense if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma. Some of these procedures/treatments may be covered under alternative uses <b><i>Doctor’s statement required.</i></b>  |
| Counseling <ul style="list-style-type: none"> <li>• Psychotherapy and psychoanalysis</li> <li>• Sex therapy</li> <li>• Bereavement and grief counseling</li> </ul>   | Yes      | Counseling must be performed to alleviate or prevent a physical or mental defect or illness. Eligibility is determined by the nature of the treatment and not the license of the practitioner. Marriage counseling is not an eligible expense <b><i>unless</i></b> performed for the purpose of alleviating or preventing a physical or mental defect or illness |
| Crutches   | Yes      |  |
| <b>D</b>   |          |  |
| Dancing Lessons, Swimming  | No       | The cost of dancing lessons, swimming lessons, etc., even if a doctor recommends   |

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|  |       | them for the general improvement of one's health, is <b>NOT</b> an eligible medical expense.   |
| Diabetic Supplies <ul style="list-style-type: none"> <li>• Cotton balls</li> <li>• Alcohol swabs</li> <li>• Glucose tablets</li> <li>• Glucometer and test strips</li> <li>• Needles (lancets)</li> <li>• Syringes</li> <li>• Glucagon emergency kit</li> <li>• Ketone urine test strips</li> <li>• Training classes</li> </ul>  | Yes   |  |
| Dental Care and Prevention <ul style="list-style-type: none"> <li>• Cleaning</li> <li>• X-rays</li> <li>• Fillings</li> <li>• Braces or other orthodontics</li> <li>• Extractions</li> <li>• Dentures</li> <li>• Bonding and sealants for dentures</li> <li>• Crowns</li> <li>• Porcelain veneers (if allowed by dental plan, i.e., not cosmetic)</li> </ul>   | Yes   |  |
| Dental Treatment - Cosmetic <ul style="list-style-type: none"> <li>• Teeth whitening or bleaching</li> </ul>   | No    |  |
| Diaper Service   | Maybe | Diapers for a disabled child, other than a newborn, may be eligible, and <b>ONLY</b> if needed to relieve the effects of a particular disease.<br><b><i>Doctor's statement required.</i></b>                     |
| Doctor Fees <ul style="list-style-type: none"> <li>• Anesthesiologist</li> <li>• Chiropractors</li> <li>• Chiropractor</li> <li>• Christian Science Practitioner</li> <li>• Dentist</li> <li>• Dermatologist</li> <li>• Gynecologist</li> <li>• Naturopath</li> <li>• Neurologist</li> <li>• Obstetrician</li> <li>• Oculist</li> <li>• Oncologist</li> <li>• Ophthalmologist/Optomtrist</li> <li>• Optician</li> <li>• Orthopedist</li> <li>• Osteopath</li> <li>• Otorhinolaryngologist</li> <li>• Pediatrician</li> <li>• Physician</li> <li>• Podiatrist</li> <li>• Psychiatrist</li> <li>• Physiotherapist</li> </ul> | Yes   | Fees include the portion of the expense not paid for by other health insurance (the "out-of-pocket" portion)<br><br>Late fees, finance fees, missed appointments, etc. are <b>NOT</b> eligible medical expenses. |

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| <ul style="list-style-type: none"> <li>• A physical without diagnosis or not covered by insurance</li> <li>• Consultations</li> <li>• Transfer of medical records</li> <li>• Any expense a doctor may charge to write a letter describing the medical condition and how a recommended item will treat that condition</li> </ul> <p>This list is not exhaustive.</p>   |       |   |
| Drugs/Medicines – Prescriptions   | Yes   | Prescription drugs must be prescribed by a certified physician and must be purchased legally within the U.S. (See: Health Expenses Incurred Outside of the USA for travel or extraordinary circumstances.)  |
| Drugs/Medicines - Over-the-Counter  | Yes   | See the OTC Guide at the end of this section for more information.  |
| Drug Addiction Treatment  | Yes   |   |
| <b>E</b>  |       |   |
| Electrolysis or Hair Removal  | Maybe | Maybe Electrolysis or hair removal can be an eligible expense if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma.<br><i>Doctor's statement required.</i>  |
| <p>Eyeglasses and Eye Care</p> <ul style="list-style-type: none"> <li>• Eye examinations</li> <li>• Contact lenses, fitting fee, replacement lenses</li> <li>• Contact lens solution</li> <li>• Reading glasses,</li> <li>• Prescription glasses, prescription sports goggles, prescription sunglasses, scuba masks or safety glasses*</li> <li>• Artificial eye and polish</li> <li>• Radial keratotomy, laser surgery or other vision correction surgery *</li> </ul> | Yes   | <p>Vision insurance premiums and non-prescription sunglasses are <b>not</b> eligible medical expenses.</p> <p>Non-prescription cosmetic contact lenses (change eye color only) and non-prescription sunglasses are <b>NOT</b> eligible.</p> <p>*Surgery is eligible if done primarily to promote the correct function of the eye. A doctor's statement may be required to document the condition being treated.</p> |
| <b>F</b>  |       |   |
| <p>Facilities</p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing Home</li> <li>• Rehabilitation Facility</li> <li>• Home for Mentally or Physically Disabled</li> </ul>   | Yes   | Fees for a facility, such as a hospital or similar institution, are eligible expenses if the main reason for being there is to receive medical care.  |

