

PAYCHEX® Health FSA Eligible Expense Listing

Paychex reserves the right to modify this list at any time to be in compliance with federal law. Paychex, along with the Plan Administrator, may deem it necessary to render decisions based on the facts and circumstances of certain individual claims and in accordance with the provisions of the Plan.

This expense list was developed based on information from various resources such as the Internal Revenue Service (IRS), Employee Benefits Institute of America (EBIA), and the Employers Council on Flexible Compensation (ECFC). It is intended for informational purposes only and not as a substitute for professional legal advice.

Expenses incurred must be for the employee, the employee's spouse, and eligible dependents.

The following is a list of common medical expenses and their eligibility for reimbursement under the Paychex Section 125 Plans. This is not an exhaustive list. If an individual has a Flexible Spending Account (FSA) in conjunction with a Health Savings Account (HSA), only medical expenses for dental, vision, and preventative medical care may be submitted. Refer to the Limited FSA Reimbursable column. The HSA may be used to pay for any remaining HSA-qualified expenses.

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Acne Prescriptions	Yes - Rx	No	
Acne Treatment (OTC)	Yes - Rx	No	Stridex®, Clean & Clear®
Acupuncture	Yes	No	
Adoption Fees	Under Certain Conditions	No	Child has to be in the adoption process and an eligible dependent for expenses to qualify for reimbursement. Only fees relating to medical expenses would qualify.
AED for Home Use	Yes	No	
Airborne®	Yes - Rx	No	
Air Conditioners	Under Certain Conditions - Note 1 and Note 2	No	
Air Purifiers	Under Certain Conditions - Note 1 and Note 2	No	
Alcoholism Treatment	Yes	Yes	
Allergy Medications (OTC)	Yes - Rx	No	Benadryl®, Allegra OTC®, Claritin®
Allergy Treatment Products	Yes	No	Generally, items that would be owned by a person without allergies are not reimbursable. Items such as air purifier or water filter, if necessary to treat a specific medical condition, may be reimbursable. A doctor's note is required.
Aloe	Yes - Rx	No	
Alternative Remedies	Under Certain Conditions - Note 1	No	
Ambulance	Yes	No	
Antacids	Yes - Rx	No	Tums®, Rolaids®
Antifungal Medications and Creams	Yes - Rx	No	
Antihistamines	Yes - Rx	No	
Antiseptic First Aid Sprays	Yes - Rx	No	
Artificial Teeth	Yes	Yes	
Aspirin	Yes - Rx	No	Bayer®
Astigmatic Keratotomy	Yes	No	Procedure to correct astigmatism.
Automobile Modifications	Under Certain Conditions - Note 2	No	
Baby Formula (hypo-allergenic)	Under Certain Conditions - Note 1 and Note 2	No	
Babysitting and Childcare	No	No	
Bandages	Yes	No	
Battery Powered/Electronic Toothbrushes	Yes	Yes	Cost difference eligible with newspaper ad and note from dentist
Birth Control Pills	Yes	Yes	
Birthing Classes	Yes	No	Only reimbursable for the portion of instruction related to the birth.
Blood Pressure Monitors	Yes	Yes	
Braille Books and Magazines	Under Certain Conditions - Note 2	No	

