

# Flexible Spending Account eligible expenses

---

**Flexible Spending Account (FSA) funds can be used for hundreds of eligible expenses including some health insurance deductibles and coinsurance for you, your spouse, and your tax dependents. These expenses include the following:**

## Medical expenses

Doctor visits, laboratory tests, medical equipment, and hospital services.

Examples include:

### Provider Visits and Care

- Acupuncture
- Chiropractic care
- Christian Science practitioner
- Fertility treatment
- Nursing services

### Diagnostic and Preventive Care

- Flu shot and vaccinations
- Laboratory fees
- Medical testing device
- Obstetrical expenses
- Physical exam

### Programs and Treatments

- Alcoholism treatment
- Drug addiction treatment
- Insulin
- Oxygen
- Physical therapy
- Psychiatric care
- Smoking cessation program
- Surgery
- Weight loss program for obesity treatment (if prescribed by a physician)

## Medical Equipment, Support, and Transportation

- Artificial limb
- Automobile modifications for a person with a disability
- Blood pressure monitoring device
- Braille books and magazines (above the cost of regular printed material)
- Crutches
- Guide dog or other animal aid
- Hearing aids
- Transportation for medical care
- Wheelchair

## Hospital Services and Visits

- Ambulance
- Anesthesia
- Hospital room and board
- Organ transplant

## Dental expenses

Non-cosmetic dental treatments.

Examples include:

- Crowns
- Dentures
- Diagnostic services
- Fillings
- Orthodontia (not for cosmetic reasons)
- Teeth cleaning
- Tooth extraction

## Vision expenses

Eye doctor appointments and vision correction materials.

Examples include:

- Contact lenses, eye glasses, and related materials
- Eye drops
- Eye examinations
- Laser eye surgery

## Prescription expenses

All legally obtained prescriptions, including any prescribed over-the-counter (OTC) medications.

Examples include:

- Allergy preventions and treatments
- Antacids and acid reducers
- Birth control pills
- Cold and flu medicines
- Cold sore remedies
- Decongestants
- Oral pain relievers
- Orthopedic shoe inserts
- Pain and fever relievers
- Sinus medications
- Snoring cessation aids
- Vitamins, herbal and fiber supplements
- Weight loss and dietary supplements

**NOTE:** You can only use funds up to the current balance in your account. If you have both a health savings account (HSA) and an FSA, your FSA is limited to only vision and dental expenses.



**BLUE CROSS BLUE SHIELD OF ALASKA**

An Independent Licensee of the Blue Cross Blue Shield Association

## OTC medications and treatments

You may use your healthcare payment card to purchase OTC medications\* and medical supplies that meet IRS standards. Such expenses may include:

Antiseptics and wound cleansers  
Bandages and dressings  
Contact lens solution and eye care related drops  
Contraceptives  
Denture adhesives, repair, pain relief, and cleansers  
Diagnostic products (thermometer, blood pressure monitor, cholesterol testing)  
Ear care  
First aid burn remedies, dressings, and supplies  
Foot care antifungal and treatments  
Hearing aid and medical batteries  
Home health care (limited segments)  
Incontinence protection and treatment products  
Insulin  
Reading glasses and maintenance accessories

---

\* Some OTC medications may require a prescription.

## Limited Purpose FSA

The Limited Purpose FSA lets you set aside pre-tax money to pay for eligible out-of-pocket vision and dental expenses. You must be enrolled in the HSA preferred provider organization (PPO) plan option to use the Limited Purpose FSA.

## Dependent Care FSA

The Dependent Day Care FSA reimburses for dependent day care expenses incurred so you can work. Eligible expenses include day care for your children and any necessary care for adults who are your tax dependents. You can contribute up to \$5,000 per plan year to your Dependent Day Care FSA.

## Eligible Dependent Care FSA expenses

Eligible Dependent Day Care FSA expenses may include:

Before school and after school care (other than tuition)  
Custodial care for qualified dependent adults  
Licensed day care centers  
Nursery schools or preschools so you can work  
Care of an incapacitated adult who lives with you at least eight hours a day  
Child care at a day camp, nursery school, or by a private sitter

## Ineligible FSA expenses

Insurance expenses and any expenses merely beneficial to general health or for cosmetic reasons are not eligible. Examples include:

COBRA premiums  
Cosmetic surgery  
Cosmetics  
Deodorant  
Exercise equipment  
Fitness programs  
Funeral expenses  
Hair transplants  
Household help  
Illegal operations and treatments  
Insurance premiums  
Long-term care insurance premiums  
Maternity clothes  
Moisturizers and wrinkle creams  
Retiree medical insurance premiums  
Suntan lotions  
Teeth whitening services and products  
Toothpaste, toothbrushes, and mouthwash  
Vitamins taken to improve overall health

### FIND OUT MORE ABOUT YOUR FSA

Go to [premera.com](http://premera.com) or call 800-941-6121 for more information about your FSA and eligible expenses.

## Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email [AppealsDepartmentInquiries@Premera.com](mailto:AppealsDepartmentInquiries@Premera.com). You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Language Assistance

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-508-4722 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-508-4722 (TTY: 711).

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-508-4722 (TTY: 711) 번으로 전화해 주십시오.

**LUS CEEV:** Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-508-4722 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-508-4722 (телетайп: 711).

**注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-508-4722 (TTY: 711)。

**MO LOU SILAFIA:** Afai e te tautala Gagana fa'a Sāmoa, o loo iai auunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: 800-508-4722 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-508-4722 (TTY: 711).

**注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-508-4722 (TTY:711) まで、お電話にてご連絡ください。

**PAKDAAR:** Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-508-4722 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-508-4722 (TTY: 711).

**УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-508-4722 (телетайп: 711).

**เรียน:** ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-508-4722 (TTY: 711).

**ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-508-4722 (TTY: 711).

**UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-508-4722 (TTY: 711).

**ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-508-4722 (رقم هاتف الصم والبكم: 711).

**ATANSYON:** Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-508-4722 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-508-4722 (ATS: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-508-4722 (TTY: 711).

**ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-508-4722 (TTY: 711).

**توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-508-4722 (TTY: 711) تماس بگیرید.