



Eligible Expenses for Your take care by WageWorks Health Savings Account

You can use your take care[®] by WageWorks Health Savings Account (HSA) to pay for a wide variety of medical, dental, and vision care products and services for you, your spouse, and your dependents.

The IRS determines which expenses are eligible for reimbursement. This list identifies the eligibility of some of the most common expenses.

| EXPENSE | ELIGIBLE | EXPENSE | ELIGIBLE |
|--|---------------|---|---------------|
| Acne treatments (over-the-counter) | ✓ (Rx) | Cancer (fixed indemnity) insurance premiums | NO |
| Acupuncture | ✓ | Canker and cold sore treatments (over-the-counter) | ✓ (Rx) |
| Adoption (medical expenses related to) | ✓ | Car modifications (as required for a medical condition diagnosed by a licensed healthcare professional) | ✓ (Letter) |
| Adoption fees | NO | Chest rubs (over-the-counter) | ✓ (Rx) |
| Alcoholism treatment | ✓ | Child or newborn care instruction | NO |
| Allergy and sinus medicine and products (over-the-counter) | ✓ (Rx) | Childbirth classes (charges for mother only) | ✓ |
| Allergy medication | ✓ (Rx) | Chiropractic care | ✓ |
| Allergy treatments and products | ✓ (Letter) | Chiropractic office visit or treatment | ✓ |
| Alternative dietary supplements (for treatment of a medical condition) | ✓ (Letter) | Cholesterol test kits and supplies | ✓ |
| Alternative drugs, medicines and treatment products (for treatment of a medical condition) | ✓ (Letter) | Christian Science practitioners | ✓ |
| Alternative healers (for treatment of a medical condition) | ✓ (Letter) | COBRA premiums (dental; paid with after-tax dollars only) | NO |
| Ambulance and emergency health services | ✓ | COBRA premiums (medical; paid with after-tax dollars only) | NO |
| Anesthesia (for noncosmetic purposes) | ✓ (Rx) | COBRA premiums (other; paid with after-tax dollars only) | NO |
| Antacid (over-the-counter) | ✓ (Rx) | COBRA premiums (prescription; paid with after-tax dollars only) | NO |
| Antibiotic ointment (over-the-counter) | ✓ (Rx) | COBRA premiums (vision; paid with after-tax dollars only) | NO |
| Aspirin or other pain reliever (over-the-counter) | ✓ (Rx) | Coinsurance (dental) | ✓ |
| Asthma medicines or treatments (over-the-counter) | ✓ (Rx) | Coinsurance (medical) | ✓ |
| Athletic treatments/braces | ✓ | Coinsurance (prescription) | ✓ |
| Bandages and related items (over-the-counter) | ✓ | Coinsurance (vision) | ✓ |
| Birth control (over-the-counter) | ✓ (Rx) | Cold and flu medicine (over-the-counter) | ✓ (Rx) |
| Birth control (prescription or other) | ✓ | Cold and flu prevention (over-the-counter) | ✓ (Rx) |
| Blood pressure monitor | ✓ | Cold cream (over-the-counter) | NO |
| Body scans | ✓ | Compression or anti-embolism socks, stockings or hose | ✓ (Letter) |
| Braille books and magazines (difference in cost only) | ✓ | Concierge medical fees (billed for actual services received) | ✓ |
| Breast pump (for a lactating woman) | ✓ | Concierge medical fees (billed for future availability of services, with no services actually received) | NO |
| Breast reconstruction surgery (following mastectomy) | ✓ (Letter) | Contact lenses and solutions | ✓ |
| Breastfeeding classes | ✓ | Contraceptives (over-the-counter) | ✓ |
| | | Contraceptives (prescription) | ✓ |
| | | Copayment (dental) | ✓ |

| | |
|----------|---|
| (Letter) | In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition. |
| (Rx) | The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition. |

