

A Flexible Spending Account Can Really Pay Off for You!

A Health Care Spending Account (HCSA) may be used for eligible, non-reimbursed health care expenses incurred by participants and their dependents. Here are some health care expenses that are not typically paid by insurance or any other source that may be eligible under an HCSA: (For a detailed list of eligible expenses, visit www.myshps.com)

- Co-payments, co-insurance and deductibles (but not insurance premiums, including long-term care insurance and dental/vision insurance premiums)
- Acupuncture
- Artificial reproductive technologies
- Childbirth classes
- Chiropractic care
- Contact lenses and contact lens solutions/cleaners
- Dental care (including crowns, endodontic services, implants, oral surgery, periodontal services, sealants) This includes deductibles and co-payments not covered by any dental plan.
- Diabetic supplies
- Expenses that exceed medical, dental or vision plan limits (including dollar or visit maximums or amounts that exceed plan allowances, such as out-of-network providers)
- Hearing aids (including batteries)
- Home medical equipment (e.g., crutches, wheelchairs*, canes, oxygen, respirators, etc.)
- Laser eye surgery*

- Learning disability treatments and therapies (including speech therapy and remedial reading)*
- Mattresses and bed boards*
- Medical supplies
- Occupational therapy
- Orthodontia
- Orthotics
- Over-the-counter medicines (not including vitamins and dietary supplements)
- Physical therapy
- Prescription drugs
- Preventive care screenings
- Prosthetics*
- Psychiatric services and care
- Smoking cessation programs (including over-the-counter treatments)
- Specialized equipment or services for disabled persons (e.g., automobile modifications; Braille books and magazines; guide, companion or service animals; home alert systems for visual/hearing impaired persons; note-takers or ASL interpreters; tape recorders and typewriters for the visually impaired; etc.)*

- Sunscreen*
- Transportation expenses related to medical care
- Vision care, eyeglasses (including prescription sunglasses)
- Water fluoridation*
- Well-baby and well-child care
- Whirlpool baths*
- Wigs (for hair loss due to a disease)*

Some ineligible expenses include:

- Cosmetic procedures (unless required to restore appearance or function due to disease or illness)
- Expenses you claim on your income tax return
- Expenses reimbursed by other sources, such as insurance plans
- Fitness programs (unless medically necessary)
- Hair transplants
- Illegal treatments, operations, or drugs
- Insurance premiums
- Prescription drug discount program fees
- Weight loss programs for general well-being

* These expenses require a letter of medical necessity from your health care provider in order to be considered eligible for reimbursement. The letter must include the diagnosis or symptoms for which you or your dependent are being treated, along with specific information on how the product or service will alleviate symptoms or improve function.

The Dependent Care Assistance Program (DCAP) is designed to reimburse participants incurred so that they (and their spouse, if married) can work or attend school. Here are some typical examples of eligible dependent care services:

- Child care (at a daycare center, day camp, nursery school or by a private sitter)
- Late pick-up fees (from a caregiver)
- Before and after-school care (must be billed separate from tuition expenses)
- Adult daycare expenses

- Expenses for a housekeeper whose duties include caring for an eligible dependent
 - Placement fee expenses for hiring an au pair, as well as his/her weekly stipend
- Eligible dependent care services cannot be provided by a person you claim as a dependent.

Some ineligible expenses include:

- Education and tuition fees
- Late payment fees
- Overnight camps (in general)
- Sports lessons, field trips, clothing
- Your cost of transportation to and from a dependent care provider