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| Feminine Hygiene<br>• Sanitary napkins (pads & tampons)   | Maybe | Sanitary napkins are an eligible expense if used during the recovery from childbirth, surgery or for treatment of other medical condition.<br><i>Doctor's statement required.</i>   |
| Fertility Treatments<br>• Artificial insemination<br>• Fertility exams<br>• Embryo replacement and storage<br>• Egg donor: recipient's medical expenses (recipient must be FSA participant or participant's dependent and the charges are covered by any medical plan)<br>• In-vitro fertilization<br>• Sperm bank/semen storage for artificial insemination<br>• Sperm implants due to sterility<br>• Sperm washing<br>• Reverse vasectomy<br>• Reverse tubal ligation | Yes   |   |
| Fluoride Treatments   | Yes   |   |
| Funeral Expenses  | No    |   |
| <b>G</b>  |       |   |
| Genetic Testing   | Maybe | Genetic testing performed to detect possible birth defects is an eligible expense.<br><br>Testing to determine a child's gender is <b>NOT</b> eligible.   |
| Guide Dogs<br>• Cost of the animal<br>• Care of the animal  | Yes   |   |
| <b>H</b>  |       |   |
| Hair Transplant   | Maybe | Surgical hair transplants can be an eligible expense if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma.<br><i>Doctor's statement required.</i> |
| Health Screenings   | Yes   | The cost of a public health screening (i.e., VDRL, cholesterol, diabetes glucose, blood pressure, etc.) is an eligible  |

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|  |     | medical expense.   |
| Hearing Exams  | Yes |  |
| Hearing Aids<br>• Purchase price and maintenance cost for hearing aid<br>• Batteries needed to operate the hearing aid<br>• Television or telephone adapter for the deaf<br>• Lip reading lessons<br>• Hearing exams   | Yes |  |
| Hospital Services/Fees   | Yes | The amount left after insurance has paid their part  |
| <b>I</b>   |     |  |
| Insurance Co-Pays  | Yes |  |
| Insurance Premiums<br>• Any medical, dental or vision insurance premium (HMO, DMO, PPO, etc.)<br>• Long-term care insurance premium<br>• Medicare (parts A, B & D)<br>• Life insurance<br>• Disability insurance premiums<br>• Warranties<br>• COBRA premiums  | No  | Insurance premiums that are paid for projected medical expenses are not eligible expenses, but may be claimed on tax forms. Please consult with your tax advisor for assistance. |
| <b>L</b>   |     |  |
| Laboratory Fees<br>• Blood tests<br>• Cardiographs<br>• Metabolism test<br>• Stool exams<br>• Spinal test<br>• Urinalysis<br>• X-ray exams<br>• Pap smears<br>• Cholesterol test<br>• Thyroid profile<br>• Storage fees for blood taken for surgery in the near future (not long-term storage)<br>• Laboratory handling fees | Yes |  |
| Lodging<br>• Hospital<br>• Nursing Home<br>• Rehabilitation Facility   | Yes | Lodging at a hospital or similar institution is an eligible expense if the primary reason for being there is to receive medical care   |
| Lodging (receiving medical care while away from home)<br>• Hotel<br>• Motel  | Yes | The cost of lodging not provided in a hospital or similar institution while away from home* is an eligible medical expense <b>if:</b><br>• the lodging is primarily for and      |

