

# Qualified medical expenses under a Health Savings Account (HSA), Flexible Savings Account (FSA) or Health Reimbursement Arrangement (HRA)

HSAs, FSAs and HRAs may only reimburse services or treatments that qualify as “medical care” as defined by Internal Revenue Code Section 213(d). Generally, medical care means expenses incurred to diagnose, cure, treat, mitigate or prevent a disease, or for the purpose of affecting any structure or function of the body. Reference your employer’s plan description for more information regarding expenses that are eligible for reimbursement by your account.<sup>1</sup> Also, you may wish to consult your tax advisor to determine whether an expense is a reimbursable medical expense.

## Common expenses that are generally considered qualified health care expenses:

- Ambulance
- Artificial teeth\*
- Birth control pills (prescription)
- Body scans
- Braille books and magazines\*
- Breast pumps and lactation supplies
- Childbirth classes (to the extent not related solely to child rearing)
- Chiropractic office visit
- Chiropractic treatment
- Christian Science practitioners\*\*
- Coinsurance (medical, dental or vision)
- Condoms and spermicides
- Contact lenses, cleaning solutions, and other eye care materials\*
- Contraceptives (over-the-counter)
- Copayments (medical, dental or vision)\*
- Cord blood storage (for future treatment of an existing birth defect)\*
- Corneal keratotomy\*
- Crutches, canes or like equipment (purchase or rental)
- Deductibles\* (medical, dental\* or vision\*)
- Dental treatments (excluding treatments solely for cosmetic purposes)\*
- Diabetic supplies
- Diagnostic services
- Drug addiction treatment
- Drugs (prescription)
- Dyslexia treatment
- Eye drops\*
- Eye examinations\*
- Eyeglasses (over-the-counter)\*
- Eyeglasses (prescription)\*
- Fertility monitor (over-the-counter)
- Fertility treatment
- Flu shots
- Guide dogs or other service animals (purchase, training, care)\*
- Hearing aids and batteries
- Hospital services
- Immunizations
- Infertility treatment
- Insulin
- Insulin testing materials and equipment
- Insurance premiums for COBRA coverage, long-term-care insurance, health coverage, while drawing unemployment, and group and/or individual health insurance maintained at and after age 65 (including both active and retiree group health coverage but does not include Medicare supplemental coverage)— *HSA only*
- Laboratory fees
- Lamaze classes (related to childbirth)
- Laser eye surgery\*
- Lasik\*
- Learning disability treatments
- Lodging (essential to receive medical care amounts subject to daily dollar limits established by Internal Revenue Code)
- Long-term-care services — *HSA only*
- Massage therapy\*\*
- Mastectomy-related special bras (if prescribed by a physician for mental health reasons)
- Medical abortion
- Medical equipment and repairs
- Medical monitoring and testing devices
- Medical records charges
- Medical supplies
- Medicines (prescription)

<sup>1</sup>The Internal Revenue Service publishes a list of qualified expenses in Publication 502, Medical and Dental Expenses available at [www.irs.gov](http://www.irs.gov).

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- Norplant insertion or removal
- Nursing services (wages and taxes)
- OB/GYN fees
- Occlusal guards to prevent teeth grinding\*
- Office visits\* (medical, dental\* or vision\*)
- Operations (excluding cosmetic)
- Optometrist/ophthalmologist fees\*
- Organ transplants (recipient and donor)
- Orthodontia\*
- Orthokeratotomy\*
- Ovulation monitor (over-the-counter)
- Oxygen
- Physical exams
- Physical therapy
- Pregnancy tests (over-the-counter)
- Prescription drugs (excludes illegal drugs and prescriptions for cosmetic purposes)
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychologist fees\*\*
- Radial keratotomy (RK)
- Reading glasses (over-the-counter)
- Reconstructive surgery following mastectomy as a result of cancer
- Removal of benign mole, cyst or tumor
- Smoking cessation (programs/counseling)
- Smoking cessation drugs (prescription)
- Speech therapy
- Sterilization
- Student health fees (for medical services)
- Sunglasses (prescription)\*
- Surgery (excluding surgery solely for cosmetic purposes)
- Therapy\*\*
- Transportation, parking and related travel expenses (essential to receive medical care; subject to IRS limits)
- Tubal ligation
- Vaccinations
- Varicose veins surgery\*\*
- Vasectomy
- Viagra (prescription)
- Vision therapy\*
- Weight loss counseling (if prescribed by a physician to treat a specific medical condition)

- Weight loss program and/or drugs (if prescribed by a physician to treat a specific medical condition)
- Wheelchair and repairs
- X-ray fees\* (medical, dental or vision)

### Qualified medical expenses that require a prescription:

Expenses for items that are merely beneficial to the general health are not expenses for medical care. Over-the-counter (OTC) medicines or drugs can be reimbursed only if prescribed by a doctor. In addition, each account is subject to additional rules that may prohibit reimbursement of an otherwise qualifying medical expense.

- Acid controllers
- Allergy and sinus medicine
- Antibiotics
- Anti-diarrheals
- Anti-gas products
- Anti-itch and insect bite
- Anti-parasitic treatments
- Baby rash ointments/creams
- Cold sore remedies
- Cough, cold and flu
- Digestive aids
- Feminine anti-fungal/anti-itch
- Hemorrhoidal preps
- Laxatives
- Motion sickness
- Pain relievers (for example, aspirin)
- Respiratory treatments
- Sleep aids and sedatives
- Stomach remedies

### Dependent care FSA-eligible expenses include:

- Adult care expenses
- Child care expenses: day care, after-school care, nanny, and other related expenses

*For more information contact Customer Support—the phone number can be found on the Contact Us link on the Bank of America Online Portal at [BankofAmerica.com/benefitslogin](http://BankofAmerica.com/benefitslogin) or on the back of your debit card.*

\* Considered an eligible expense with a Limited Purpose FSA (LPFSA).

\*\* Please refer to your employer's plan description to confirm the qualified expense list available to you. Certain expenses may be subject to stricter scrutiny by the Internal Revenue Service (IRS). In this case, you may have to provide the IRS with substantiation or documentation from a physician that the service or treatment was necessary to treat a specific medical condition and/or that the expense would not have been incurred but for the medical condition.