

## IRS Eligible Expenses (Frequently Asked About)

RX (Prescription)	Yes
Co-payment (Medical)	Yes
Office visit (Medical)	Yes
Dental (for non-cosmetic purposes)	Yes
Over-the-counter (OTC) As of 1/1/2011 Over-the-counter medicines require a prescription	Yes, (OTC medicines with prescription)
Vision (for non-cosmetic purposes)	Yes
Psychiatric therapy	Yes
Chiropractic care	Yes
Lab (Medical)	Yes
Orthodontia	Yes
Hospital fees	Yes
X-ray (Medical)	Yes

## IRS Eligible Expenses (Alphabetical)

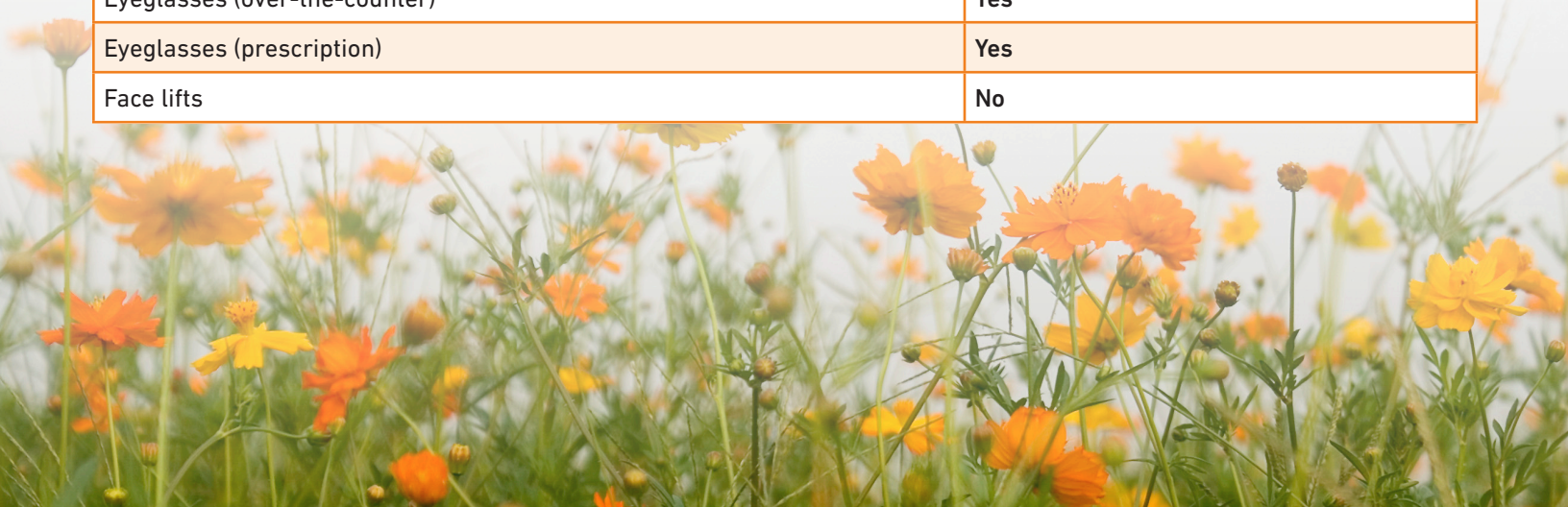
Acne treatments (Over-the-counter)	Yes (OTC with prescription)
Acupuncture	Yes
Adoption (Medical expenses related to)	Yes
Adoption fees	No
Alcoholism treatment	Yes
Allergy & sinus medicine (Treatments)	Yes (OTC with prescription)
Alternative dietary supplements (For treatment of a medical condition)	Maybe (Letter of Medical Necessity may be required)
Alternative drugs, medicines and treatment products (For treatment of medical condition)	Maybe (Letter of Medical Necessity may be required)
Alternative healers (For treatment of medical condition)	Maybe (Letter of Medical Necessity may be required)
Ambulance and emergency therapy	Yes
Anesthesia (For non-cosmetic purposes)	Yes
Antacid (over-the-counter)	Yes, (With prescription)