| EXPENSE | ELIGIBLE | EXPENSE | ELIGIBLE |
|--|---------------|--|---------------|
| Copayment (medical) | ✓ | Dyslexia treatment | ✓ (Letter) |
| Copayment (prescription) | ✓ | Ear drops and wax removal (over-the-counter) | ✓ (Rx) |
| Copayment (vision) | ✓ | Electrolysis | NO |
| Cord blood storage (for future treatment of a birth defect or known medical condition) | ✓ (Letter) | Emergency kits (over-the-counter) | NO |
| Cord blood storage (for unidentified future use) | NO | Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed healthcare professional) | ✓ (Letter) |
| Corn and callus remover (over-the-counter) | ✓ (Rx) | Eye drops and treatments (over-the-counter) | ✓ (Rx) |
| Corneal keratotomy | ✓ | Eye examinations | ✓ |
| Cosmetic procedures or surgery | NO | Eye related equipment/materials | ✓ |
| Cosmetic procedures or surgery for birth defects, accidents, and/or disease | ✓ (Letter) | Eye surgery or treatment to correct vision | ✓ |
| Cough drops and sore throat lozenges (over-the-counter) | ✓ (Rx) | Eyeglasses (prescription) | ✓ |
| Cough syrup (over-the-counter) | ✓ (Rx) | Face lifts | NO |
| Counseling (for treatment of a medical condition) | ✓ | Feminine hygiene products | NO |
| Counseling (marriage) | NO | Fertility monitor (over-the-counter) | ✓ |
| CPR classes (adult or child) | NO | Fertility treatment (for employee, spouse or dependent) | ✓ |
| Crutches, canes, walkers, or like equipment (purchase or rental) | ✓ | Fertility treatment (for non-dependent surrogate) | NO |
| Dancing lessons (for treatment of a medical condition) | ✓ (Letter) | First aid kits (over-the-counter) | ✓ |
| Deductible for dental plan | ✓ | Fitness programs (as treatment for a medical condition diagnosed by a licensed healthcare professional) | ✓ (Letter) |
| Deductible for prescription plan | ✓ | Flu shots | ✓ |
| Deductible for vision plan | ✓ | Funeral expenses | NO |
| Dental care (for non-cosmetic purposes, including sealants) | ✓ | Gastrointestinal medication (over-the-counter) | ✓ (Rx) |
| Dental coinsurance | ✓ | Guide dog (dog, training, care) | ✓ |
| Dental insurance/plan premiums (paid with after-tax dollars only) | NO | Hair regrowth products | NO |
| Dental products for general health | NO | Hair removal | NO |
| Dental reconstruction (including implants) | ✓ | Hair transplant | NO |
| Dental veneers | ✓ (Letter) | Hair treatments | NO |
| Dental, oral, and teething pain products (over-the-counter) | ✓ (Rx) | Hand lotion (over-the-counter) | NO |
| Dentures, bridges, etc. | ✓ | Health club dues (as treatment for a medical condition diagnosed by a licensed healthcare professional) | ✓ (Letter) |
| Dermatology treatments and products | ✓ (Letter) | Health insurance/plan premiums (paid with after-tax dollars only) | NO |
| Diabetic monitors, test kits, strips and supplies | ✓ | Health Savings Account (HSA) contributions | NO |
| Diagnostic services (dental or vision) | ✓ | Hearing aids and batteries | ✓ |
| Diagnostic services (other than dental or vision) | ✓ | Herbal or homeopathic medicines (over-the-counter) | ✓ (Letter) |
| Diaper rash ointments and creams (over-the-counter) | ✓ (Rx) | Home improvements (as required for a medical condition diagnosed by a licensed healthcare professional) | ✓ (Letter) |
| Diapers and diaper services | NO | Hospital (fixed indemnity, \$x per day) insurance premiums | NO |
| Dietary supplements (for treatment of a medical condition) | ✓ (Letter) | Hospital services and fees | ✓ |
| Doula or birthing coach | ✓ (Letter) | Household help | NO |
| Drug addiction treatment | ✓ | Humidifier, air filter and supplies | ✓ (Letter) |
| Drugs (imported) | NO | Illegal surgeries or substances | NO |
| Drugs and medicines (over-the-counter) | ✓ (Rx) | Immunizations | ✓ |
| | | Incontinence supplies | ✓ |
| | | Individual dental insurance/plan premiums (paid with after-tax dollars only) | NO |

| | |
|----------|---|
| (Letter) | In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition. |
| (Rx) | The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition. |

