The following is a summary of common expenses claimed against Health Savings Accounts (HSAs), Health Reimbursement Arrangements (HRAs), Healthcare Flexible Spending Accounts (HC-FSAs) and Dependent Care Flexible Spending Accounts (DC-FSAs). Due to frequent updates to the regulations governing these accounts and arrangements, this list does not guarantee reimbursement and is to be utilized as a guide for the submission of claims. For more information on IRS-qualified medical expenses, please review IRS Publication 502.

If you have an HRA, your employer’s plan may only reimburse a subset of expenses. Please refer to your Plan Document for confirmation of reimbursable expenses under your plan.

If you are currently participating in a high-deductible health plan (HDHP) and are contributing to an HSA, you may also participate in a Limited Purpose HRA or Health FSA. Expenses are limited to dental and vision expenses identified with an * in the list below.

**Common IRS-qualified medical expenses**

- Acupuncture
- Ambulance
- Artificial limbs
- Artificial teeth*
- Birth control treatment
- Blood sugar test kits for diabetics
- Breast pumps and lactation supplies
- Chiropractor
- Contact lenses and solutions*
- Crutches
- Dental treatments
  - (including X-rays, cleanings, fillings, sealants, braces and tooth removals*)
- Doctor’s office visits and co-pays
- Drug addiction treatment
- Drug prescriptions
- Eyeglasses (Rx and reading)*
- Fluoride treatments*
- Flu shots
- Guide dogs
- Hearing aids and batteries
- Infertility treatment
- Inpatient alcoholism treatment
- Insulin
- Laboratory fees
- Laser eye surgery*
- Medical alert bracelet
- Medical records charges
- Menstrual care products
- Midwife
- Occlusal guards to prevent teeth grinding
- Orthodontics*
- Orthotic Inserts (custom or off the shelf)
- Over-the-counter medicines and drugs
  - (see examples below)
- Physical therapy
- Special education services for learning disabilities (recommended by a doctor)
- Speech therapy
- Stop-smoking programs
  - (including nicotine gum or patches, if prescribed)
- Surgery, excluding cosmetic surgery
- Vaccines
- Vasectomy
- Vision exam*
- Walker, cane
- Wheelchair

**Common over-the-counter (OTC) medicines**

Examples include, but are not limited to:

- Acid controllers
- Acne medicine
- Aids for indigestion
- Allergy and sinus medicine
- Anti-diarrheal medicine
- Baby rash ointment
- Cold and flu medicine
- Eye drops*
- Feminine antifungal or anti-itch products
- Hemorrhoid treatment
- Laxatives or stool softeners
- Lice treatments
- Motion sickness medicines
- Nasal sprays or drops
- Ointments for cuts, burns or rashes
- Pain relievers, such as aspirin or ibuprofen
- Sleep aids
- Stomach remedies
**Services that may be eligible with a Letter of Medical Necessity completed**

This list is not all-inclusive:

<table>
<thead>
<tr>
<th>Weight-loss program</th>
<th>Massage treatment for specific ailment or diagnosis</th>
<th>Improvements or special equipment added to a home or other capital expenditures for a physically handicapped person</th>
</tr>
</thead>
<tbody>
<tr>
<td>only if it is a treatment for a specific disease diagnosed by a physician (e.g., obesity, hypertension, heart disease)</td>
<td>CPR classes for adult or child</td>
<td></td>
</tr>
<tr>
<td>Compression hosiery/socks, anti-embolism socks or hose</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ineligible expenses**

Listed below are some services and expenses that are not eligible for reimbursement. This list is not all-inclusive:

<table>
<thead>
<tr>
<th>Aromatherapy</th>
<th>Cotton swabs</th>
<th>Lotion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby bottles and cups</td>
<td>Dental floss</td>
<td>Low-calorie foods</td>
</tr>
<tr>
<td>Baby oil</td>
<td>Deodorants</td>
<td>Mouthwash</td>
</tr>
<tr>
<td>Baby wipes</td>
<td>Hair re-growth supplies and/or services</td>
<td>Petroleum jelly</td>
</tr>
<tr>
<td>Breast enhancement</td>
<td>Health club membership dues</td>
<td>Shampoo and conditioner</td>
</tr>
<tr>
<td>Cosmetics and skin care</td>
<td>Humidifier</td>
<td>Spa salts</td>
</tr>
</tbody>
</table>

**Eligible dependent care expenses**

<table>
<thead>
<tr>
<th>Au pair services</th>
<th>Custodial or eldercare expenses, in-home or daycare center (not medical care)</th>
<th>Pre-kindergarten</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babysitting services</td>
<td>Nursery school</td>
<td>Summer day camp</td>
</tr>
<tr>
<td>Before- and after-school programs</td>
<td></td>
<td>(not educational in nature)</td>
</tr>
</tbody>
</table>

**Ineligible dependent care expenses**

<table>
<thead>
<tr>
<th>Clothing</th>
<th>Food/meals</th>
<th>Kindergarten and higher education/tuition expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Babysitting services</td>
<td>Before- and after-school programs</td>
<td></td>
</tr>
</tbody>
</table>

This list is not comprehensive. It is provided to you with the understanding that HSA Bank is not engaged in rendering tax advice. The information provided is not intended to be used to avoid federal tax penalties. For more detailed information, please refer to IRS Publication 502 titled, “Medical and Dental Expenses,” Catalog Number 15002Q. Publications can be ordered directly from the IRS by calling 1-800-TAXFORM. If tax advice is required, you should seek the services of a professional.