Antibiotic ointment (over-the-counter)	Yes, (With prescription)
Aspirin or other pain reliever (over-the-counter)	Yes, (With prescription)
Asthma medicines or treatments (over -the-counter)	Yes, (With prescription)
Athletic treatments / braces	Yes
Bandages and related items (over-the- counter)	Yes
Birth control (Prescription)	Yes
Blood Pressure Monitor	Yes
Body scans	Yes
Braille books and magazines (Difference in cost only)	Maybe
Breastfeeding Classes	No
Brest Pump & Supplies	Yes
Breast Reconstruction Surgery (Following mastectomy)	Maybe
COBRA premiums (Dental)	No (May vary based on plan type)
COBRA premiums (Medical)	No (May vary based on plan type)
COBRA premiums (Other)	No (May vary based on plan type)
COBRA premiums (Prescription)	No (May vary based on plan type)
COBRA premiums (Vision)	No (May vary based on plan type)
Cancer insurance premiums	No (May vary based on plan type)
Canker & cold sore treatments (Over-the-counter)	Yes (With prescription)
Car modifications (As required for a medical condition diagnosed by a licensed healthcare professional)	Maybe
Chest rubs (Over-the-counter)	Yes (With prescription)
Child or newborn care instruction	No
Childbirth classes	Yes
Chiropractic office visits or treatment	Yes
Christian science practitioners	Yes
Cholesterol test kits and supplies	Yes
Co-insurance (Dental)	Yes
Co-insurance (Medical)	Yes
Co-insurance (Prescription)	Yes
Co-insurance (Vision)	Yes

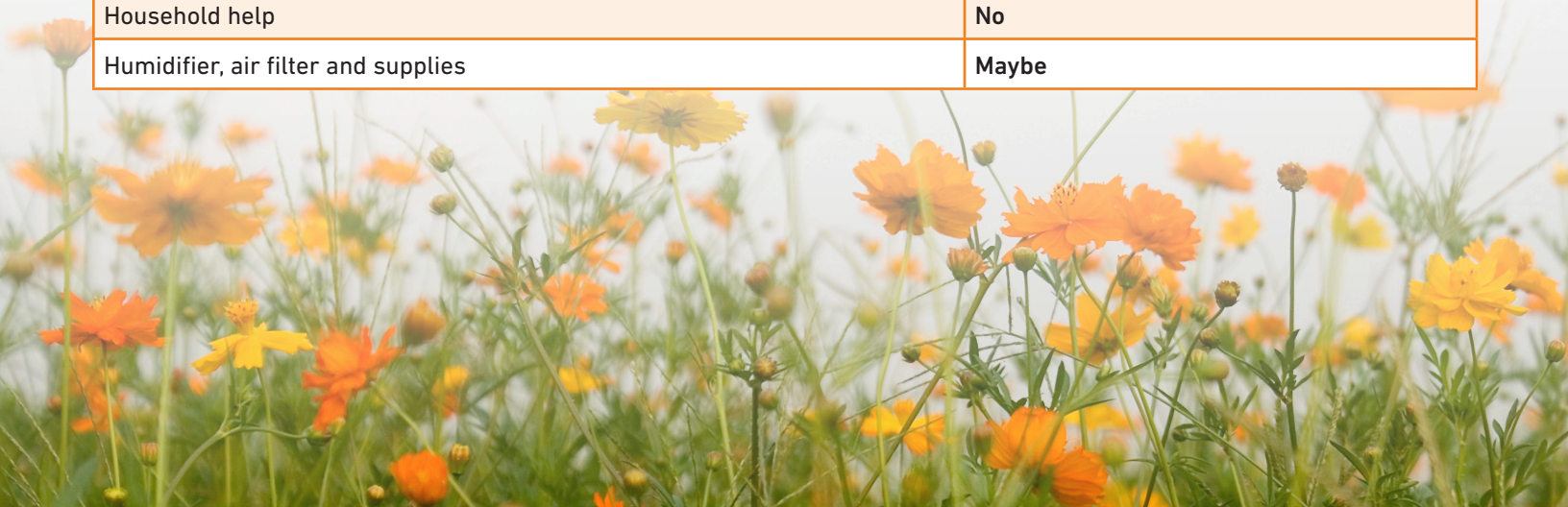
Co-payment (Dental)	Yes
Co-payment (Medical)	Yes
Co-payment (Prescription)	Yes
Co-payment (Vision)	Yes
Cold & flu medicine (Over-the-counter)	Yes (With prescription)
Cold cream (Over-the-counter)	Yes (With prescription)
Compression or anti-embolism socks, stockings or hose	Yes
Concierge medical fees (Billed for actual services received)	Yes
Concierge medical fees (Billed for future availability of services, with no services actually received)	No
Condoms and spermicidal	Yes
Contact lenses, cleaning solutions, etc.	Yes
Contraceptives (Prescription)	Yes
Cord blood storage (For future treatment of a birth defect or known medical condition)	Maybe
Cord blood storage (For unidentified future use)	No
Corn and callus remover (Over-the-counter)	Yes (With prescription)
Corneal keratotomy	Yes
Cosmetic procedures or surgery	No
Cough drops & sore throat lozenges (Over-the-counter)	Yes (With prescription)
Cough syrup (Over-the-counter)	Yes (With prescription)
Counseling (For treatment of a medical condition)	Yes
CPR classes (Adult or child)	No
Crutches, canes, walkers or like equipment (Purchase or rental)	Yes
Dancing lessons (For treatment of a medical condition)	Maybe
Deductible for dental plan	Yes
Deductible for medical plan	Yes
Deductible for prescription plan	Yes
Deductible for vision plan	Yes
Dental care (For non-cosmetic purposes, including sealants)	Yes