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|   |     | <p>essential to medical care</p> <ul style="list-style-type: none"> <li>• medical care is provided by a doctor in a licensed hospital or medical care facility equivalent of a licensed hospital</li> <li>• the lodging is not lavish or extravagant under the circumstances</li> <li>• there is no significant element of personal pleasure, recreation or vacation in the travel away from home.</li> </ul> <p>*The amount you include as medical expenses may not exceed \$50 per night per person. Lodging is included for a person for whom transportation expenses are a medical expense because that person is traveling with the person receiving medical care. (e.g., a parent traveling with a sick child is allowed up to \$100.00 per night as a medical expense for lodging). Meals are <b>NOT</b> an eligible medical expense in this instance.</p> |
| <b>M</b>  |     |   |
| Marijuana   | No  |   |
| <p>Maternity</p> <ul style="list-style-type: none"> <li>• Childbirth prep classes (Lamaze)</li> <li>• Midwife or doula fees</li> <li>• Maternity girdles (for back pain) or special support hose (for leg circulation)</li> <li>• Home pregnancy tests</li> <li>• Ovulation kits</li> </ul>   | Yes | New parent or newborn child care classes are <b>NOT</b> eligible  |
| <p>Meals</p> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing Home</li> <li>• Rehabilitation Facility</li> </ul>  | Yes | Meals at a hospital or similar institution are eligible expenses if the main reason for being there is to receive medical care.   |
| Medical Alert Bracelet  | Yes |   |
| <p>Medical Supplies</p> <ul style="list-style-type: none"> <li>• Bandages</li> <li>• Thermometers</li> <li>• Heating pad/pack, ice pack</li> <li>• Back braces or supports</li> <li>• Wheelchairs, walkers, canes, crutches</li> <li>• Truss</li> <li>• Diabetic supplies</li> <li>• Orthopedic shoes (partial reimbursement)</li> <li>• Blood pressure kit</li> <li>• Glucose kit</li> </ul> | Yes | <p>Expenses paid for medical supplies used to aid a person suffering from physical defect/illness are eligible medical expenses.</p> <p>*These items require a <b>doctor's statement</b>.</p>   |

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| <ul style="list-style-type: none"> <li>• Cholesterol testing kit</li> <li>• Inclinator*</li> <li>• Reclining chair*</li> <li>• Special mattress (partial reimbursement)*</li> <li>• Physician's scales*</li> <li>• Bed boards*</li> <li>• Educational materials related to a diagnosed illness*</li> </ul> |       |  |
| <b>N</b>   |       |  |
| Nutritional Supplements  | Maybe | Nutritional supplements prescribed by a doctor for the treatment of a specific medical condition are eligible.<br><i>Doctor's statement required</i>   |
| <b>O</b>   |       |  |
| Orthodontics   | Yes   |  |
| Over-the-Counter Medicines/Drugs   | Yes   | Over-the-counter medicines, intended for medical use only and not merely to benefit the participant are an eligible medical expense.<br><br>An itemized receipt showing the name of drug, date purchased and purchase price is required with the claim form.<br><br>A doctor's statement may be required for certain items. See the end of this section for a detailed list of over-the-counter drugs. |
| Oxygen <ul style="list-style-type: none"> <li>• Oxygen tanks</li> <li>• Oxygen equipment</li> </ul>  | Yes   |  |
| <b>P</b>   |       |  |
| Penile Implants Maybe  | Maybe | A penile implant is an eligible expense only if impotence is due to such organic causes as trauma, post-prostatectomy or diabetes<br><i>. Doctor's statement required.</i>   |
| Personal Hygiene Products <ul style="list-style-type: none"> <li>• Toothpaste, toothbrush, mouthwash, floss</li> <li>• Deodorant</li> <li>• Shampoo, conditioner, hair spray</li> <li>• Bath soap, hand soap</li> <li>• Shaving cream</li> </ul>   | No    |  |
| Prescription Drugs   | Yes   | Prescription drugs are an eligible   |

