

Cold & Flu Medicine

Crutches



Healthcare FSA Eligible Expenses List

Flexible Spending Account

Wheelchair

X-Rays

This is a partial list and is subject to change at any time by IRS regulations. A complete list can be found after logging into your account at IUSupport@wexinc.com.

Qualified Medical Expenses Equipment and Supplies

•	Abdominal Supports	•	Eye Drops	•	Occlusal guards
•	Acid Controllers	•	Eyeglasses	•	Over-the-counter COVID-19 tests
•	Acne Medications	•	First Aid Supplies	•	Oxygen
•	Allergy & Sinus Medicine	•	Gym Membership*	•	Pain Relievers
•	Anti-Itch Cream	•	Hearing Aids and Batteries	•	Personal protective equipment
•	Arch Supports	•	Heating Pads		(PPE) for the primary purpose of
•	Artificial Limbs	•	Incontinence Supplies*		preventing the spread of COVID-19
•	Artificial Teeth and Adhesives	•	Indigestion Medicine		(e.g. face masks, hand sanitizer,
•	Bandages	•	Insulin		and sanitizing wipes)
•	Braces	•	Laxatives	•	Prescription sunglasses
•	Contact Lenses and Solutions	•	Medical Monitoring/	•	Reading glasses
•	Cold Compresses	•	Testing Devices	•	Walkers

Menstrual Care Products

Nasal Spray

Medical Expenses								
•	Acupuncture							
•	Air Conditioner*	•	Hospital Services	•	Prescription drugs			
•	Air Purifier*	•	Hydrotherapy	•	Psychiatric Care			
•	Ambulance	•	Laboratory Fees	•	Psychologist Fees*			
•	Braille books and magazines	•	Lactation expenses	•	Smoking Cessation Programs			
	Breast Reduction Surgery	•	Lead paint removal	•	Surgery- if not cosmetic			
•	Chiropractic Care	•	Lodging (away from home	•	Vision Exams			
•	Co-insurance		for outpatient care)	•	Speech Therapy			
•	Deductibles	•	Massage therapy*	•	Sterilization			
•	Dental Treatment- if not	•	Optometry	•	Transplants			
	cosmetic	•	Orthodontia	•	Vaccine			
•	Diagnostic Services	•	Physical Therapy	•	Vasectomy			
•	Fertility Treatments	•	Prescribed Weight Loss					
•	Flu Shots		Programs/Medications*					

^{*} Some products & services require a letter from a physician stating the condition which requires such expenses. These expenses will not qualify without a letter of medical necessity.

Expenses compensated or reimbursed by insurance are not eligible FSA expenses.

For those participating in both the Limited Healthcare Flexible Spending Account and the HDHP & HSA plan, only dental and vision services are eligible for reimbursement from the Limited Healthcare Flexible Spending Account until such time as the HDHP deductible has been met. Medical and prescription expenses incurred after the HDHP deductible is met are eligible for reimbursement from the Limited Healthcare Flexible Spending Account.

Post deductible medical and prescription expenses can be paid using the IU Benefits card once proof has been provided that the deductible has been met.

Non-Qualified Medical Expenses

FSA funds used towards non-qualified expenses will need to be repaid. Your debit card may be temporarily suspended until such expenses are repaid.

- Advance payment for services
- Cosmetics
- Diaper Service
- Domestic help
- Funeral expenses

- Illegally procured drugs
- Maternity clothes
- Social activities
- Swimming pool

- Teeth-whitening services and products
- Toothpaste and mouthwash

Receipts and the FSA

DEBIT CARD TRANSACTIONS

Most debit card expenses can be validated through the card transaction; however, a request may be sent to see itemized bills for debit card transactions to ensure expenses are eligible under the FSA, so be sure to keep your itemized bills.

When required, receipts can be easily uploaded online or through the mobile app.

CLAIM REIMBURSEMENTS

To request reimbursement for an expense paid out of pocket, you can file a claim form online at benefit-info.com/iu or send a completed paper claim form to IU HSA/FSA. To receive reimbursment, you will need to provide a copy of your itemized bill with the (1) Patient Name, (2) Provider Name, (3) Date of Service, (4) Description of Service/Item, and (5) Cost.