Dental co-insurance	Yes
Dental co-payment	Yes
Dental insurance premiums	No (May vary based on plan type)
Dental plan premiums	No (May vary based on plan type)
Dental products (For treatment of a dental condition and/or general health)	No
Dental reconstruction (Including implants)	Yes
Dental veneers	Maybe
Dentures, bridges, etc.	Yes
Diabetics monitors, test kits, strips and supplies	Yes
Diagnostic services	Yes
Diaper rash ointments and creams (Over-the-counter)	Yes (With prescription)
Diapers and diaper services	No
Dietary supplements (For treatment of a medical condition)	Maybe
Doula or birthing coach	No
Drug addiction treatment	Yes
Drugs (Experimental or imported)	No
Drugs (prescription)	Yes
Dyslexia treatment	Yes
Ear drops & wax removal (over-the-counter)	Yes (OTC Medicines with Prescription)
Educational classes or tuition	No
Electrolysis	No
Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed healthcare professional)	Maybe
Eye examinations	Yes
Eye related equipment/materials	Yes
Eye surgery or treatment to correct Vision	Yes
Eyeglasses (over-the-counter)	Yes
Eyeglasses (prescription)	Yes
Face lifts	No



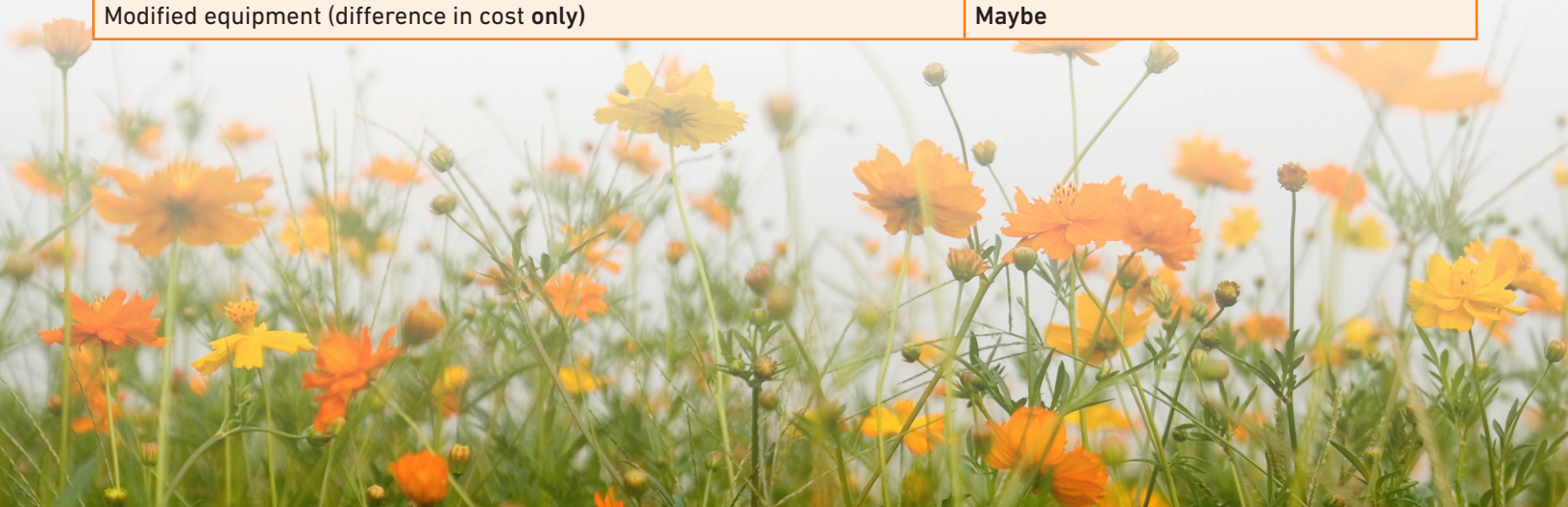
Feminine hygiene products	No
Fertility monitor (over-the-counter)	Yes
Fertility treatment (for employee, spouse or dependent)	Yes
Fertility treatment (for non-dependent surrogate)	No
First aid kits (over-the-counter)	Yes
Fitness programs (as treatment for a medical condition diagnosed by a licensed healthcare professional)	Maybe
Flu shots	Yes
Funeral expenses	No
Gastrointestinal medication (over-the-counter)	Yes (OTC Medicines with Prescription)
Guide dog (dog, training, care)	Yes
Hair re-growth products	No
Hair removal	No
Hair transplant	No
Hair treatments	No
Hand lotion (over-the-counter)	No
Health club dues (as treatment for a medical condition diagnosed by a licensed healthcare professional)	Maybe
Health insurance premiums	No (May vary based on plan type)
Health plan premiums	No (May vary based on plan type)
Health savings account (HSA) Contributions	No
Hearing aids and batteries	Yes
Herbal or homeopathic medicines (over-the-counter)	No
Home improvements (as required for a medical condition diagnosed by a licensed healthcare professional)	Maybe
Hospital insurance premiums	No (May vary based on plan type)
Hospital services and fees	Yes
Household help	No
Humidifier, air filter and supplies	Maybe



