



FlexibleBenefit
ADMINISTRATORS



— PRODUCTS —

ELIGIBLE OTC EXPENSES

Thousands of over-the-counter (OTC) products are FSA eligible and can be purchased using your FSA card, including first aid kits, sunscreen, Band-Aids and so much more. Note that OTC medicines (those containing an active medical ingredient) such as Tylenol or Claritin, etc., require a prescription to be eligible. Use this list to easily determine which products are eligible either with or without a prescription.



FSA eligible products designated with this symbol can be purchased with an FSA card and do not require a prescription to be reimbursed by an FSA.



FSA eligible with prescription products designated with this symbol require a prescription to be reimbursed by an FSA.

GET \$10 OFF

Your first order with FSAsore.com • Use Promo Code: **COVERED**

No minimum required. Cannot be combined with other offers, limit 1 use per customer.

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

A

P Acetaminophen

Acetaminophen, the primary ingredient found in Tylenol, is an eligible OTC item with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Acid Controller

Acid controllers such as Tums or Prilosec are OTC medicines that are eligible with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Acne Medicine

Acne Medicine such as Clean and Clear, Neutrogena, Proactiv, etc., is eligible with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Adaptive Equipment

Adaptive Equipment is eligible when medically necessary. Your FSA administrator may require a Letter of Medical Necessity or doctor's note.

| | | |
|------------------------------------|--|---|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input checked="" type="checkbox"/> Eligible w/Rx |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input checked="" type="checkbox"/> Eligible w/Rx |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input checked="" type="checkbox"/> Eligible w/Rx |

P Air Conditioner

The primary purpose must be to treat or alleviate a medical condition. To show that the expense is primarily for medical care, a note from a medical practitioner recommending the item to treat a specific medical condition is normally required. If it is attached to a home (such as central air conditioning), only the amount spent that is more than the value added to the property will qualify. See Capital expenses.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Air Filter

Adaptive Equipment is eligible when medically necessary. Your FSA administrator may require a Letter of Medical Necessity or doctor's note.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Air Purifier

If the primary purpose of the air purifier is to treat or alleviate a medical condition such as asthma or allergies, it is typically eligible with a Letter of Medical Necessity from a qualified physician.

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|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Allergy Medicines

Allergy Medicine is an eligible OTC item with a prescription from a doctor.

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|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Allergy Products and Treatment

Non-drug allergy treatment products (e.g., pillows, vacuum cleaners) are sometimes eligible. A doctor's note is required, and the reimbursable amount is limited to the excess cost of the special item when compared with a normally priced item.

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|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Analgesics (painkillers)

Analgesics (e.g. Advil, Aspirin, Tylenol) are eligible with a prescription from a doctor.

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|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Ankle Brace

Ankle braces are eligible OTC items that do not require a prescription

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|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Antacids

Antacids such as Tums or Prilosec are eligible OTC items when accompanied by a prescription from a doctor.

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|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Anti-Bacterial Hand Sanitizer

Anti-bacterial hand sanitizer is sometimes eligible if a doctor's note indicates the item is needed to alleviate or treat a medical condition. It is ineligible for general health purposes.

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|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Anti-Diarrheal

Anti-diarrheal medication such as Imodium A-D or Kaopectate is an eligible OTC medicine as long as it is accompanied by a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Anti-Embolism Socks, Stockings

Anti-embolism socks are eligible when necessary for treatment of a medical condition. Since they're often used in sports they are considered dual-purpose, and would likely require a Letter of Medical Necessity to be eligible.

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|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | |

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P Anti-Fungal Treatments

Anti-fungal treatments are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Anti-Gas Medicine

Anti-gas medicine such as Gas-X is eligible with a prescription from a doctor.

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| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Anti-Inflammatories

Anti-Inflammatories are eligible OTC items with a prescription from a doctor.

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| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Anti-Itch Cream or Lotion

Anti-itch creams and lotions such as Calamine lotion or Hydrocortisone are eligible OTC items with a prescription from a doctor.

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|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Anti-Parasitic

Anti-parasitic treatment such as lice shampoo is an eligible OTC medicine with a prescription from a doctor.

