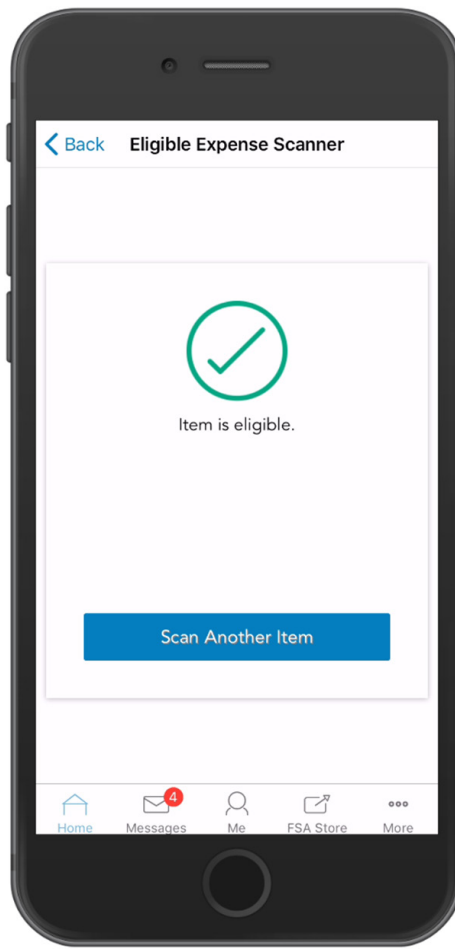


FSA Eligible Expense List

Health FSA Eligible Expenses

Looking for Eligible Expenses?

Use the Mobile App to scan items to see their eligibility.



List of Eligible Expenses on Next Page →

FSA Eligible Expense List

Health FSA Eligible Expenses

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

If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team through our live online chat, 1-888-401-FLEX(3539) or email info@benstrat.com.



Ineligible Expenses Examples

Cosmetic Surgery & Procedures

Health Club Dues

Insurance Premiums

Dental Hygiene Products

* Although Over-The-Counter (OTC) medicines and drugs do not need a prescription to be purchased, one is needed for an OTC medicine/drug to be FSA eligible. See note below.

** 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. See note below.

NOTE: OTC Medicines/drugs and 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 prescription or 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	\$	\$	\$
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)