Illegal operations or substances	No
Immunizations	Yes
Incontinence supplies	Yes
Individual dental insurance premiums	No (May vary based on plan type)
Individual dental plan premiums	No (May vary based on plan type)
Individual insurance premiums	No (May vary based on plan type)
Individual medical insurance premiums	No (May vary based on plan type)
Individual medical plan premiums	No (May vary based on plan type)
Individual plan premiums	No (May vary based on plan type)
Individual prescription insurance Premiums	No (May vary based on plan type)
Individual prescription plan premiums	No (May vary based on plan type)
Individual vision insurance premiums	No (May vary based on plan type)
Individual vision plan premiums	No (May vary based on plan type)
Infertility treatment (for employee, spouse or dependent)	Yes
Insulin, testing materials and supplies	Yes
Insurance or health insurance premiums	No (May vary based on plan type)
Insurance or health plan premiums	No (May vary based on plan type)
Laboratory fees	Yes
Lactose intolerance (over-the-counter)	Yes (With prescription)
Lamaze classes	Yes
Laser eye surgery	Yes
Lasik	Yes
Late payment fees charged by healthcare provider	No
Laxatives (over-the-counter)	Yes (With prescription)
Learning disability treatments	Yes
Lice treatment (over-the-counter)	Yes (With prescription)
Listening therapy	Yes
Lodging (essential to receive medical care)	Maybe
Long term care premiums (up to IRS tax-free limit, see IRS Publication 502)	No (May vary based on plan type)
Long term care services	No
Long term disability insurance premiums	No (May vary based on plan type)



Magnetic therapy (over-the-counter)	No
Marriage counseling	No
Massage therapy (for treatment of a medical condition)	Maybe
Mastectomy-related special bras	Yes
Maternity clothes	No
Medical abortion	Yes
Medical co-insurance	Yes
Medical co-payment	Yes
Medical equipment (for treatment of medical condition) and repairs	Yes
Medical insurance premiums	No (May vary based on plan type)
Medical plan premiums	No (May vary based on plan type)
Medical literature, books, pamphlets or Audio	No
Medical monitoring and testing devices	Yes
Medical records charges	Yes
Medical savings account (MSA) Contributions	No
Medical supplies (for treatment of a medical condition)	Yes
Medicare alternative insurance or plan Premiums	No (May vary based on plan type)
Medicare Part B insurance	No
Medicare Part B premiums	No (May vary based on plan type)
Medicare alternative insurance premiums (vs. Part A & Part B)	No (May vary based on plan type)
Medicare alternative plan premiums (vs. Part A & Part B)	No (May vary based on plan type)
Medicare supplement policy premiums	No (May vary based on plan type)
Medicines (over-the-counter)	Yes (With prescription)
Medicines (prescription)	Yes
Midwife	Yes
Mileage (for travel to / from eligible healthcare)	Yes
Modified equipment (difference in cost <b>only</b> )	Maybe

