



Eligible Expenses for Your take care by WageWorks Healthcare Flexible Spending Account

You can use your take care® by WageWorks Healthcare Flexible Spending Account (FSA) to pay for a wide variety of medical, dental, and vision care products and services for you, your spouse, and your dependents.

The IRS determines which expenses are eligible for reimbursement. This list identifies the eligibility of some of the most common expenses.

EXPENSE	ELIGIBLE	EXPENSE	ELIGIBLE
Acne treatments (over-the-counter)	✓ (Rx)	Cancer (fixed indemnity) insurance premiums	NO
Acupuncture	✓	Canker and cold sore treatments (over-the-counter)	✓ (Rx)
Adoption (medical expenses related to)	✓	Car modifications (as required for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Adoption fees	NO	Chest rubs (over-the-counter)	✓ (Rx)
Alcoholism treatment	✓	Child or newborn care instruction	NO
Allergy and sinus medicine and products (over-the-counter)	✓ (Rx)	Childbirth classes (charges for mother only)	✓
Allergy medication	✓ (Rx)	Chiropractic care	✓
Allergy treatments and products	✓ (Letter)	Chiropractic office visit or treatment	✓
Alternative dietary supplements (for treatment of a medical condition)	✓ (Letter)	Cholesterol test kits and supplies	✓
Alternative drugs, medicines and treatment products (for treatment of a medical condition)	✓ (Letter)	Christian Science practitioners	✓
Alternative healers (for treatment of a medical condition)	✓ (Letter)	COBRA premiums (dental; paid with after-tax dollars only)	NO
Ambulance and emergency health services	✓	COBRA premiums (medical; paid with after-tax dollars only)	NO
Anesthesia (for noncosmetic purposes)	✓ (Rx)	COBRA premiums (other; paid with after-tax dollars only)	NO
Antacid (over-the-counter)	✓ (Rx)	COBRA premiums (prescription; paid with after-tax dollars only)	NO
Antibiotic ointment (over-the-counter)	✓ (Rx)	COBRA premiums (vision; paid with after-tax dollars only)	NO
Aspirin or other pain reliever (over-the-counter)	✓ (Rx)	Coinurance (dental)	✓
Asthma medicines or treatments (over-the-counter)	✓ (Rx)	Coinurance (medical)	✓
Athletic treatments/braces	✓	Coinurance (prescription)	✓
Bandages and related items (over-the-counter)	✓	Coinurance (vision)	✓
Birth control (over-the-counter)	✓ (Rx)	Cold and flu medicine (over-the-counter)	✓ (Rx)
Birth control (prescription or other)	✓	Cold and flu prevention (over-the-counter)	✓ (Rx)
Blood pressure monitor	✓	Cold cream (over-the-counter)	NO
Body scans	✓	Compression or anti-embolism socks, stockings or hose	✓ (Letter)
Braille books and magazines (difference in cost only)	✓	Concierge medical fees (billed for actual services received)	✓
Breast pump (for a lactating woman)	✓	Concierge medical fees (billed for future availability of services, with no services actually received)	NO
Breast reconstruction surgery (following mastectomy)	✓ (Letter)	Contact lenses and solutions	✓
Breast-feeding classes	✓	Contraceptives (over-the-counter)	✓
		Contraceptives (prescription)	✓
		Copayment (dental)	✓
		Copayment (medical)	✓
		Copayment (prescription)	✓

(Letter)	In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition.
(Rx)	The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition.