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|---|-------|--|
|   |       | expense if prescribed by a doctor and purchased in the United States   |
| Prosthesis  | Yes   |  |
| Psychiatric Care  | Yes   | Eligible expenses include the cost of supporting a mentally ill dependent at a specially equipped medical center where the dependent receives medical care   |
| Psychologist  | Yes   |  |
| <b>R</b>  |       |  |
| <b>S</b>  |       |  |
| Sales Tax or Shipping & Handling  | Yes   | Costs for sales tax and shipping or handling fees associated with an eligible expense  |
| Stop-Smoking Program  | Yes   | Over-the-counter (OTC) items for smoking cessation are eligible  |
| Surgery, Non-Cosmetic   | Yes   |  |
| <b>T</b>  |       |  |
| Therapy <ul style="list-style-type: none"> <li>• Physical therapy</li> <li>• Occupational therapy</li> <li>• Speech therapy*</li> <li>• Chiropractor fees</li> <li>• Massage therapy*</li> <li>• Hydrotherapy*</li> <li>• Hypotherapy*</li> <li>• Patterning exercises for mentally disabled persons*</li> <li>• Radiation therapy</li> <li>• Chemotherapy</li> <li>• Counseling</li> <li>• Telephone Counseling</li> </ul> | Yes   | *These items require a <b>doctor's statement</b> .   |
| Transplants, organ or tissue <ul style="list-style-type: none"> <li>• Surgical, hospital, laboratory and transportation fees</li> <li>• Cost to transfer medical records in order to find organ donors</li> </ul>   | Yes   |  |
|   |       |  |
| Transportation for Medical Care <ul style="list-style-type: none"> <li>• Mileage for personal automobile</li> <li>• Parking fees and tolls</li> <li>• Bus, taxi, train, plane fare</li> <li>• Ambulance service</li> </ul>  | Yes   | Current mileage rate for 2006 is 18 cents per mile. The following information must be included with the request for mileage reimbursement: <ul style="list-style-type: none"> <li>• Amount of miles.</li> <li>• Date of transportation.</li> <li>• Name of provider</li> </ul> |
| <b>U</b>  |       |  |
| Umbilical Cord Storage  | Maybe | Fees for storing umbilical cords for surgery in the near future are  |

|  |       |  |
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|  |       | an eligible medical expense<br>Fees for storing umbilical cords for use in the indefinite future are <b>NOT</b> an eligible expense  |
| Vitamins and Dietary Supplements   | Maybe | Vitamins or other supplements prescribed by a doctor for the treatment of a specific medical condition are eligible.<br><b>Doctor's statement required.</b>  |
| <b>W</b>   |       |  |
| Water Fluoridation Units and Water Pik   | Maybe | Maybe Items prescribed by a doctor for the treatment of a specific medical condition are eligible.<br><b>Doctor's statement required.</b>  |
| Weight Loss Program  | Yes   | The weight loss program must treat a medical condition diagnosed by a healthcare provider. (Examples: obesity, diabetes, high blood pressure)<br>Only program fees are eligible.<br><b>Doctor's statement required</b><br>The cost of a weight loss program to improve your general health and appearance is <b>NOT</b> an eligible expense. The cost of food is <b>NOT</b> an eligible expense. |
| Wheelchair<br>• Purchase price of wheelchair<br>• Operating cost of wheelchair | Yes   |  |
| Wigs or Toupees  | Maybe | Wigs or toupees are eligible expenses if recommended by a physician for the mental health of a person who has lost his/her hair due to disease.<br><b>Doctor's statement required</b>  |
| <b>X</b>   |       |  |
| X-Ray Fees   | Yes   | .  |

## **OTC Guide**

The Internal Revenue Service (IRS) now allows reimbursement of over-the-counter (OTC) medicines and products from a Healthcare FSA when the OTC product is used for medical purposes. Below is a description of the three IRS-defined categories for OTC: eligible, dual purpose, and ineligible items, followed by product examples for each category.

### **Submitting healthcare OTC reimbursement requests**

Reimbursement for any expense must follow the existing rules regarding Healthcare FSAs, with some minor adjustments made to accommodate receipts and appropriate use. The expense must:

- Be incurred during your period of coverage.
- Be for you or an eligible dependent.
- Not be reimbursed through another plan.
- Be accompanied by a detailed receipt. A detailed receipt must provide the name of the medicine or product, the date, and the amount paid. If your supermarket or pharmacy receipt does not include this information, you will need to have this information documented by your supermarket or pharmacy.
- Be reasonable in quantity.

