

Health FSA Expense Table



Health FSA Expense Table

The IRS requires the plan to verify that all expenses reimbursed or paid from your Health Flexible Spending Account (FSA) are for qualified healthcare expenses. The table below helps you determine what expense types qualify.

Section 213(d) of the Internal Revenue Code defines qualified expenses, in part, as “medical care” amounts paid “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body...”

Expenses that are merely beneficial to your general health and do not serve a medical purpose are not qualified medical care expenses. In addition, expenses solely for cosmetic reasons are not usually considered expenses for medical care.

This table has two columns:

1. The **Medical Expense Type** column contains a list of expense types in alphabetical order.
2. The **Qualified Expense?** column contains a “Yes,” “Requires a LOMN (or Prescription),” or “No”. This indicates whether the listed expense is or is not a qualified medical expense. In some cases, you may need to submit special documentation, such as a doctor’s prescription or **letter of medical necessity (LOMN)**, before we can reimburse your out-of-pocket cost as a qualified medical care expense. A color-coded key is included below to help you navigate this resource.



This expense **IS** eligible for reimbursement. Standard supporting documentation is required.

This expense **IS** eligible for reimbursement, but a **doctor’s prescription or letter of medical necessity (LOMN) is required** to show that the expense was primarily for the treatment of a specific diagnosis.

The expense is **NOT** eligible for reimbursement.

As a general reminder, you cannot use your Health FSA account for:

1. Expenses incurred outside your employer’s Health FSA plan year unless permitted as part of a carryover election allowed by your employer’s plan;
2. Expenses for services that have not been received yet or items that have not been purchased; and
3. Expenses that have been reimbursed or paid for by another source (i.e., insurance, HRA, HSA, etc.).

Expense tables begin on the following page.

ONEBRIDGE BENEFITS - CONFIDENTIAL & PROPRIETARY - ONLY INTENDED TO BE SHARED WITH AUTHORIZED PARTIES

LOMN = Letter of Medical Necessity

This is not an exhaustive list. If you have a question regarding an item or services that are not listed in this table, contact the customer care center at **888-338-4415** or customer care@myonebridge.com.

| Expense Type | Qualified Expense? |
|---|--------------------|
| Abortion | Yes |
| Activity Tracker | Requires a LOMN |
| Acupressure | Requires a LOMN |
| Acupuncture | Yes |
| Air Ambulance Services or Membership | Yes |
| Alcoholism Treatment | Yes |
| Allergy Treatment Products, Other Than Medicine | Requires a LOMN |
| Alternative Healers and Medicine | Requires a LOMN |
| Ambulance | Yes |
| Anesthesia | Yes |
| Annual Physical Examination | Yes |
| Artificial Eye, Limbs, and Teeth Prosthesis | Yes |
| Asthma Delivery Devices | Yes |
| Athletic Braces | Yes |
| Autopsy | No |
| Bandages | Yes |
| Birth Control (Prescription) | Yes |
| Blood Pressure Monitor | Yes |
| Blood Storage | Requires a LOMN |
| Body Scans | Yes |
| Braille Books and Magazines | Yes |
| Breast Pumps, Purchase or Rental | Yes |
| Breastfeeding Classes | Yes |
| Cancer Screenings | Yes |
| Car Seats, Standard | No |
| Carpal Tunnel Wrist Supports | Yes |
| Chair Lift | Requires a LOMN |
| Chiropractic Care | Yes |
| Cholesterol Test Kits | Yes |
| Chondroitin or Glucosamine | Requires a LOMN |
| Christian Science Practitioners, for Medical Care | Yes |
| Circumcision | Yes |
| Co-insurance | Yes |
| Cold or Hot Packs, for Medical Care | Yes |
| Compression Socks, Stockings, and Hose | Yes |
| Condoms | Yes |
| Contact Lenses and Solution | Yes |
| Co-payments | Yes |
| Cosmetics, Makeup, and Toiletries | No |
| CPR Classes | No |
| Deductible | Yes |
| Defibrillator | Yes |
| Dehumidifier | No |
| Dental Care | Yes |
| Dental Floss | No |
| Dermatology | Requires a LOMN |

| Expense Type | Qualified Expense? |
|--|---------------------------------|
| Diabetic Supplies and Equipment | Yes |
| Diagnostic Tests | Yes |
| Dietician | Requires a LOMN |
| Disabled Dependent Care | Requires a LOMN |
| Doctor Fees | Yes |
| Drug Addiction or Overdose Treatment | Yes |
| Ear Plugs | Yes |
| Erectile Dysfunction Treatment | Yes |
| Exercise Equipment | Requires a LOMN |
| Experimental Drugs or Medical Services, Legally Obtained | Yes |
| Eye Drops | Requires a LOMN |
| Eyeglasses | Yes |
| Fertility and Infertility Treatments | Yes |
| First Aid Kits or Supplies | Yes |
| Fluoridation Services | Yes |
| Fluoride Treatment (Over-the-Counter) | Requires a LOMN |
| Food, Diet or Weight Loss | No |
| Funeral Expenses | No |
| Gambling Addiction Treatment | Yes |
| Gym Membership | Yes |
| Gynecologist | Yes |
| Handicap, Disability Placards, and License Plates | Yes |
| Healthcare Sharing Ministry Fees | Yes |
| Hearing Aids, Batteries, and Supplies | Yes |
| Heart Rate Monitor | Yes |
| Heating Pads or Wraps, for Medical Care | Yes |
| Home Diagnostic Kits, Tests, and Devices | Yes |
| Hormone Replacement Therapy (HRT) | Requires a LOMN or Prescription |
| Hospice Care | Yes |
| Hospital Services | Yes |
| Humidifier | Requires a LOMN |
| Hydrotherapy | Requires a LOMN |
| Hypnosis | Requires a LOMN |
| Illegal Operations and Treatments | No |
| Immunizations or Vaccinations | Yes |
| Incontinence Supplies (Adult Diapers) | Yes |
| Insect Repellent | Requires a Prescription |
| Insulin | Yes |
| Inversion Table | Requires a LOMN |
| Laboratory Fees | Yes |
| Lactation Aids and Consultation | Yes |
| Laser Eye Surgery (Lasik) | Yes |
| Late Payment Fees | No |
| Latex Gloves | Requires a LOMN |
| Lodging While Away from Home Receiving Medical Care (You may include lodging costs for the patient and a necessary traveling companion (i.e., parent with sick child or travel to be with a sick spouse), up to \$50 per person, per night for lodging.) | Yes |

