

FSA Eligible Expense List

Health FSA Eligible Expenses

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

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

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)