



Lucent Health

Flexible Spending Account (FSA) – Medical Expenses

Per IRS Publication 502, the health care Flexible Spending Account (FSA) pays medical, dental, vision, and prescription drug expenses with pre-tax income. Significant tax savings are available to help pay out-of-pocket health care expenses when:

- The product or service is primarily for health care to diagnose, alleviate, or treat injuries, illness or sickness
- You receive the service or purchase the product for use during your Coverage Period
- The cost will not be waived, paid by another source or claimed as a medical tax deduction on your income tax return
- The service/product is not received or purchased for cosmetic or general well-being

Examples of Eligible Health Care Flexible Spending Account (FSA) Expenses

DENTAL SERVICE

Crowns/Bridges	Extractions	Oral Surgery
Dental X-Rays	Fillings	Orthodontia/Braces
Dentures	Gum Recession Surgery	Periodontal Fees
Exams/Teeth Cleanings	Occlusal Guards (teeth grinding prevention)	

INSURANCE RELATED ITEMS

Copays	Coinsurance	Deductible
--------	-------------	------------

LAB EXAMS / TESTS

Blood Tests	Laboratory Fees	X-Rays
Cardiographs	Spinal Fluid Tests	
Diagnostic Fees	Urine/Stool Analyses	

MEDICATION

Insulin Supplies	Prescribed Supplements*	Prescription Drugs (FDA
Prescribed Birth Control	Prescribed Vitamins *	Approved)

VISION EXPENSES

Contact Lenses	Eyeglasses	Radial
Contact Lens Solution	Laser Eye Surgeries	Keraotomy/LASIK
Eye Examinations	Prescription Sunglasses	Optometrist's Fees

MEDICAL SERVICES

Abdominal/Back Supports	Mammograms	Support Hose (if medically necessary)
Aspiration	Medical Records	Syringes
Alcoholism (Inpatient Treatment)	Midwife / Doula	Sales Tax (for Eligible Expenses)
Ambulance Services	Medic Alert Bracelet	Transportation Expenses (essential for medical care)
Breast Pump	Mileage To/From Medical Services (primary purpose must be medical)	Telephone for Hearing Impaired
Chiropractic Services	Monitoring Devices (blood pressure, stethoscope)	Vaccination / Flu Shots
CPAP Kit and Supplies	Norplant (Insertion or Removal)	Special Food Costs (cost difference of special food vs. normal" food)
Contraceptives - condoms	Organ Transplant	Vasectomy / Vasectomy Reversals
Counseling (except for Marriage and Family)	Orthotics	Well Baby Care
Crutches	Ostomy Pouch & Products	Wheelchair
Dermatologist Fees	Oxygen Equipment	Wigs (hair loss due to medical condition)
Drug Addiction (Inpatient Treatment)	Patterning Exercises	Sunscreen SPF 30 or higher
First Aid Kits	Physical Examination (not employment related)	
Guide Dog (Service Animals)	Physical Therapy	
Hearing Aids & Batteries	Psychiatric/Psychoanalysis	
Hearing Exams	Prosthesis	
Home Health Care Products (Grab bars/bath bench)	Rental of Medical Equipment	
Hospital Bed	Respiratory Therapy (mask nebulizer)	
Hospital Services	Speech Therapy	
Infertility Treatments	Sterilization	
In-vitro Fertilization	Splints/Casts	
Lactation Supplies		
Lamaze Class (for mother only)		
Learning Disability (special school / teacher)		

***these items/services may be considered eligible. A letter from a licensed physician that includes the diagnosis of a medical condition and the treatment being claimed/received being essential to the treatment of said condition (not cosmetic in any way) is required**

OVER THE COUNTER PRODUCTS

- ✓ **Over-The-Counter products are eligible without any a Physician's prescription starting with date of service 01/01/2020 going forward.**

Allergy Medications	Decongestants	Pregnancy Tests
Antihistamines	Diaper Rash Ointment	Pre-Natal Vitamins
Analgesics	Eye Drops	Reading Glasses
Antacids	Fever Reducers	Retin A (non-cosmetic)
Anti-Diarrhea Medications	Digestive Tract Relief Medications	Rubbing Alcohol
Anti-Itch Medications	Flu Medications	Sinus Medications
Anti-Nausea Medications	Hemorrhoidal Medications	Sleeping Aids
Aspirin	Laxatives	Smoking Cessations Products
Athletes Foot Creams/ Powder	Lice/Scabies Treatment	
Bactine	Menstrual Cycle Products	Sinus Relief medication
Bug Bite Medication	Muscle/Joint Relievers	Sore Throat Sprays
Calamine Lotion	Motion Sickness Pills	Special Ointment -sunburn
Cold Medications	Nasal Sinus Sprays	Teething Gel
Cold Sore / Wart Medications	Nicotine Gum/Patches	Throat Lozenges
Corn Removal	Pain Relievers	Vapor Rubs
Cough Syrups/Drops	Pain Creams (Ben-Gay, Flexall)	Neti Pot
	Pedialyte	Yeast Infection Treatment

Dual Purpose Products/Expenses*

Acupuncture Vitamins Supplements Massage Weight Loss Program Vein Removal

***these items/services may be considered eligible. A letter from a licensed physician that includes the diagnosis of a medical condition and the treatment being claimed/received being essential to the treatment of said condition (not cosmetic or preventative in any way) is required.**

EXAMPLES OF INELIGIBLE HEALTHCARE FSA EXPENSES

Athletic Mouth Guard	Hair Loss Medications	Prescription Drug for Hair Loss
Baby-Sitting	Hair Transplant	Prescriptions from Canada
Cancelled Appointment Fees	Health Club Dues	Provider Discounts
Chap stick	Illegal Operation or Treatment	Rogaine
Contact Lens Insurance	Insurance Premiums	Safety Glasses (non RX)
Cosmetics/Make-Up	Late Payment Fees	Shampoos/Soaps
Cosmetic Surgery/Procedures	Lotions or Skin Moisturizers	Suntan Lotion
Dancing/Exercise/Fitness Programs		Sunglasses (non RX)
Deodorant	Long Term Care Premiums	Sun Clips
Diaper Service	Marriage or Family Counseling	Supplements-General Use
Dental Floss	Counseling for Gambling	Teeth Whitening/Bleach
Electrolysis	Maternity Clothes	Toiletries
Exercise Equipment	Meals not part of inpatient care	

Eyeglass Insurance	Moisturizers	Toothbrushes (includes
Face Cream	Non FSA Approved Supplements	prescribed electronic)
Feminine Hygiene Products	Personal Trainer	Toothpaste
Hand Sanitizer	Prescription Drug Discount Programs	Vision Discount Programs

This does not represent an all-inclusive expense listing regarding the Health Flexible Spending Account. Please refer to IRS Publication 502 or ask your employer for a copy of your Summary Plan Document (SPD) for more information. <https://www.irs.gov/publications/p502>