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|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Anti-Snore Guards

Anti-snore guards are considered dual-purpose, so they will require a Letter of Medical Necessity proving that it is needed to treat a medical condition, such as sleep apnea.

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|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Antibiotic Ointments

Antibiotic ointments such as Neosporin or Bacitracin are eligible OTC medicines with a prescription from a doctor.

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|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Antibiotics

Antibiotics are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Antihistamines

Antihistamines are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Antipyretics (fever reducers)

Antipyretics are eligible OTC medicines with a prescription from a doctor.

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| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Arch Support

Arch supports are generally eligible, provided that the purpose of the item is to help with a medical foot condition. Also see Orthopedic shoes and inserts.

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|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Arm Sling

Arm slings are required for the treatment of a medical condition, and therefore eligible OTC.

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|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Arthritis Gloves

Required for medical treatment for someone with arthritis, so eligible.

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|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Arthritis Medicines

Eligible with a prescription from a doctor for treatment of arthritis.

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|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Artificial Limbs

Artificial limbs and prosthetics are eligible.

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|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Artificial Teeth

Artificial teeth are eligible unless they are for a cosmetic purpose.

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|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

B

P Aspirin

Aspirin is an eligible OTC medicine with a prescription from a doctor.

| | | |
|------------------------------------|---|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Asthma Medicine

Asthma medicine is eligible with a prescription from a doctor.

| | | |
|------------------------------------|---|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Asthma Oxygen Flow Monitor

Eligible for treatment of asthma.

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| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P At-Home Drug Test

Not eligible as the primary purpose of the test is not to diagnose or treat a medical condition.

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|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Not Eligible |

P Athletic Bandages & Braces

Athletic bandages and braces are eligible OTC items that do not require a prescription for reimbursement.

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|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Athletic Tape

Athletic tape is an eligible OTC item that does not require a prescription for reimbursement.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Athletic Treatments

Athletic treatments, such as braces, bandages, etc., are eligible OTC items that do not require a prescription.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Automatic External Defibrillator (AED)

The cost of an automated external defibrillator is an eligible medical expense.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Baby Formula

Baby formula for the treatment of a medical condition may be eligible, with a Letter of Medical Necessity.

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|------------------------------------|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN |

P Baby Oil

Baby oil is not eligible.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Not Eligible |

P Baby Powder

Baby powder is not eligible.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Not Eligible |

P Baby Rash Ointment and Cream

Baby rash ointment or cream are eligible OTC medicines with a prescription from a doctor.

| | | |
|------------------------------------|---|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Baby Sunscreen

Baby sunscreen, as long as it is SPF 15+, is an eligible OTC item that does not require a prescription.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Back Brace

Back braces are eligible OTC items that do not require a prescription.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Band-Aids

Band-Aids are eligible OTC items that do not require a prescription. FSAs.com sells a wide-array of eligible Band-Aids.

| | | |
|------------------------------------|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Bandage Clips

Bandage clips are eligible OTC items without a prescription.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Bandage

Bandages are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Bandages, elastic

Elastic bandages are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Bandages, for torn or injured skin

Bandages for torn or injured skin are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Batteries

Batteries for medical devices, such as hearing aids, are eligible.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Bed Pan

A bed pan is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Bed Wetting Aids

Bed wetting aids, such as overnight underpants and diapers, are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Benadryl

Benadryl is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Bio Freeze

Bio freeze is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Birth Control

Birth control is eligible with a prescription.

| | | | |
|------------------------------------|---|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Blood Pressure Monitor or Unit

A blood pressure monitor or unit is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Blood-sugar test kits and test strips

Blood-sugar test kits and strips are OTC items that do not require a prescription from a doctor (although one is often provided).