## Eligible OTC Expenses

Eligible items include medicines or products that alleviate or treat injuries or illness for you and your dependents. These drugs and products are NOT cosmetic in nature, or merely beneficial to your general health. The products listed here are examples, and do NOT constitute an endorsement or an exhaustive listing of reimbursable OTC products. You do not need to purchase national-brand products. You can purchase generic, store-brand products.

| Type of Product                    | Examples of each  |
|------------------------------------|---|
| Allergy Prevention and Treatment   | Actifed * Allerest * Benadryl * Chlor-Trimetron * Claritin * Contac * Nasalcrom * Sudafed * Pseudoephedrine   |
| Analgesics/Antipyretics            | Aspirin * Advil * Children's Motrin * Ibuprofen * Motrin * Naprosyn * Tylenol * Tylenol PM * Midol * Pamprin * Premysyn PMS * Acetaminophen   |
| Antacids and Acid Reducers         | Alka Seltzer * Alka Seltzer PM * AXID AR * Gas-X * Maalox * Mylanta * Tums * Pepcid AC * Prilosec OTC * Tagamet HB * Zantac 75  |
| Anti-arthritics                    | Aleve * Aspercreme * BenGay * Tylenol Arthritis   |
| Antibiotics (topical)              | Bacitracin * Triple Antibiotic Ointment   |
| Anticandial (yeast)                | Femstat 3 * Gyne-Iotrimin * Mycelrx-7 * Monistate 3 * Vagistat-1  |
| Antidiarrheal and Laxatives        | Ex-Lax * Immodium AD * Kaopectate * Pepto-Bismol  |
| Antifungal Creams                  | Lamisil AT * Lotramin AF * Micatin  |
| Antihistamines                     | Actidil * Actifed * Allerest * Benadryl * Claritin * Chlor-Trimetron * Contac * Drixoral * Sudafed * Tavist-1* Triaminic  |
| Anti-itch Lotions and Creams       | Bactine * Benadryl * Caldecort * Caladryl * Calamine * Cortaid * Hydrocortisone * Lanacort * Lamisil AT * Lotramin AF   |
| Asthma Medicines                   | Bronkaid * Primatene Mist   |
| Cold Sore/Fever Blister Remedies   | Abreva Cream  |
| Cold and Flu Remedies              | Actidil* Actifed * Advil Cold and Sinus * Afrin * Alka Seltzer Cold and Flu * Afrinol * Aleve Cold and Sinus * Children's Advil Cold * Dayquil * Dimetane * Dristan Long Lasting * Drixoral * Neo-Synephrine-12 Hour * Nyquil * Orrivin * Pediacare * Sudafed * Tavist-D * Thera-Flu * Triaminic * Tylenol Cold and Flu |
| Contact Lens Supplies              | Allergan * Bausch & Lomb * Opti-One   |
| Contraceptive Products             | Pregnancy Tests * Spermicides* Condoms  |
| Cough Suppressants or Expectorants | Robitussin * Vicks 44   |
| Decongestants                      | Claritin-D * Neo-Synephrine * Sudafed   |
| Dehydration Remedies               | Pedialyte   |
| Diaper Rash Medication             | Balmax * Desitin  |
| Eye Drops                          | Allergan * Bausch & Lomb * Visine   |
| First Aid Supplies                 | Bandages * First aid kits * Cold/hot packs for injuries * Rubbing alcohol * Ace wraps * Splints   |
| Hemorrhoidal Preparations          | Preparation H * Hemorid * Tronolane   |
| Lactose Intolerance Aids           | Lactaid   |
| Migraine Relief                    | Advil Migraine * Motrin Migraine * Excedrin   |
| Motion Sickness Aids               | Dramamine * Marizine  |
| NSAIDS                             | Advil * Aleve * Bayer * Ibuprofen * Motrin * Naprosyn * Naproxen  |
| Ophthalmic Preparations            | Akwa Tears * Muro 128   |
| Pediculicide                       | Nix * Rid   |
| Sinus Products                     | Nasal Sprays  |
| Smoking Cessation Products         | Commit * Nicoderm CQ * Nicorette * Nicotrol   |
| Sunburn Relief                     | Solarcaine * Water Gel  |
| Teething/Toothaches                | Orajel  |
| Topical Steroids                   | Hydrocortisone  |
| Wart Removal Products              | Compound W * Scholl Clear Away * Wart-Off   |
| Wound Care                         | Wound Care  |

