

## FSA/HRA\* Eligible Medical

<b>Medical Services</b>	<ul style="list-style-type: none"> <li>• Acupuncture</li> <li>• Alcohol/drug treatment</li> <li>• Ambulance services</li> <li>• Chiropractic care</li> <li>• Deductibles and co-pays</li> <li>• Emergency room co-pays</li> <li>• Fertility treatment/drugs</li> <li>• Flu shots</li> <li>• Hearing exams</li> <li>• Hospital services</li> <li>• Injections and vaccinations</li> <li>• Legal abortion – <i>some plans exclude this service</i></li> <li>• Office visit co-pays</li> <li>• Pediatric services</li> <li>• Podiatry services</li> <li>• Physical therapy</li> <li>• Psychological counseling</li> <li>• Routine physicals</li> <li>• Smoking cessation program</li> <li>• Speech therapy</li> <li>• Vasectomy</li> <li>• Weight loss programs (prescribed)</li> <li>• Well baby care</li> </ul>
<b>Lab &amp; Diagnostic Fees</b>	<ul style="list-style-type: none"> <li>• Blood tests</li> <li>• Diagnostic body scans</li> <li>• Laboratory fees</li> <li>• Stool analysis</li> <li>• Urine analysis</li> <li>• X-Rays</li> </ul>
<b>Medication</b>	<ul style="list-style-type: none"> <li>• Insulin/supplies</li> <li>• Prescription drugs</li> <li>• Over-the-counter drugs &amp; medicines (<i>see OTC list below</i>)</li> </ul>
<b>Over-The-Counter Supplies &amp; Other Services</b>	<ul style="list-style-type: none"> <li>• Band-aids/gauze pads</li> <li>• Blood pressure monitors</li> <li>• Brace/Splint</li> <li>• Breast pumps and supplies</li> <li>• Contact lens solution</li> <li>• Crutches</li> <li>• Diabetic supplies</li> <li>• First aid kits</li> <li>• Guide dog/service animals &amp; their care</li> <li>• Hearing aids/batteries</li> <li>• Hot packs/Cold packs</li> <li>• Medical Alert bracelet/necklace</li> <li>• Menstrual care products (pads, tampons, etc.)</li> <li>• Orthopedic Shoes</li> <li>• Pregnancy tests and Ovulation monitors</li> <li>• Thermometers</li> <li>• Walker/Wheelchair</li> </ul>
<b>Dental Services</b>	<ul style="list-style-type: none"> <li>• Crowns/Bridges (cosmetic veneers not covered)</li> <li>• Dentures</li> <li>• Dental X-rays</li> <li>• Exams</li> <li>• Extractions</li> <li>• Fillings</li> <li>• Gum Treatment/Periodontal Maintenance</li> <li>• Occlusal/ Bite Guards and Retainers</li> <li>• Oral surgery</li> <li>• Root Canals</li> <li>• Teeth cleaning (<b>not bleaching</b>)</li> <li>• Orthodontia/Braces</li> </ul> <p><i>(Note: Please contact NEO for further information regarding the reimbursement of orthodontia expenses. Because orthodontia expenses typically span multiple FSA plan years, IRS regulations restrict the amount that may be reimbursed in a given year.)</i></p>
<b>Vision</b>	<ul style="list-style-type: none"> <li>• Eye exams</li> <li>• Glasses/contacts/lens solution (includes non-prescription reading glasses)</li> <li>• Lasik eye surgery</li> <li>• Prescription sunglasses</li> </ul>

<p><b>Over-The-Counter (OTC) Drugs, Medicines &amp; Treatments</b></p>	<p><b>Effective January 1, 2020, expenses for Over-The-Counter (OTC) drugs and medicine are eligible for reimbursement from a Health FSA or HRA* <i>without</i> a prescription from a physician.</b></p> <ul style="list-style-type: none"> <li>• Acne Treatments/Medications</li> <li>• Allergy medicines</li> <li>• Analgesics – Fever reducers</li> <li>• Anti-diarrhea medication</li> <li>• Anti-itch medication</li> <li>• Anti-nausea medication</li> <li>• Antihistamines</li> <li>• Antacids</li> <li>• Asthma treatments</li> <li>• Athletes foot medication</li> <li>• Birth control – <i>Some plans exclude this</i></li> <li>• Cold and flu medications</li> <li>• Cold sore remedies</li> <li>• Cough syrups</li> <li>• Diaper rash ointments</li> <li>• First aid cream</li> <li>• Hemorrhoid medication</li> <li>• Laxatives</li> <li>• Lice treatment</li> <li>• Medicated Chapstick</li> <li>• Motion sickness pills</li> <li>• Muscle &amp; joint pain relievers</li> <li>• Nicotine patches/gum</li> <li>• Pain relievers</li> <li>• Pedialyte</li> <li>• Sinus medicine/nasal sprays</li> <li>• Sleeping aids</li> <li>• Sore throat sprays/lozenges</li> <li>• Toothache/Teething Pain relievers</li> <li>• Wart remover treatments</li> <li>• Vapor rubs</li> <li>• Visine/eye drops</li> <li>• Yeast infection treatments</li> </ul>
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## Ineligible Expenses

<p><b>The following expenses cannot be reimbursed under a Health FSA plan or HRA</b></p>	<ul style="list-style-type: none"> <li>• Cosmetic procedures</li> <li>• Hair transplants</li> <li>• Hand lotions</li> <li>• Health club/Fitness dues</li> <li>• Household help</li> <li>• Illegal treatments/operations</li> <li>• Prescriptions imported from outside the U.S.</li> <li>• Insurance premiums</li> <li>• Items &amp; services merely beneficial to general health (i.e., multivitamins, probiotics, etc.)</li> <li>• Kleenex</li> <li>• Marriage counseling</li> <li>• Medical concierge/estimates/prepayments</li> <li>• Missed appointment/late fees</li> <li>• Peditasure</li> <li>• Personal care items (i.e. soap, toothbrush, toothpaste, floss, shampoo, conditioner, deodorant, creams)</li> <li>• Rogaine/Minoxidil/Propecia</li> <li>• Teeth whitening/bleaching</li> <li>• Treatment for varicose veins (may be eligible if medically necessary)</li> <li>• Veneers</li> <li>• Vitamins/nutritional supplements (may be eligible with physician's note)</li> </ul>
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Revision date 7/31/20

**\*\*\* For a detailed list of FSA/HRA\*-Eligible Products & Services visit <http://www.BasicOnline.com/NEO> and select the **FSA Store** link at the bottom of the page. Scroll down to the bottom to Tools to access the **Eligibility Checker**. As with all FSA/HRA transactions or claims, BASIC reserves the right to deny claims or request additional documentation to determine the eligibility of items listed as eligible on FSASore.com\*\*\***

**\*Please note that eligible HRA expenses may vary by plan design. Please reference your HRA Plan Summary for Plan specifics**