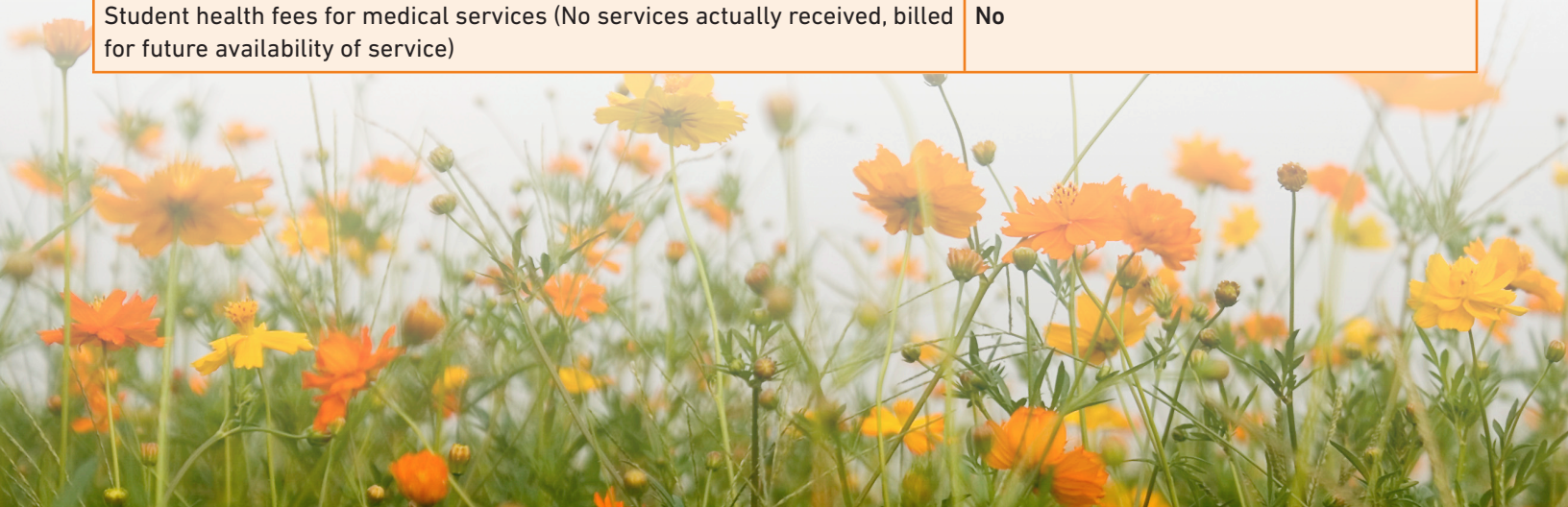


Monitors & test kits (Over-the-counter)	Yes
Motion & nausea treatment	Yes (OTC with prescription)
Nasal sprays (Over-the-counter)	Yes (With prescription)
Nasal strips (Over-the-counter)	Yes (With prescription)
No show fees charged by healthcare Provider	No
Norplant insertion or removal	Yes
Nursing services (wages and taxes)	Yes
Nutritional supplements (for treatment of a medical condition)	Maybe
OB/GYN fees	Yes
Occlusal guards to prevent teeth Grinding	Yes
Occupational therapy (related to a medical condition or disability)	Yes
Office visits (Chiropractic)	Yes
Office visits (Dental)	Yes
Office visits (medical)	Yes
Office visits (Psychiatric therapy)	Yes
Office visits (Vision)	Yes
Operations (For non-cosmetic purposes)	Yes
Optometrist/Ophthalmologist fees	Yes
Oral care (Over-the-counter)	No
Organ transplants (recipient and donor)	Yes
Orthotics	Yes
Ortho Keratotomy	Yes
Orthodontia (Braces and retainers)	Yes
Orthopedic and surgical supports	Yes
Orthopedic shoes and inserts (Difference in cost only of specialized orthopedic shoe over like non-specialized shoe)	Maybe
Over-the-counter acne treatments	Yes (With prescription)
Over-the-counter allergy & sinus medicine	Yes (With prescription)
Over-the-counter antacid	Yes (With prescription)
Over-the-counter antibiotic ointment	Yes (With prescription)
Over-the-counter aspirin or other pain reliever	Yes (With prescription)



Over-the-counter asthma medicines or treatments	Yes (With prescription)