## Dual Purpose Items

Certain OTC items are called dual purpose. That's because for some individuals the product is used to alleviate a medical condition, while others use the product for general health and wellbeing. **These products may be reimbursed through a Healthcare FSA, but require a medical provider's note stating your specific diagnosis or medical condition and a recommendation to take the specific OTC medicine to treat your condition. You must also provide an adequate receipt.**

| Type of Drug or Product                | Reimbursable Use   | Excluded Use   |
|--|--|--|
| Acne Products                          | Chronic acne under treatment by a physician                    | Occasional outbreak or blemish                           |
| Dietary/Nutritional/Herbal Supplements | Diagnosis of a specific medical condition                      | Routine use for general health                           |
| Feminine Hygiene Products              | Post surgery or childbirth                                     | use for personal hygiene                                 |
| Fiber Supplements                      | Diagnosis of a specific medical condition                      | Routine use for general health                           |
| Heart Monitors                         | Monitoring a specific condition                                | Tracking heart rate during exercise for general purposes |
| Joint Supplements                      | Diagnosis of a specific medical condition, such as arthritis   | Routine use for general health                           |
| Lactose Intolerance Supplements        | Diagnosis of a specific medical condition                      | Routine use for general health                           |
| OTC Hormone Therapy                    | Diagnosis of a specific medical condition                      | Routine use for general health                           |
| Pre-Natal Vitamins                     | When prescribed by a doctor                                    | Routine use for general health                           |
| Snoring Cessation Aids                 | Diagnosis of a specific medical condition, such as sleep apnea | Snoring  |
| Sunscreen                              | Diagnosis of skin cancer or other medical condition            | Prevention of sunburn                                    |
| Vitamins and Minerals                  | Diagnosis of a specific medical condition                      | Routine use for general health                           |
| Weight Loss Products                   | Diagnosis of obesity   | Any weight loss without diagnosis of obesity             |

## Excluded Items

OTC items that are not medicines or that merely benefit your general health **are not reimbursable** under a Healthcare FSA.

| Drug or Product    | Examples  |
|--------------------|---|
| Cosmetic Products  | Face soaps* reams*Makeup *Perfumes *Hair removal                    |
| Dental Products    | Dental Floss *Toothpaste *Toothbrushes *Teeth whitening kits        |
| Personal Hygiene   | Deodorant *Shampoo * body sprays * Soaps * Moisturizers * Chapstick |
| Sleeping Aids      | Unisom  |
| Special Foods/Diet | Sugar free * Fat free * Diabetic * Weight loss * Low cholesterol    |

## Dependent Care Expenses

Most work-related expenses incurred for the care of a qualified person will be eligible for reimbursement through a dependent care FSA. Your expenses must be for the well-being and protection of a qualifying dependent while you and your spouse, if married, work or look for employment.

### Definition of 'work-related'

The following employment rules apply to dependent care FSAs:

- You must be employed full-time or part-time, depending on your employer's plan, or actively looking for work;
- If married, both you and your spouse must work unless your spouse is looking for work, is a full-time student or is disabled;
- Unpaid volunteer or volunteer work for a nominal salary does *not* qualify as employment.

**Full-time Student Definition:** You are a full-time student if you are enrolled at and attend a school for the number of hours or classes that the school considers full-time. You must have been a student for some part of each of five calendar months during the year, but the months do not have to have been consecutive. The term "school" does not include on-the-job training courses, correspondence schools, or Internet courses/schools.

**Children of Divorced or Separated Parents:** A child can be the qualifying individual of only one parent in one year. Dependent care expenses for the custodial parent may be employment related expenses if the child: (1) receives over one-half of his/her support from one or both parents; and (2) is in the custody of one or both parents for more than one-half of the calendar year.

### Who Qualifies To Receive Dependent Care?

In general, and subject to the rules of your employer's plan, the following rules apply to a qualifying person:

- The individual must be your [qualifying dependent](#) (child or relative) as defined by the IRS.
- If the individual is your child, he or she must be **under the age of 13** unless physically or mentally unable to care for him- or herself.
- If the individual is your spouse, he or she must be physically or mentally unable to care for him- or herself.

Individuals not able to dress, clean, or feed themselves, or who require constant attention to prevent injury to themselves or others because of physical or mental problems are considered

unable to care for themselves. Please note: Simply being unable to work, perform normal household functions, or care for minor children does not mean an individual is incapable of caring for him- or herself.

### Who Qualifies To Provide Dependent Care?

Dependent care can be provided by:

- Any individual *not* claimed as a tax dependent by you or your spouse.
- Your child who is at least 19 years of age by the end of the plan year.
- A child, adult or elder care center. If the center serves seven or more children or adults, the center must comply with all applicable state and local regulations.

