

Expenses that qualify for reimbursement from FlexSystem

Healthcare FSA | Dependent Care FSA



Below is a partial list of permissible expenses reimbursable through a Flexible Spending Account (FSA) that are incurred by you, your spouse, or qualified dependents. Please note: a Limited Purpose Healthcare FSA only allows dental and vision expenses.

Medical Expenses

- Acupuncture
- Artificial limbs
- Bandages
- Birth control, contraceptive devices
- Birthing classes/Lamaze – only the mother’s portion (not the coach/spouse) and the class must be only for birthing instruction, not child rearing
- Blood pressure monitor
- Blood sugar test kits/test strips
- Chiropractic therapy/exams/adjustments
- Contact lens and contact lens solutions
- Co-payments
- Crutches (purchased or rented)
- Deductible and co-insurance
- Diabetic supplies
- Eye exams
- Eyeglasses, contacts, or safety glasses, prescription only (warranties are not reimbursable)
- Flu shots
- Hearing aids and hearing aid batteries (warranties are not reimbursable)
- Heating pad
- Incontinence supplies
- Infertility treatments
- Insulin
- Lactation expenses (breast pumps, etc.)
- Laser eye surgery; LASIK
- Legal sterilization
- Medical supplies to treat an injury or illness
- Mileage to and from doctor appointments
- Nasal strips
- Optometrist’s or ophthalmologist’s fees
- Orthopedic inserts
- Physicals
- Physical therapy (as medical treatment)

- Physician’s fee and hospital services
- Pregnancy test
- Prescription drugs and medications
- Psychotherapy, psychiatric and psychological service
- Reading glasses
- Sales tax on eligible expenses
- Services connected with donating an organ
- Sleep apnea services/products (as prescribed)
- Smoking cessation programs
- Treatment for alcoholism or drug dependency
- Vaccinations
- Wrist supports, elastic wraps
- X-ray fees

OTC Medicines and Drugs

Over-the-counter (OTC) medicines and drugs, except for insulin, require a prescription from your physician to be reimbursable. The prescription will need to be included with each request for reimbursement.

- Bengay, Flexall, pain relieving creams or gels
- Calamine lotion
- Canker/cold sore relievers
- Cold medicines
- Corn removal
- Diaper rash ointment
- GasX, baby gas drops
- Hemorrhoid creams and treatments
- Hydrogen Peroxide or rubbing alcohol
- Indigestion or anti-acid relievers
- Laxatives
- Nicotine patch
- Pain relievers (Tylenol, Advil, Aspirin, etc.)
- Sinus medicines
- Suppositories
- Teething gel
- Wart removal medication

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For more information regarding FSA expenses, please review IRS Publication 502 or ask your employer for a copy of your Summary Plan Description (SPD).

Dental Expenses

- Braces and orthodontic services
- Cleanings
- Crowns
- Deductibles, co-insurance
- Dental implants
- Dentures, adhesives
- Fillings

Disability Expenses

- Automobile equipment and installation costs for a disabled person in excess of the cost of an ordinary automobile; device for lifting a mobility impaired person into an automobile
- Braille books/magazines in excess of cost of regular editions
- Note-taker for a hearing impaired child in school
- Seeing eye dog (buying, training, and maintaining)
- Special devices, such as a tape recorder or typewriter for a visually impaired person
- Visual alert system in the home or other items such as a special phone required for a hearing impaired person
- Wheelchair or autoette (cost of operating/maintaining)

Requiring Additional Documentation

The following expenses are eligible only when incurred to treat a diagnosed medical condition. Such expenses require a **Letter of Medical Necessity** from your physician, containing the medical necessity of the expense, diagnosed condition, onset of condition, and physician's signature.