Over-the-counter bandages and related items	Yes
Over-the-counter canker & cold sore treatments	Yes (With prescription)
Over-the-counter chest rubs	Yes (With prescription)
Over-the-counter cold & flu medicine	Yes (With prescription)
Over-the-counter cold & flu prevention	Yes (With prescription)
Over-the-counter cold cream	No
Over-the-counter cough drops & sore throat lozenges	Yes (With prescription)
Over-the-counter cough syrup	Yes (With prescription)
Over-the-counter medication (Including for motion sickness, sleep aids, and sedatives)	Yes (With prescription)
Over-the-counter dental, oral and teething pain	Yes (With prescription)
Ovulation monitor (over-the-counter)	Yes
Oxygen	Yes
Pain reliever (Over-the-counter)	Yes (With prescription)
Parental fees (Billed for actual services received, charged by the state of Minnesota for disabled children)	Yes
Parental fees (Billed for future availability of services, with no services actually received, charged by the state of Minnesota for disabled children)	No
Personal use items (Toothbrush, toothpaste, etc.)	No
Physical exams	Yes
Physical therapy	Yes
Physician retainer fee (For on-call or concierge services)	No
Pregnancy tests	Yes
Prescription co-insurance	Yes
Prescription co-payment	Yes
Prescription drugs (For non-cosmetic purposes)	Yes
Prescription drugs for cosmetic purposes	No
Prescription drugs for hair re-growth	No
Prescription insurance premiums	No (May vary based on plan type)