Tables continue on the following page.

ONEBRIDGE BENEFITS - CONFIDENTIAL & PROPRIETARY - ONLY INTENDED TO BE SHARED WITH AUTHORIZED PARTIES

LOMN = Letter of Medical Necessity

| Expense Type | Qualified Expense? |
|--|---|
| Long-term Care Services | Requires a LOMN |
| Masks, Disposable | Requires a LOMN |
| Massage Therapy | Requires a LOMN or Prescription |
| Mastectomy-related Expenses (Breast prosthesis, bra or other clothing designed to hold the breast prosthesis, special bra or other clothing with built-in breast prosthesis) | Yes |
| Maternity Girdle or Support Belt | Yes |
| Medical Alert Bracelet or Necklace | Yes |
| Medical Equipment, Services, and Supplies | Yes |
| Medicare and Medicare Supplement Expenses | Yes |
| Missed Appointment Fees | No |
| Mouthguard | Yes |
| Mouthwash | No |
| Nasal Strips or Sprays | Requires a Prescription |
| Neti Pot | Yes |
| Neurologist | Yes |
| Nursing Services, Provided at Home | Requires a LOMN |
| Nutritionist | Requires a LOMN |
| Obstetrical (OB/GYN) Care | Yes |
| Oncologist | Yes |
| Ophthalmologist | Yes |
| Optometrist | Yes |
| Organ Transplants, Recipient or Donor | Yes |
| Orthodontia | Yes |
| Orthopedic and Surgical Supports | Yes |
| Orthotics, Custom and Over-the-Counter | Yes |
| Osteopath | Yes |
| Ostomy and Colostomy Supplies | Yes |
| Over-the-Counter Drugs and Medicines (Acne treatment, allergy or sinus, antacids, antibiotic ointments, cold and flu medicine, decongestants, diarrhea medicine, insect bite creams and ointments, lactose intolerance tablets, laxatives, menstrual pain relievers, pain relievers, smoking cessation, sunburn creams, throat lozenges, topical steroids, wart removal, yeast infection medication) | Yes (If Purchased After December 31, 2019) |
| Ovulation Kit | Yes |
| Oxygen and Oxygen Equipment | Yes |
| Paternity Testing | No |
| Physical Therapy | Yes |
| Pill Cutters, Boxes, Sorters, and Organizers | Yes |
| Pillows for Support | Requires a LOMN |
| Pregnancy Tests | Yes |
| Prenatal Vitamins | Requires a Prescription |

| Expense Type | Qualified Expense? |
|--|---------------------------------|
| Psychiatric Care and Services | Yes |
| Psychoanalysis | Yes |
| Psychologist | Yes |
| Psychotherapist | Yes |
| Reading Glasses | Yes |
| Rehabilitation Center or Convalescent Home | Yes |
| Respite Care | Yes |
| Safety Goggles, Prescription | Yes |
| Scale, Food, or Weight | Requires a LOMN |
| Scooter, Electric | Requires a LOMN |
| Service Animal, Guide Dog, or Companion | Requires a LOMN |
| Sitz Bath | Yes |
| Skin Tag Removal | Requires a LOMN |
| Sleep Deprivation Treatment | Yes |
| Speech Therapy | Yes |
| Standing Desk | Requires a LOMN |
| Stem Cell Harvesting or Storage | Requires a LOMN |
| Sterilization Procedure or Reversals | Yes |
| Sunglasses, Prescription | Yes |
| Sunscreen | Yes |
| Supplements (Calcium, dietary, fiber, herbal, joint, mineral, St. John's Wort) | Requires a LOMN or Prescription |
| Surcharges, Spousal or Tobacco (Paid with after-tax dollars) | Yes |
| Surgery, Non-cosmetic | Yes |
| Surrogate or Gestational Carrier Expenses | No |
| Teeth Whitening | No |
| Telemedicine, Including Online Consultation | Yes |
| Toothbrush | No |
| Toothpaste | No |
| Transplants | Yes |
| Transportation, for Medical Care (Airfare, bus fare, personal care mileage, parking, subway, taxi fare, toll fees) | Yes |
| TRICARE, Fees Associated With | Yes |
| Ultrasound, Prenatal | Yes |
| Urinalysis | Yes |
| Varicose Veins Treatment | Requires a LOMN |
| Vision Care | Yes |
| Vitamins | Requires a LOMN |
| Walking Aids | Yes |
| Wheelchair | Yes |

To ask about or confirm the eligibility of specific expenses, contact **OneBridge FSA** contact customer service at 888-338-4415 or customercare@myonebridge.com

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