- Ear plugs
- Massage treatments
- Nursing services for care of a special medical ailment
- Orthopedic shoes (excess cost of ordinary shoes)
- Oxygen equipment and oxygen
- Support hose
- Varicose vein treatment
- Veneers
- Vitamins and supplements
- Wigs (for mental health condition of individual who loses hair because of a disease)

Dependent Care Expenses

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees
- **Does not cover medical costs**; use Healthcare FSA for medical expenses incurred by you or your dependents

Ineligible Medical Expenses



- Athletic mouth guards
- Chapstick/lip balm
- Contributions to state disability funds
- Cosmetic surgery, dentistry, or other cosmetic procedures
- Cosmetic supplies (makeup, cleansers, moisturizers, etc.)
- Deodorant
- Dental floss
- Diet (cost of special foods as substitute for regular diet)
- Dietary and fiber supplements
- Electrolysis/hair removal
- Exercise equipment and fees
- Eye drops for general comfort
- Eyeglass cases
- Hand sanitizer
- Health club or athletic club membership fees
- Herbal supplements
- Insurance premiums, all types
- Lotions or skin moisturizers
- Marriage counseling
- Maternity clothes
- Mattress
- Medicare premiums
- Medicated shampoos, conditioners, and soaps
- Physical treatment unrelated to specific health problems (massage for general well-being, stress, depression, or chiropractic wellness)
- Safety glasses (non-prescription)
- Sunglasses (non prescription) and sun clips
- Teeth whitening products
- Toiletries
- Toothbrush (includes prescribed electronic) and toothpaste
- Vitamins and supplements for well-being
- Warranties
- Weight loss drugs/programs for general well being

Gastos que califican para reembolso de FlexSystem

FSA de Gastos Médicos | FSA para la atención de un dependiente



A continuación aparece una lista con una muestra de los gastos reembolsables permitidos a través de una Cuenta de Gastos Flexibles (FSA) de Gastos Médicos de Alcance Completo realizados por usted, su cónyuge o dependientes calificados. Observe que una FSA de Gastos Médicos Limitada sólo permite gastos dentales y para la visión.

Gastos médicos

- Acupuntura
- Miembros artificiales
- Vendas
- Anticonceptivos, dispositivos contraceptivos
- Cursos de parto/Lamaze – sólo la parte de la madre (no el entrenador/cónyuge) y el curso debe ser solo para el parto, no para la crianza
- Monitor de la presión sanguínea
- Equipos/tiras de prueba de azúcar en la sangre
- Terapia/exámenes/ajustes quiroprácticos
- Lentes de contacto y soluciones para lentes de contacto
- Copagos
- Muletas (compradas o rentadas)
- Deducible y coaseguro
- Artículos para diabéticos
- Exámenes de la vista
- Anteojos, lentes de contacto o de seguridad, sólo con receta (las garantías no son reembolsables)
- Vacunas contra la influenza
- Aparatos de audición y baterías para aparatos de audición (las garantías no son reembolsables)
- Cojines térmicos
- Artículos para la incontinencia
- Tratamientos para la infertilidad
- Insulina
- Gastos de lactancia (extractores de leche, etc.)
- Cirugía ocular con láser; LASIK
- Esterilización legal
- Artículos médicos para tratar lesión o enfermedad
- Millas recorridas de ida y vuelta de visitas al médico
- Tiras nasales
- Honorarios de optometristas y oftalmólogos
- Insertos ortopédicos
- Exámenes físicos
- Terapia física (como tratamiento médico)
- Honorarios del médico y servicios de hospital

- Prueba de embarazo
- Medicamentos de receta
- Psicoterapia y servicios psiquiátricos y psicológicos
- Anteojos para leer
- Impuesto a las ventas sobre gastos elegibles
- Servicios relacionados con la donación de un órgano
- Servicios/productos para apnea del sueño (recetados)
- Programas para dejar de fumar
- Tratamiento para alcoholismo o dependencia de drogas
- Vacunas
- Soportes para la muñeca, vendas elásticas
- Costo de Rayos X

Medicinas OTC

Las medicinas y drogas de mostrador (OTC, por sus siglas en inglés), excepto la insulina, requieren de una receta de su médico para poder ser reembolsadas. Debe incluir la receta con cada solicitud de reembolso.

- Bengay, Flexall, cremas o gel para el dolor
- Loción Calamine
- Calmantes para llagas o fuegos labiales
- Medicinas para el resfriado
- Remoción de callos
- Ungüento para rozaduras de pañal
- GasX, gotas para eliminar el gas en bebés
- Cremas y tratamientos para hemorroides
- Peróxido de hidrógeno o alcohol para frotar
- Calmantes de indigestión o antiácidos
- Laxantes
- Parches de nicotina
- Analgésicos (Tylenol, Advil, Aspirina, etc.)
- Medicinas para los senos nasales
- Supositorios
- Gel para la dentición
- Medicamento para remover verrugas

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Para más información con respecto a los gastos de la FSA, revise la publicación 502 de IRS o pida una copia de la descripción del resumen de su plan a su empleador.