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Breast Pumps	Yes	No	
C Pap Machines	Yes	Yes	
Capital Improvements	Under Certain Conditions - Note 1 , Note 2 , and Note 3	No	
Cayenne Pepper	Under Certain Conditions - Note 1	No	
Cervical Pillow	Under Certain Conditions - Note 1	No	
Chelation Therapy (EDTA)	Yes	No	Lead-poisoning treatment
Chinese Herbal Doctors and Herbal Treatments	Yes - Rx	No	
Chiropractic Care	Yes	No	
Christian Science Practitioners	Under Certain Conditions - Note 1	No	Reimbursable if payment is made towards medical cost. The treatment must be legal.
Circumcisions	Yes	No	
COBRA Premiums	No	No	
Cold Medicines	Yes - Rx	No	Advil® Cold and Sinus
Condoms	Yes	Yes	
Contact Lenses	Yes	Yes	Prescription only
Contraceptives (OTC)	Yes	Yes	
Controlled Substances (illegal)	No	No	
Co-pays and Deductibles	Yes	No	
Cosmetic Surgery	No	No	
Cough Medicines/Cough Drops/ Syrups	Yes - Rx	No	Robitussin®
Counseling and Therapy	Yes	No	Family/Group Therapy requires a note. Marriage counseling not eligible.
Crutches	Yes	No	
Dancing Lessons	Under Certain Conditions - Note 1	No	
Dehumidifier	Under Certain Conditions - Note 1	No	
Dental Floss	No	No	
Dental Retainer	Yes	Yes	
Dental Treatments/Dental Cleaning	Yes	Yes	
Dentures/Dental Implants/ Partial	Yes	Yes	
Denture Adhesives	Yes	Yes	
Denture Cleaning Supplies	Yes	No	
Dependent Care (Custodial Care Only)	No	No	Eligible under Dependent Care Assistance (DCA)
Diabetic Supplies and Test Strips	Yes	No	
Diagnostic Services	Yes	Yes	
Diapers or Diaper Services	Under Certain Conditions - Note 1	No	
Diaper Rash Creams and Ointments	Yes - Rx	No	
Drug Addiction Treatments	Yes	No	
Drugs/Medicines - Prescription	Yes	No	
Dyslexia (Services to assist treatment)	Under Certain Conditions - Note 1	No	
Ear Piercings	No	No	
Ear Plugs	Under Certain Conditions - Note 1	No	
Egg and Embryo Storage	Yes	No	Only storage fees will be reimbursed for the year the egg or embryos are used
Egg Donor Fees	Yes	No	
Electrolysis or Hair Removal	No	No	
Elevator	Under Certain Conditions - Note 1 and Note 2	No	
Ergonomic Equipment	Under Certain Conditions - Note 1	No	Note 2/Note 3

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Exercise Equipment and Programs	Under Certain Conditions - Note 1	No	Note 3
Eye Drops (OTC)	Yes - Rx	Yes	
Eye Exams and Eye Glasses	Yes	Yes	The cost of eye examinations and eyeglasses (including over the counter reading glasses) to help treat a medical condition (not for cosmetic purposes) is eligible for reimbursement under the health FSA as they affect the function of the body. If the eyeglasses are for a cosmetic purpose (no prescription), they would not be eligible. Clip-ons and warranties are not reimbursable.
Eyeglass Cleaner/Wipes	Yes	Yes	
Eyeglass Repairs	Yes	Yes	
Face Lift	No	No	
Feminine Hygiene Products	No	No	
Fertility Treatments	Yes	No	
Fertility Treatment Program (Enrollment Fee)	Yes	No	
Fiber Supplements	Yes - Rx	No	
First Aid Kits	Under Certain Conditions - Yes - Rx	No	Some items in a first aid kit may be OTC medicines or drugs which would require a prescription from a medical practitioner
Fitness Programs	Under Certain Conditions - Note 1	No	
Fluoridation Devices (prevent tooth decay)	Yes	Yes	
Founders Fee	No	No	
Funeral Expenses	No	No	
Genetic Testing	Yes - Note 1	Yes	Genetic Testing is reimbursable if completed for determining a possible medical disease. Determining the sex of a fetus is not reimbursable. A doctor's note is required.
Guide Dog	Yes	No	Expenses related to the purchase, training, and care of the animal
Hair Growth Medication/ Transplants/Procedures	No	No	
Health Clubs	Under Certain Conditions - Note 1	No	
Health Institute Fees	Under Certain Conditions - Note 1	No	
Health Maintenance Organizations (HMOs)	No	No	
Hearing Aids/Batteries/Repairs	Yes	No	
Heating Pads	Yes	No	
Herbal Supplements	Yes - Rx	No	
Holistic or Natural Remedies	Yes - Rx	No	
Home Care	Yes	No	
Home Improvements	Under Certain Conditions - Note 2	No	
Hospital Services	Yes	No	Comfort items, such as television and phone charges, are not eligible.
Hot/Cold Packs	Yes	No	
Household Help	No	No	
Humidifiers/Vaporizers	Under Certain Conditions - Note 1 and Note 2	No	
Illegal Operations and Treatments	No	No	
Inclinators	Under Certain Conditions - Note 1 and Note 2	No	
Incontinence Supplies	Yes	No	
Insulin	Yes	No	
Insurance Premiums	No	No	