EXPENSE	ELIGIBLE	EXPENSE	ELIGIBLE
Copayment (vision)	✓	Ear drops and wax removal (over-the-counter)	✓ (Rx)
Cord blood storage (for future treatment of a birth defect or known medical condition)	✓ (Letter)	Electrolysis	NO
Cord blood storage (for unidentified future use)	NO	Emergency kits (over-the-counter)	NO
Corn and callus remover (over-the-counter)	✓ (Rx)	Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Corneal keratotomy	✓	Eye drops and treatments (over-the-counter)	✓ (Rx)
Cosmetic procedures or surgery	NO	Eye examinations	✓
Cosmetic procedures or surgery for birth defects, accidents, and/or disease	✓ (Letter)	Eye related equipment/materials	✓
Cough drops and sore throat lozenges (over-the-counter)	✓ (Rx)	Eye surgery or treatment to correct vision	✓
Cough syrup (over-the-counter)	✓ (Rx)	Eyeglasses (prescription)	✓
Counseling (for treatment of a medical condition)	✓	Face lifts	NO
Counseling (marriage)	NO	Feminine hygiene products	NO
CPR classes (adult or child)	NO	Fertility monitor (over-the-counter)	✓
Crutches, canes, walkers or like equipment (purchase or rental)	✓	Fertility treatment (for employee, spouse or dependent)	✓
Dancing lessons (for treatment of a medical condition)	✓ (Letter)	Fertility treatment (for non-dependent surrogate)	NO
Deductible for dental plan	✓	First aid kits (over-the-counter)	✓
Deductible for prescription plan	✓	Fitness programs (as treatment for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Deductible for vision plan	✓	Flu shots	✓
Dental care (for non-cosmetic purposes, including sealants)	✓	Funeral expenses	NO
Dental coinsurance	✓	Gastrointestinal medication (over-the-counter)	✓ (Rx)
Dental insurance/plan premiums (paid with after-tax dollars only)	NO	Guide dog (dog, training, care)	✓
Dental products for general health	NO	Hair regrowth products	NO
Dental reconstruction (including implants)	✓	Hair removal	NO
Dental veneers	✓ (Letter)	Hair transplant	NO
Dental, oral, and teething pain products (over-the-counter)	✓ (Rx)	Hair treatments	NO
Dentures, bridges, etc.	✓	Hand lotion (over-the-counter)	NO
Dermatology treatments and products	✓ (Letter)	Health club dues (as treatment for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Diabetic monitors, test kits, strips and supplies	✓	Health insurance/plan premiums (paid with after-tax dollars only)	NO
Diagnostic services (dental or vision)	✓	Health Savings Account (HSA) contributions	NO
Diagnostic services (other than dental or vision)	✓	Hearing aids and batteries	✓
Diaper rash ointments and creams (over-the-counter)	✓ (Rx)	Herbal or homeopathic medicines (over-the-counter)	✓ (Letter)
Diapers and diaper services	NO	Home improvements (as required for a medical condition diagnosed by a licensed healthcare professional)	✓ (Letter)
Dietary supplements (for treatment of a medical condition)	✓ (Letter)	Hospital (fixed indemnity, \$x per day) insurance premiums	NO
Doula or birthing coach	✓ (Letter)	Hospital services and fees	✓
Drug addiction treatment	✓	Household help	NO
Drugs (imported)	NO	Humidifier, air filter and supplies	✓ (Letter)
Drugs and medicines (over-the-counter)	✓ (Rx)	Illegal surgeries or substances	NO
Dyslexia treatment	✓ (Letter)	Immunizations	✓
		Incontinence supplies	✓
		Individual dental insurance/plan premiums (paid with after-tax dollars only)	NO
		Individual medical insurance/plan premiums (paid with after-tax dollars only)	NO

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EXPENSE	ELIGIBLE	EXPENSE	ELIGIBLE
Individual prescription insurance/plan premiums (paid with after-tax dollars only)	NO	Mileage (for travel to/from eligible healthcare)*	✓
Individual vision insurance/plan premiums (paid with after-tax dollars only)	NO	Modified equipment (difference in cost only)	✓ (Letter)
Infertility treatment (for employee, spouse or dependent)	✓	Monitors and test kits (over-the-counter)	✓
Insulin, testing materials and supplies	✓	Motion sickness medication (over-the-counter)	✓ (Rx)
Insurance/plan premiums (paid with pre-tax dollars)	NO	Nasal sprays	✓ (Rx)
Lab (medical)	✓	Nasal strips (over-the-counter)	✓ (Rx)
Laboratory fees	✓	No show fees charged by healthcare provider	NO
Lactose intolerance medication (over-the-counter)	✓ (Rx)	Nonprescription drugs and medicines (for non-cosmetic purposes)	✓ (Rx)
Lamaze classes (charges for mother only)	✓	Norplant insertion or removal	✓
Laser eye surgery	✓	Nursing services (wages and taxes)	✓
LASIK	✓	Nutritional supplements (for treatment of a medical condition)	✓ (Letter)
Late payment fees charged by healthcare provider	NO	OB/GYN fees	✓
Laxatives (over-the-counter)	✓ (Rx)	Occlusal guards to prevent teeth grinding	✓
Learning disability treatments	✓	Occupational therapy (related to a medical condition or disability)	✓
Lice treatment (over-the-counter)	✓ (Rx)	Office visits (chiro)	✓
Listening therapy	✓	Office visits (dental)	✓
Lodging (limited to \$50 per night for patient to receive medical care and \$50 per night for one caregiver)	✓ (Letter)	Office visits (medical)	✓
Long-term care premiums (up to IRS tax-free limit, see IRS Publication 502)	NO	Office visits (psych/therapy)	✓
Long-term care services	NO	Office visits (vision)	✓
Long-term disability insurance premiums	NO	Operations (for non-cosmetic purposes)	✓
Magnetic therapy (over-the-counter)	✓ (Letter)	Operations (for vision and dental only)	✓
Massage therapy (for treatment of a medical condition)	✓ (Letter)	Optometrist/ophthalmologist fees	✓
Mastectomy-related special bras	✓	Organ transplants (recipient and donor)	✓
Maternity clothes	NO	Ortho keratotomy	✓
Medical abortion	✓	Orthodontia (braces and retainers)	✓
Medical coinsurance	✓	Orthopedic and surgical supports	✓
Medical equipment (for treatment of medical condition) and repairs	✓	Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe)	✓ (Letter)
Medical insurance/plan premiums (paid with after-tax dollars only)	NO	Orthotics	✓
Medical literature, books, pamphlets or audio	NO	Ovulation monitor (over-the-counter)	✓
Medical monitoring and testing devices	✓	Oxygen	✓
Medical records charges	✓	Parental fees (billed for actual services received; for disabled children)	✓
Medical savings account (MSA) contributions	NO	Parental fees (billed for future availability of services, with no services actually received; for disabled children)	NO
Medical supplies (for treatment of a medical condition)	✓	Physical exams	✓
Medicare alternative insurance/plan premiums (paid with after-tax dollars only)	NO	Physical therapy	✓
Medicare alternative insurance/plan premiums (vs. Part A & Part B, paid with after-tax dollars only)	NO	Physician retainer fee (for on-call or concierge services)	NO
Medicare Part B insurance	NO	Pregnancy tests (over-the-counter)	✓
Medicare supplement policy premiums	NO	Prescription coinsurance	✓
Midwife	✓	Prescription drugs (for non-cosmetic purposes)	✓
Mileage (for travel to/from anything other than eligible care)	NO	Prescription drugs for cosmetic purposes	NO
		Psych/therapy	✓
		Radial keratotomy (RK)	✓