Gastos dentales

- Frenos y servicios de ortodoncia
- Limpiezas
- Coronas
- Deducibles, coaseguro
- Implantes dentales
- Dentaduras, adhesivos
- Empastes

Gastos por incapacidad

- Equipo para automóviles y costos de instalación para una persona discapacitada que excedan el costo de un automóvil común; dispositivo para subir a una persona con problemas de movilidad a un auto
- Libros y revistas en Braille que excedan el costo de las ediciones normales
- Tomador de notas, su costo, para un niño discapacitado en la escuela
- Perro guía (compra, entrenamiento y manutención)
- Dispositivos especiales, como grabadora o máquina de escribir para una persona con discapacidad visual
- Sistema de alerta visual en el hogar u otros artículos como un teléfono especial necesarios para una persona con discapacidad auditiva
- Silla de ruedas o autoette (costo de operación/mantenimiento)

Gastos médicos que requieren documentación adicional

A continuación aparecen algunos gastos que solamente son elegibles si se realizan para tratar una enfermedad diagnosticada. Para este tipo de gastos se requiere presentar una Carta de Necesidad Médica de su médico junto con su solicitud de reembolso que contenga la necesidad médica del gasto, la enfermedad diagnosticada, el inicio de la enfermedad y la firma del médico.

- Tapones para los oídos
- Tratamientos con masajes
- Servicios de enfermería para el cuidado de una enfermedad especial
- Insertos o zapatos ortopédicos (el costo que exceda los zapatos comunes)
- Equipo para oxígeno y oxígeno
- Medias de soporte
- Tratamiento para venas varicosas
- Carillas de porcelana
- Pelucas (por el trastorno mental de una persona que pierda el cabello por una enfermedad)

Gastos para el cuidado de un dependiente

- Cargos para instalaciones autorizadas de guardería o cuidado de adultos mayores
- Los programas de antes y después de clases para dependientes menores de 13 años
- Cantidades pagadas por servicios (incluyendo niñeras o guarderías) que se proporcionan dentro o fuera de su hogar
- Gastos de niñera atribuidos a la atención del dependiente
- Cuotas de jardín de infantes (preescolar).
- Campamento de verano: el propósito principal debe ser el de cuidado asistencial y no de naturaleza educativa
- Cargos por recoger tarde a los niños
- **No cubre costos médicos;** use la FSA para el cuidado de la salud para gastos médicos incurridos por usted o sus dependientes

Gastos médicos no elegibles



- Protectores bucales para atletas
- Chapstick/bálsamo para los labios
- Contribuciones a fondos estatales para discapacidad
- Cirugía cosmética, odontología cosmética u otros procedimientos cosméticos
- Desodorantes
- Hilo dental
- Dieta: dietas especiales y/o costo de alimentos especiales tomados en sustitución de la dieta normal
- Suplementos alimenticios y de fibra
- Electrólisis/eliminación del vello
- Equipo y cuotas de ejercicio
- Gotas para los ojos para comodidad general
- Estuches para anteojos
- Desinfectante de manos
- Cuotas de clubes de salud o deportivos
- Suplementos herbales
- Primas de seguro, de todo tipo
- Lociones y humectantes para la piel
- Consejeros matrimoniales
- Ropa de maternidad
- Colchón
- Primas de Medicare
- Champús, acondicionadores y jabones medicados
- Tratamiento físico no relacionado con problemas de salud específicos (masaje para el bienestar general, estrés, depresión o programa de bienestar quiropráctico)
- Lentes de seguridad (sin receta)
- Lentes de sol (sin receta) y aditamentos para el sol
- Blanqueadores de dientes
- Artículos de tocador
- Cepillo de dientes, (incluye eléctricos con receta)
- Vitaminas y/o suplementos
- Garantías
- Medicinas/programas para perder peso por bienestar general

Determine if your Dependent Care expenses qualify for FSA reimbursement



The FlexSystem Dependent Care FSA allows you to use pretax dollars to pay for eligible expenses related to care for your child, disabled spouse, elderly parent, or other dependent who is physically or mentally incapable of self-care, so you (or your spouse) can work, look for work, or attend school full time. **Medical expenses for your dependent are not eligible for reimbursement under the Dependent Care FSA.**

Eligibility for the dependent care benefit requires that certain criteria be met, which is outlined in this document.