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Interest Charges for a Loan on Medical Care	No	No	
Inversion Table	Under Certain Conditions - Note 1	No	
Invisaline®	Yes	No	Orthodontia contract is only required when the service requires follow-up.
Laboratory Fees	Yes	No	
Lactose Intolerance Food	Under Certain Conditions - Note 1	No	
Lactose Intolerance Products	Yes	No	
Lamaze Classes	Yes	No	Only instruction that relates to the birth and not the child rearing
Language Training	Under Certain Conditions - Note 1	No	Speech Impairment or Dyslexia
Laser Eye Surgery/Lasik	Yes	Yes	
Laser Scar Removal	Under Certain Conditions - Note 1	No	
Laxatives	Yes - Rx	No	
Lead-Based Paint Remover	Under Certain Conditions - Note 1	No	
Learning Disabilities (help for)	Under Certain Conditions - Note 1	No	Only severe learning disabilities; ADHD does not qualify
Legal Fees	Under Certain Conditions - Note 1	No	To procure a medical treatment
Life Time Advanced Care Payments	No	No	
Lip Balms	No	No	
Lodging (not in hospital or medical institution)	Yes	No	Expense eligible if incurred due to medical care/Maximum \$50.00 per day
Lodging at Hospital or Medical Institution	Yes	No	
Lodging of Companion	Yes	No	Maximum of \$50.00 per day
Lodging While Attending a Medical Conference	No	No	
Long Term Care Services	Under Certain Conditions - Note 1	No	
Massage Therapy	Under Certain Conditions - Note 1	No	Stress relief or treatment of depression does not qualify
Mastectomy and Related Specialty Bras	Under Certain Conditions - Note 1	No	If assists with the mental health of the patient
Maternity Clothes	No	No	
Mattress (Special)	Under Certain Conditions - Note 1 and Note 2	No	
Meals at a Hospital or Medical Institution	Yes	No	The meals received while at a hospital or similar institution while receiving inpatient medical treatment is reimbursable.
Meals not at the Hospital	No	No	
Meals of a Traveling Companion	No	No	
Medic Alert Bracelets or Necklaces	Yes	Yes	
Medical Conference Admissions	Under Certain Conditions - Note 1	No	Expense reimbursable if majority of time at conference relates to information on a diagnosed chronic disease of the attendee, their spouse or dependent(s)
Medical Information Plans	Yes	No	Only reimbursable for the current plan year
Medical Marijuana	No	No	Some states allow the use of marijuana for medical purposes (or legalized its use in general), it is still considered an illegal drug at the federal level. Since FSAs are governed by federal law, it is unable to be reimbursed under these plans
Medical Monitoring and Testing Devices	Yes	No	
Medical Records Fees	Yes	No	
Medical Savings Accounts	No	No	
Medical Services (services performed)	Yes	No	Non-cosmetic, prescribed by a doctor, physician, surgeon, or medical practitioner
Medical Service Fee (Dr Membership Fee)	No	No	