The care provider must have a Social Security Number, Employer Identification Number (EIN),

Individual Taxpayer Identification Number (ITIN) or a Taxpayer Identification Number (TIN).

| <b>Dependent Care Expense</b>  | <b>Eligible For Reimbursement</b> | <b>Special Exceptions or Requirements</b>   |
|--|-----------------------------------|---|
| Activity Fees from Care Provider <ul style="list-style-type: none"> <li>• Field trips</li> <li>• Dancing or swimming lessons</li> <li>• Art supplies</li> <li>• Entertainment</li> <li>• Clothing</li> </ul> | No                                | Fees paid to a dependent care center for special activities are <b>NOT</b> eligible expenses, unless these fees are incidental to, and cannot be separated from, the cost of caring for a dependent   |
| After-School Programs  | Yes                               |   |
| Before-School Programs   | Yes                               |   |
| Care Provided at a <b>Provider's Home</b>  | Yes                               |   |
| Care Provided by a <b>Relative</b>   | Yes                               | The following are <b>NOT</b> eligible expenses: <ul style="list-style-type: none"> <li>• Payments made to a dependent for whom you or your spouse claim as an tax exemption, or</li> <li>• Payments made to your child who was under the age of 19 at the end of the year</li> </ul>  |
| Care Provided in <b>Your Home</b>  | Yes                               |   |
| Day Camps  | Yes                               | Day camps can include theme-based camps, such as soccer camp or computer camp and may be an employment-related expense if incurred for the care of a qualifying individual which enables the employee to be gainfully employed  |
| Dependent Care Centers <ul style="list-style-type: none"> <li>• Child day care</li> <li>• Adult or elder care facility</li> </ul>  | Yes                               | If the center serves seven or more children or adults, the center must comply with all applicable state and local regulations   |
| Nursery Schools  | Yes                               | Nursery school fees, including pre-Kindergarten, are eligible expenses even if educational services are provided.   |
| Overnight Camp   | No                                | A pro-rated portion for the 'daytime' care provided by an overnight camp is <b>NOT</b> an eligible expense  |
| Overnight Care   | Maybe                             | Maybe Overnight dependent care is eligible if you are required to travel overnight for work-related reasons, and your spouse, if married, is unable to be home with the child   |
| Application Fees, Agency Fees, Deposits  | Yes                               | Expenses that relate to, but are not directly for, the care of a qualifying individual, such as application fees, agency fees (e.g., for Au Pairs), and deposits, may be for the care of a qualifying individual and may be employment-related expenses if the taxpayer is required to pay the expenses to obtain the related care.<br>The expense is incurred when the |

|                                     |    |  |
|-------------------------------------|----|--|
|                                     |    | participant is provided with the care that gives rise to the expenses, and not when the participant is formally billed or charged for or pays for the care   |
| Tuition for Kindergartner or Higher | No | <p>Tuition fees for kindergarten or higher are <b>NOT</b> eligible expenses. If dependent care is provided as part of the tuition (for example, for before and after school care), only the cost of caring for the child is eligible.</p> <p>A separation must be made between the fees for child care and educational services.</p> |
|                                     |    |  |

# Doctor's Statement Form for Healthcare Expense

The Internal Revenue Service requires a doctor's statement be provided for certain healthcare expenses in order to be reimbursed from your healthcare Flexible Spending Account (FSA). The doctor's statement must indicate the specific medical disorder, the specific treatment needed, and how this treatment will alleviate the medical condition. The Laymon Group has developed the following form to assist you and your healthcare provider in providing the information we need in order to process your reimbursement request. Your provider can also write a letter on his or her letterhead, as long as the letter includes all the information on this form. For fast and accurate processing of your reimbursement request, please make sure to include this doctor's statement form or your provider's letter along with an itemized receipt or other documentation. The reimbursement request form can be found on [www.laymongroup.com](http://www.laymongroup.com)

Employee Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Phone Number \_\_\_\_\_

Patient Name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Recommended Treatment \_\_\_\_\_

How will the recommended treatment alleviate the diagnosis or symptoms? \_\_\_\_\_

\_\_\_\_\_

How long is the treatment required? \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

Provider Telephone # \_\_\_\_\_

Provider Signature \_\_\_\_\_

Date \_\_\_\_\_