- A) **The dependent care expenses must be work-related.** The care must be necessary for the employee and/or the employee's spouse to work, to look for work, or to attend school full-time, or if they are physically unable to care for their children.
- B) **The dependent care expenses provided during a calendar year cannot exceed \$5,000.** In the case of a separate return by a married individual, the limit is \$2,500. This amount may be less if the employee's earned income or spouse's earned income is less than \$5,000.

The dependent care expenses must be for the care of one or more qualifying persons. A "Qualifying Person" is defined as one of the following:

- A) A dependent who was under age 13 when the care was provided and for whom an exemption can be claimed.
- B) A spouse who was physically or mentally not able to care for himself or herself, and lived with you for more than half the year.
- C) A dependent who was physically or mentally not able to care for himself or herself and for whom an exemption can be claimed, and lived with you for more than half the year.

Eligible and Ineligible Expenses for Dependent Care FSA Reimbursement (partial list):

Allowed for Reimbursement:

- Fees for licensed day care or adult care facilities
- Before and after school care programs for dependents under age 13
- Amounts paid for services (including babysitters or nursery school) provided in or outside of your home
- Nanny expenses attributed to dependent care
- Nursery school (preschool) fees
- Summer Day Camp – primary purpose must be custodial care and not educational in nature
- Late pick-up fees

NOT Allowed for Reimbursement:

- Medical expenses
- Baby-sitter in or out of your home for reasons other than to enable you to work
- Activity fees/ educational supplies
- Food, clothing, and entertainment
- Transportation expenses
- Child support payments
- Kindergarten fees
- Overnight camp
- Late payment charges

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For more information regarding Dependent Care FSA expenses, please review IRS Publication 503 or ask your employer for a copy of your Summary Plan Description (SPD).

You can also find helpful information and rates on our resource page at:

www.tasconline.com/benefits-limits

How Much Should You Contribute?

Determine your total annual amount of qualified dependent care expenses for the Plan Year. Your annual contribution to the FlexSystem Dependent Care FSA must be within the minimum and maximum amounts set by your employer based on the maximum allowed by the IRS (view IRS limits at www.tasconline.com/benefits-limits).

To receive the dependent care benefit, one must follow these procedures:

- A) All persons and organizations that provide dependent care for a qualified person must be identified. This information is requested on IRS Form 2441. The name, address, and taxpayer identification number of the provider must be included. Under certain circumstances, the taxpayer identification number will be a social security number.
- B) If the care is being provided by a center that cares for more than six persons, the center must comply with all state and local regulations.
- C) Payments made to relatives who are not dependents can be included. However, do not include amounts paid to a dependent for whom you can claim an exemption or for your child who is under age 19 at the end of the year, regardless of whether he or she is your dependent.
- D) Use Form W-10 to request the required information from the care provider.

Special rules apply to children of divorced or separated parents:

Even if you cannot claim your child as a dependent, he or she is treated as your qualifying person if all of the following are true:

- The child was under age 13 or was not physically or mentally able to care for himself or herself.
- One or both parents provided more than half of the child's support for the year and are divorced, legally separated, or lived apart at all times during the last 6 months of the calendar year.
- One or both parents had custody of the child for more than half of the year.
- You were the child's custodial parent. The custodial parent is the parent having custody for the greater portion of the calendar year. If the child was with both parents for an equal number of nights the parent with the higher adjusted gross income is the custodial parent.

A non-custodial parent that is entitled to claim the child as a dependent on their tax return may not treat the child as a qualifying individual for the dependent care benefit even when that parent is financially responsible for providing the care. Only one parent (the custodial parent) may qualify for the dependent care benefit for a taxable year. The regulations do not provide any relief for a non-custodial parent that incurs dependent care expenses for the portion of the year in which they have custody of the child to enable the non-custodial parent to work.