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Medication Rubs and Muscle Creams	Yes - Rx	No	
Medications Purchased Outside the US (prescriptions)	Yes	No	The expense must be legal in both the country in which the item is purchased, as well as legal in the United States. Regarding prescriptions, importing prescriptions from other countries into the United States generally will violate federal law. However, a drug or medicine may qualify for reimbursement if (1) it is purchased and consumed in the other country and is legal in both that country and the United States, or (2) the FDA announces that it can be legally imported by individuals. Again, the medicines or drugs would qualify if they are primarily for medical care (and not for personal, general health, or cosmetic purposes). Qualified expenses and treatments must be legal in the United States in order to be eligible under the Section 125 plan. In addition, if the services were paid in a foreign currency, documentation showing the current exchange rate at the time the service was incurred would be required. If the documentation is in a language other than English, it must be translated. See also IRS Publication 502.
Medicines (OTC)	Yes - Rx	No	
Medicines	Yes	No	
Microdermabrasion	Under Certain Conditions - Note 1	No	
Mileage	Under Certain Conditions	Yes	Mileage to incur any eligible expense is eligible as long as receipt with items or services is also included in addition to a map directional print-out
Nasal Sprays and Decongestants	Yes - Rx	No	
Naturopathic Medicine	Under Certain Conditions - Note 1	No	
Norplant® Insertions or Removal	Yes	No	Form of birth control
Nose Strips	Yes	No	
Nursing Services	Yes	No	
Nursing Services for Baby	Yes	No	Baby must have medical condition that needs attention
Nutritional Supplements	Yes - Rx	No	
Nutritionists' Professional Services	Under Certain Conditions - Note 1	No	
Obstetrical Services	Yes	No	
Occlusal Guards	Yes	No	Night guards to prevent teeth grinding
Operations	Yes	No	
Organ Donations	Yes	No	
Organ Transportation	Yes	No	
Orthodontia	Yes	Yes	Orthodontia Contract Required
Orthotic Inserts	Yes	No	
Orthotic Shoes	Under Certain Conditions - Note 2	No	
Osteopath	Yes	No	
Out of Country Services	Yes	No	Reimbursable if procedure is legal in the United States
Ovulation Monitors	Yes	No	
Oxygen	Yes	No	
Pain Relievers	Yes - Rx	No	
Patterning Exercises	Yes	No	
Petroleum Jelly (Medicated Lubricant)	Yes - Rx	No	
Physical Exams	Yes	No	

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Physical Therapy	Yes	No	
Pregnancy Tests (OTC)	Yes	No	
Prenatal Vitamins	Yes - Rx	No	
Prescription Drug Discount Program	No	No	
Prescription Drugs	Yes	No	
Prescription Sunglasses	Yes	No	
Private Hospital Rooms	Yes	No	Comfort items, such as television and phone charges, are not eligible.
Proactiv [®] Acne System	Yes - Rx	No	Step 2 is not reimbursable
Prosthesis (Artificial Limbs)	Yes	No	
Public Transportation	Yes	Yes	To and from a medically necessary procedure.
Radial Keratotomy	Yes	Yes	
Radon Abatement	Yes	No	
Reading Glasses	Yes	Yes	
Recliner Chairs	Under Certain Conditions - Note 1 and Note 2	No	
Reconstructive Surgery Following a Mastectomy	Yes	No	
Retin-A [®]	Under Certain Conditions - Note 1	No	
Rogaine [®] /Propecia [®]	Under Certain Conditions - Note 1	No	
Safety Glasses	No	No	
Screening Tests	Yes	No	
Seeing-Eye Dog	Under Certain Conditions - Note 1	No	
Shipping Costs and Fee	Yes	No	
Sick Child Facility	Under Certain Conditions - Note 1	No	
Sleep Aids	Yes - Rx	No	
Sleep Deprivation Treatments	Yes	No	
Smoking Cessation Drugs (OTC)	Yes - Rx	Yes	
Smoking Cessation Programs	Yes	Yes	
Sonogram	Yes	Yes	
Special Education and School	Under Certain Conditions - Note 1	No	
Special Food	Under Certain Conditions - Note 1 and Note 2	No	
Speech Therapy	Yes	No	
Sperm Storage Fees (temporary)	Yes	No	Storage fees will only be reimbursed for the current year in which the sperm is utilized
Spermicides	Yes	Yes	
Sterilization	Yes	No	
Student Health Fee	Under Certain Conditions - Note 1	No	
Sunscreen	Yes	No	15 SPF or higher
Supplies to Treat Medical Conditions	Yes	No	
Surgery	Yes	No	
Swimming Lessons	Under Certain Conditions - Note 1	No	
Tanning Salons and Equipment	No	No	

