FSA Eligible Expense List

Health FSA Eligible Expenses

Over-The-Counter Medicines and Drugs no longer require a prescription!

New! PPE For Covid-19 Protection: Masks, Hand sanitizer, Sanitizing wipes

Ace bandages
Acne treatments
Acupuncture
Allergy and sinus medicine
Antacids and digestive aids
Antibiotic ointments
Antifungal and anti-itch
Aspirin and other pain relievers
Asthma medicine
Athletic treatments
Band-aids
Blood pressure monitors
Canker and cold sore remedies
Chest rubs
Chiropractic care
Cholesterol meter test kit and supplies
Cold and flu medicines
Contact lenses
Contact lens cleaning solution
Co-insurance
Contraceptive devices and family planning products
Copays
Corn and callus removers
Cough medicine
CPAP machine
Crutches, canes and walkers
Deductibles
Dental care (routine and corrective)
Dentures
Diabetic monitors and supplies
Diaper rash ointments
Eye exams
Eye glasses
Eye related equipment
First aid kits
Gastrointestinal medication
Genetic testing*
Glucosamine
Group therapy
Hearing aids and batteries
Hearing care
Herbal medicine*
Hospitalization costs
Hypnosis – treatment of illness
Immunizations
Imaging scans
Incontinence supplies
Individual therapy
Laboratory fees
Lasik eye surgery
Laxatives
Lice treatments
Massage therapy*
Medical equipment
Medical monitoring and testing
Menstrual care products (tampons, pads, etc.)
Mileage to receive medical care
Motion and nausea medicine
Nutritional supplements*
Orthodontia
Orthopedic and surgical supports
Orthotics
Physical exams
Physical therapy
Physician services
Pregnancy tests
Prescription drugs
Psychoanalysis and mental health therapy
Reading glasses
Sleep aids
Smoking deterrents
Sunscreen (SPF 30 and higher)
Thermometers
Toothache gels
Urological products
Vision care
Vitamins*
Wart removal treatment
Weight loss drugs and programs*
Wheelchairs and repairs

If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team through online chat, 1-888-401-FLEX(3539) or email info@benstrat.com.

Ineligible Expenses Examples

Cosmetic Surgery & Procedures
Health Club Dues
Insurance Premiums
Dental Hygiene Products

*Dual Use items and services are those that can be used for general health as well as to treat an illness or physical defect. If the item/service is prescribed to treat an illness or physical defect, a Physician Statement form needs to be submitted to Benefit Strategies for it to be FSA eligible. This form can be found on benstrat.com, or by contacting our Consumer Relations team. Dual Use items/services will not work with the Benefit Strategies Debit card. You will need to pay with another means and submit for reimbursement through one of our reimbursement methods. Remember to submit the Physician Statement, along with the purchase documentation.

Election Worksheet

The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at **benstrat.com.**

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

Health FSA Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	$	$	$
Dental Work	$	$	$
Orthodontia	$	$	$
Eye Exams, LASIK Surgery	$	$	$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	$	$	$
Vision Solutions and Supplies	$	$	$
Medical Deductible	$	$	$
Medical Copays	$	$	$
Prescription Drugs	$	$	$
Over-The-Counter (OTC) products, including medicines and drugs	$	$	$
Medical Supplies	$	$	$
Chiropractic Care and Acupuncture	$	$	$
Total each family member column	(A)$	(B)$	(C)$
Total cost of health care expenses for the plan year (A)+(B)+(C)	(D)$		
Enter the maximum permitted Health FSA election This can be found on your FSA Enrollment Form	(E)$		
Election amount. Enter (D) or (E), whichever is less Also enter this amount on your FSA Enrollment Form	(F)$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F)÷(G)	$		

Dependent Care FSA Worksheet

Eligible weekly dependent care cost	(A)$
Weeks of dependent care you will have in the plan year	(B)$
Total cost of dependent care for the plan year (A) x (B)	(C)$
Enter the maximum permitted Dependent Care FSA election This can be found on your FSA Enrollment Form	(D)$
Election amount. Enter (C) or (D), whichever is less Also enter this amount on your FSA Enrollment Form	(E)$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) ÷ (F)	(G)