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EXPENSE	ELIGIBLE
Reading glasses (over-the-counter)	✓
Sales tax, shipping and handling fees (for any eligible expense)	✓
Sleep aids and sedatives (over-the-counter)	NO
Smoking cessation (programs/counseling)	✓
Smoking cessation drugs (prescription)	✓
Smoking cessation gum or patches (over-the-counter)	✓ (Rx)
Special equipment	✓ (Letter)
Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only)	✓ (Letter)
Special school (for mental and physical disabilities)	✓ (Letter)
Speech therapy	✓
Spermicidal	✓ (Rx)
Sterilization	✓ (Rx)
Student health fees for dental services (billed for actual services received)	✓
Student health fees for dental services (no services actually received; billed for future availability of services)	NO
Student health fees for medical services (billed for actual services received)	✓
Student health fees for medical services (no services actually received; billed for future availability of services)	NO
Student health fees for prescription services (no services actually received; billed for future availability of services)	NO
Student health fees for prescriptions (billed for actual services received)	✓
Student health fees for vision services (billed for actual services received)	✓
Student health fees for vision services (no services actually received; billed for future availability of services)	NO
Sunglasses (over-the-counter)	NO
Sunglasses (prescription)	✓
Sunscreen with SPF <15 or suntan lotion (over-the-counter)	NO
Sunscreen with SPF 15+ and "broad spectrum", sunburn creams and ointments (over-the-counter)	✓
Supplies (for treatment of a medical condition)	✓
Surgery (for non-cosmetic purposes)	✓
Swimming lessons (for treatment of a medical condition)	✓ (Letter)
Teeth bleaching or whitening	NO

EXPENSE	ELIGIBLE
Toothpaste, medicated (difference in cost only of medicated toothpaste over the standard toothpaste)	✓ (Rx)
Toothpaste, toothbrush, floss, etc.	NO
Transgender treatments/surgery	✓ (Letter)
Transportation, parking and related travel expenses (essential to receive eligible care)	✓
Transportation, parking and related travel expenses, for non-eligible expenses	NO
Tubal ligation	✓
Tuition or educational classes (for a specific medical condition)	✓ (Letter)
Urological products	✓
UV protection clothing	NO
Vaccinations	✓
Varicose vein removal surgery (for medical care)	✓
Vasectomy	✓
Viagra and similar prescription medications	✓
Vision care	✓
Vision coinsurance	✓
Vision insurance/plan premiums (paid with after-tax dollars only)	NO
Vision products (over-the-counter)	✓
Vitamins (prescription)	✓
Vitamins for general health purposes (over-the-counter)	NO
Walking aids (canes, walkers, crutches and related supplies)	✓
Warranties or other charges for future anticipated services (with none actually received)	NO
Wart removal treatments (over-the-counter)	✓ (Rx)
Weight loss counseling	✓ (Letter)
Weight loss drugs (for treatment of a medical condition)	✓ (Rx)
Weight loss foods	NO
Weight loss program (for treatment of a medical condition)	✓ (Letter)
Weight loss program (to improve or maintain general health)	NO
Wheelchair and repairs	✓
Wound care (over-the-counter)	✓
X-ray fees (dental)	✓
X-ray fees (medical)	✓

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* The mileage reimbursement rate is determined by the IRS and is subject to change yearly.

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