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Taxes on Medical Services and Products	Yes	Yes	
Teeth Whitening	Under Certain Conditions - Note 1	Under Certain Conditions - Note 1	
Telephones for Hearing Impaired Persons (TTY)	Yes	No	
Therapeutic Spa/Hot Tub	Under Certain Conditions - Note 1 and Note 2	No	
Thermometers	Yes	No	
Toiletries	No	No	
Tolls and Parking	Under Certain Conditions	No	Invoices must be submitted with itemized bill from medical visit
Toothpaste	No	No	
Toothpaste (medicated)	Yes - Rx and Note 2	Yes - Rx and Note 2	
Transplants	Yes	No	
Travel for Companion	Under Certain Conditions - Note 1	No	
Travel for Person Seeking Medical Treatment	Under Certain Conditions	No	If the expense for transportation is essential to medical care, it would be reimbursable. The expense cannot be for personal pleasure (i.e., vacation). Amounts claimed must correspond with treatment received on similar dates. A standard mileage rate of 23 cents per mile is allowable for use of a car. Hotel reimbursement is limited to \$50 per day.
Separate Breakdown for Medical Added to Tuition	Yes	No	Tuition is not a covered expense, however breakdown of medical expenses are eligible
Tuition Programs for Special Needs	Under Certain Conditions - Note 1	No	
Umbilical Cord Freezing and Storage Fees	Yes	No	Storage fees will only be reimbursed for the current year in which the umbilical cord is utilized because a newborn has a birth defect
Vacuum Cleaners (with filters for allergies)	No	No	
Varicose Vein Treatments	Under Certain Conditions - Note 1	No	
Vasectomies	Yes	No	
Vasectomy Reversal	Yes	No	
Veneers/Overlays	No	No	
Viagra	Yes	No	
Vision Discount Program	No	No	
Vision Therapy	Yes	Yes	
Vitamins/Supplements	Yes - Rx	No	
Walking Cane	Yes	No	
Water Softener	Under Certain Conditions - Note 1 and Note 2	No	
Weight Loss Program/Prescription Drugs to Induce Weight Loss/ Food	Under Certain Conditions - Note 1 and Note 2 (Note 2 applies to Food)	No	
Weight Loss Surgery (Gastric Bypass)	Under Certain Conditions - Note 1	No	
Wheelchairs	Yes	No	

Expense	Standard FSA Reimbursable	Limited FSA Reimbursable	Additional Information
Wigs	Under Certain Conditions - Note 1	No	
X-Ray Fees	Yes	Yes	
Yoga Classes	Under Certain Conditions - Note 1	No	

Notes:

- RX** In addition to the required receipt, you will need to submit an actual prescription written by your doctor (on a prescription pad or form).
- 1** In addition to the required receipt, a letter of Medical Necessity will need to be submitted to verify this expense is a medically-necessary treatment for a known medical condition.
 - 2** Paychex will only reimburse the differential in cost between the original product and the recommended product. If the product is attached to the home (i.e., air conditioner), only the amount spent that is more than the value added to the property will qualify.
 - 3** Paychex will only reimburse the differential in cost between the original product and the recommended product. If the product is attached to the home (i.e., whole house air purifier for one person with severe allergies), only the amount spent that is more than the value added to the property will qualify. In addition, only the prorated amount to the sick person can be reimbursed.