| EXPENSE | ELIGIBLE | EXPENSE | ELIGIBLE |
|--|---------------|---|---------------|
| Individual medical insurance/plan premiums (paid with after-tax dollars only) | NO | Midwife | ✓ |
| Individual prescription insurance/plan premiums (paid with after-tax dollars only) | NO | Mileage (for travel to/from anything other than eligible care) | NO |
| Individual vision insurance/plan premiums (paid with after-tax dollars only) | NO | Mileage (for travel to/from eligible healthcare)* | ✓ |
| Infertility treatment (for employee, spouse or dependent) | ✓ | Modified equipment (difference in cost only) | ✓ (Letter) |
| Insulin, testing materials and supplies | ✓ | Monitors and test kits (over-the-counter) | ✓ |
| Insurance/plan premiums (paid with pre-tax dollars) | NO | Motion sickness medication (over-the-counter) | ✓ (Rx) |
| Lab (medical) | ✓ | Nasal sprays | ✓ (Rx) |
| Laboratory fees | ✓ | Nasal strips (over-the-counter) | ✓ (Rx) |
| Lactose intolerance medication (over-the-counter) | ✓ (Rx) | No show fees charged by healthcare provider | NO |
| Lamaze classes (charges for mother only) | ✓ | Nonprescription drugs and medicines (for non-cosmetic purposes) | ✓ (Rx) |
| Laser eye surgery | ✓ | Norplant insertion or removal | ✓ |
| Lasik | ✓ | Nursing services (wages and taxes) | ✓ |
| Late payment fees charged by healthcare provider | NO | Nutritional supplements (for treatment of a medical condition) | ✓ (Letter) |
| Laxatives (over-the-counter) | ✓ (Rx) | OB/GYN fees | ✓ |
| Learning disability treatments | ✓ | Occlusal guards to prevent teeth grinding | ✓ |
| Lice treatment (over-the-counter) | ✓ (Rx) | Occupational therapy (related to a medical condition or disability) | ✓ |
| Listening therapy | ✓ | Office visits (chiro) | ✓ |
| Lodging (limited to \$50 per night for patient to receive medical care and \$50 per night for one caregiver) | ✓ (Letter) | Office visits (dental) | ✓ |
| Long-term care premiums (up to IRS tax-free limit, see IRS Publication 502) | NO | Office visits (medical) | ✓ |
| Long-term care services | NO | Office visits (psych/therapy) | ✓ |
| Long-term disability insurance premiums | NO | Office visits (vision) | ✓ |
| Magnetic therapy (over-the-counter) | ✓ (Letter) | Operations (for non-cosmetic purposes) | ✓ |
| Massage therapy (for treatment of a medical condition) | ✓ (Letter) | Operations (for vision and dental only) | ✓ |
| Mastectomy-related special bras | ✓ | Optometrist/ophthalmologist fees | ✓ |
| Maternity clothes | NO | Organ transplants (recipient and donor) | ✓ |
| Medical abortion | ✓ | Ortho keratotomy | ✓ |
| Medical coinsurance | ✓ | Orthodontia (braces and retainers) | ✓ |
| Medical equipment (for treatment of medical condition) and repairs | ✓ | Orthopedic and surgical supports | ✓ |
| Medical insurance/plan premiums (paid with after-tax dollars only) | NO | Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe) | ✓ (Letter) |
| Medical literature, books, pamphlets or audio | NO | Orthotics | ✓ |
| Medical monitoring and testing devices | ✓ | Ovulation monitor (over-the-counter) | ✓ |
| Medical records charges | ✓ | Oxygen | ✓ |
| Medical savings account (MSA) contributions | NO | Parental fees (billed for actual services received; for disabled children) | ✓ |
| Medical supplies (for treatment of a medical condition) | ✓ | Parental fees (billed for future availability of services, with no services actually received; for disabled children) | NO |
| Medicare alternative insurance/plan premiums (paid with after-tax dollars only) | NO | Physical exams | ✓ |
| Medicare alternative insurance/plan premiums (vs. Part A & Part B, paid with after-tax dollars only) | ✓ | Physical therapy | ✓ |
| Medicare Part B insurance | NO | Physician retainer fee (for on-call or concierge services) | NO |
| Medicare supplement policy premiums | ✓ | Pregnancy tests (over-the-counter) | ✓ |
| | | Prescription coinsurance | ✓ |
| | | Prescription drugs (for non-cosmetic purposes) | ✓ |
| | | Prescription drugs for cosmetic purposes | NO |