Prescription plan premiums	No (May vary based on plan type)
Propecia (For treatment of a medical condition)	Maybe
Prosthesis	Yes
Psychiatric care	Yes
Psychoanalysis	Yes
Psychologist fees	Yes
Radial keratotomy (RK)	Yes
Reading glasses (Over-the-counter)	Yes
Reconstructive surgery (Following accident or medical procedure or condition)	Maybe
Removal of benign mole, cyst or tumor	Yes
Retainer fee (To physician for on-call or concierge services)	No
Retin-A (For non-cosmetic purposes)	Maybe
Rogaine or other hair re-growth medications (even if prescribed)	No
Sales tax, shipping and handling fees (For any eligible expense)	Yes
Smoking cessation (Programs/counseling)	Yes
Smoking cessation drugs (Prescribed)	Yes
Smoking cessation gum or patches (Over-the-counter)	Yes (With prescription)
Special equipment	Maybe
Special foods (Gluten-free, salt-free or other for treatment of a medical condition, difference in cost only)	Maybe
Special school (For mental and physical disabilities)	Maybe
Speech therapy	Yes
Sterilization	Yes
Student health fees for dental services (No services actually received; billed for future availability of services)	No
Student health fees for dental services (Billed for actual services received)	Yes
Student health fees for medical services (No services actually received, billed for future availability of service)	No



Student health fees for medical services (Billed for actual services received)	Yes
Student health fees for prescription services (No services actually received, billed for future availability of service)	No
Student health fees for prescription services (Billed for actual services received)	Yes
Student health fees for vision services (No services actually received, billed for future availability of service)	No
Student health fees for vision services (Billed for actual services received)	Yes
Sunglasses (Over-the-counter)	No
Sunglasses (Prescription)	Yes
Sunscreen with SPF<30 or suntan lotion (Over-the-counter)	No
Sunscreen with SPF 30+	Yes
Sunburn creams and ointments (Over-the-counter)	Yes (With prescription)
Supplies (For treatment of a medical condition)	Yes
Surgery (For non-cosmetic purposes)	Yes
Swimming lessons (For treatment of a medical condition)	Maybe
Teeth bleaching or whitening	No
Teeth grinding prevention devices	Yes
Therapy (For treatment of a medical condition)	Yes
Toothache and teething pain reliever (Over-the-Counter)	Yes (OTC medicines with prescription)
Toothpaste, toothbrush, floss	No
Transgender treatments/surgery	No
Transportation, parking and related travel expenses (Essential to receive eligible care)	Yes
Tubal ligation	Yes
Tuition or education classes	No
Urological products	Yes
UV protection clothing	No





Vaccinations	Yes
Varicose vein removal surgery	Yes
Vasectomy	Yes
Viagra and similar prescription medications	Yes
Vision co-insurance	Yes
Vision co-payment	Yes
Vision insurance premiums	No (May vary based on plan type)
Vision plan premiums	No (May vary based on plan type)
Vitamins (Over-the-counter, for general health purposes)	No
Vitamins (Prescription)	Yes
Walking aids (Canes, walkers, crutches, and related supplies)	Yes
Warranties or other charges for future anticipated services (With non actually received)	No
Wart removal treatments (Over-the-counter)	Yes (With prescription)
Weight loss counseling	Maybe
Weight loss foods	No
Weight loss program (To improve or maintain general health)	No
Weight loss programs or drugs (For treatment of a medical condition)	Maybe
Wheelchair and repairs	Yes
Wound care (Over-the-counter bandages, band aids, etc.)	Yes
X-ray fees (Dental)	Yes
X-ray fees (Medical)	Yes