| | |
|----------|---|
| (Letter) | In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition. |
| (Rx) | The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition. |

| EXPENSE | ELIGIBLE | EXPENSE | ELIGIBLE |
|---|---------------|--|---------------|
| Psych/therapy | ✓ | Teeth bleaching or whitening | NO |
| Radial keratotomy (RK) | ✓ | Toothpaste, medicated (difference in cost only of medicated toothpaste over the standard toothpaste) | ✓ (Rx) |
| Reading glasses (over-the-counter) | ✓ | Toothpaste, toothbrush, floss, etc. | NO |
| Sales tax, shipping and handling fees (for any eligible expense) | ✓ | Transgender treatments/surgery | ✓ (Letter) |
| Sleep aids and sedatives (over-the-counter) | NO | Transportation, parking and related travel expenses (essential to receive eligible care) | ✓ |
| Smoking cessation (programs/counseling) | ✓ | Transportation, parking and related travel expenses, for non-eligible expenses | NO |
| Smoking cessation drugs (prescription) | ✓ | Tubal ligation | ✓ |
| Smoking cessation gum or patches (over-the-counter) | ✓ (Rx) | Tuition or educational classes (for a specific medical condition) | ✓ (Letter) |
| Special equipment | ✓ (Letter) | Urological products | ✓ |
| Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only) | ✓ (Letter) | UV protection clothing | NO |
| Special school (for mental and physical disabilities) | ✓ (Letter) | Vaccinations | ✓ |
| Speech therapy | ✓ | Varicose vein removal surgery (for medical care) | ✓ |
| Spermicidals | ✓ (Rx) | Vasectomy | ✓ |
| Sterilization | ✓ (Rx) | Viagra and similar prescription medications | ✓ |
| Student health fees for dental services (billed for actual services received) | ✓ | Vision care | ✓ |
| Student health fees for dental services (no services actually received; billed for future availability of services) | NO | Vision coinsurance | ✓ |
| Student health fees for medical services (billed for actual services received) | ✓ | Vision insurance/plan premiums (paid with after-tax dollars only) | NO |
| Student health fees for medical services (no services actually received; billed for future availability of services) | NO | Vision products (over-the-counter) | ✓ |
| Student health fees for prescription services (no services actually received; billed for future availability of services) | NO | Vitamins (prescription) | ✓ |
| Student health fees for prescriptions (billed for actual services received) | ✓ | Vitamins for general health purposes (over-the-counter) | NO |
| Student health fees for vision services (billed for actual services received) | ✓ | Walking aids (canes, walkers, crutches and related supplies) | ✓ |
| Student health fees for vision services (no services actually received; billed for future availability of services) | NO | Warranties or other charges for future anticipated services (with none actually received) | NO |
| Sunglasses (over-the-counter) | NO | Wart removal treatments (over-the-counter) | ✓ (Rx) |
| Sunglasses (prescription) | ✓ | Weight loss counseling | ✓ (Letter) |
| Sunscreen with SPF <15 or suntan lotion (over-the-counter) | NO | Weight loss drugs (for treatment of a medical condition) | ✓ (Rx) |
| Sunscreen with SPF 15+ and "broad spectrum", sunburn creams and ointments (over-the-counter) | ✓ | Weight loss foods | NO |
| Supplies (for treatment of a medical condition) | ✓ | Weight loss program (for treatment of a medical condition) | ✓ (Letter) |
| Surgery (for non-cosmetic purposes) | ✓ | Weight loss program (to improve or maintain general health) | NO |
| Swimming lessons (for treatment of a medical condition) | ✓ (Letter) | Wheelchair and repairs | ✓ |
| | | Wound care (over-the-counter) | ✓ |
| | | X-ray fees (dental) | ✓ |
| | | X-ray fees (medical) | ✓ |

| | |
|----------|---|
| (Letter) | In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition. |
| (Rx) | The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition. |

* The mileage reimbursement rate is determined by the IRS and is subject to change yearly.

takecarewageworks.com

take care[®]
by WageWorks^W