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Breast Milk Storage Bottles or Bags

Breast feeding storage, products and supplies are all eligible as they are required for assistance with breast feeding.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Breast Pump

Breast Pumps are eligible.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Breast Pump Bustier

Breast feeding storage, products and supplies are all eligible as they are required for assistance with breast feeding.

| | | | |
|------------------------------------|--|---------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | <input type="checkbox"/> Not Eligible | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Breathalyzer

The cost of both in-home and doctor's office alcohol testing are eligible expenses.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Dependent Care FSA | | <input type="checkbox"/> Not Eligible | |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Bug Spray

Bug spray is not currently eligible unless it is combined with sunscreen SPF 15 or greater and the primary purpose is sun protection.

| | | | | |
|------------------------------------|--|--|--|----------------|
| Flexible Spending Account (FSA) | | | | ⊗ Not Eligible |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | | ⊗ Not Eligible |
| Health Reimbursement Account (HRA) | | | | ⊗ Not Eligible |



P Car Seats

Although required for protecting children, car seats are not required for treatment, prevention or diagnosis of a medical condition and therefore not eligible.

| | | | | |
|------------------------------------|--|--|--|----------------|
| Flexible Spending Account (FSA) | | | | ⊗ Not Eligible |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | | ⊗ Not Eligible |
| Health Reimbursement Account (HRA) | | | | ⊗ Not Eligible |

P Carpal Tunnel Support

Carpal tunnel support, such as wrist bandages, are eligible OTC items that do not require a prescription.

| | | | | |
|------------------------------------|--|-----------------|--|----------------|
| Flexible Spending Account (FSA) | | ⊗ Eligible w/Rx | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ⊗ Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | | ⊗ Eligible w/Rx | | |

P Cast Cover

A cast cover is required for medical care and therefore eligible.

| | | | | |
|------------------------------------|------------|--|--|----------------|
| Flexible Spending Account (FSA) | ☑ Eligible | | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | ☑ Eligible | | | |
| Health Reimbursement Account (HRA) | ☑ Eligible | | | |

P Caffeine Pills

Caffeine pills are not required for medical treatment or care and therefore are not eligible.

| | | | | |
|------------------------------------|--|--|--|----------------|
| Flexible Spending Account (FSA) | | | | ⊗ Not Eligible |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | | ⊗ Not Eligible |
| Health Reimbursement Account (HRA) | | | | ⊗ Not Eligible |

P Catheter

A catheter is required for medical treatment or care and is therefore eligible.

| | | | | |
|------------------------------------|------------|--|--|----------------|
| Flexible Spending Account (FSA) | ☑ Eligible | | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | ☑ Eligible | | | |
| Health Reimbursement Account (HRA) | ☑ Eligible | | | |

P Calamine Lotion

Calamine lotion is an eligible OTC medicine with a prescription from a doctor.

| | | | | |
|------------------------------------|--|-----------------|--|----------------|
| Flexible Spending Account (FSA) | | ⊗ Eligible w/Rx | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ⊗ Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | | ⊗ Eligible w/Rx | | |

P Cayenne Pepper

Cayenne pepper/herbs are sometimes eligible if the item is being used to treat a medical condition (e.g., migraine), a doctor's note indicates that it is medically necessary, and the individual would otherwise not have purchased the item 'but for' the medical condition.

| | | | | |
|------------------------------------|--|--|------------------|----------------|
| Flexible Spending Account (FSA) | | | ⊗ Eligible w/LMN | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | ⊗ Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | | ⊗ Eligible w/LMN | |

P Calcium Supplements

Calcium supplements are eligible OTC medicines with a prescription from a doctor.

| | | | | |
|------------------------------------|--|-----------------|--|----------------|
| Flexible Spending Account (FSA) | | ⊗ Eligible w/Rx | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ⊗ Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | | ⊗ Eligible w/Rx | | |

P Cervical Pillow

A cervical pillow will qualify if used to treat a medical condition. A Letter of Medical Necessity is required.

| | | | | |
|------------------------------------|--|--|------------------|----------------|
| Flexible Spending Account (FSA) | | | ⊗ Eligible w/LMN | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | ⊗ Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | | ⊗ Eligible w/LMN | |

P Callus Remover

Callus remover is an eligible OTC medicine with a prescription from a doctor.

| | | | | |
|------------------------------------|--|-----------------|--|----------------|
| Flexible Spending Account (FSA) | | ⊗ Eligible w/Rx | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ⊗ Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | | ⊗ Eligible w/Rx | | |

P Chair, Specialized or Ergonomic

A specialized or ergonomic chair for treatment of a medical condition may be eligible, if accompanied with a Letter of Medical Necessity.

| | | | | |
|------------------------------------|------------|--|--|----------------|
| Flexible Spending Account (FSA) | ☑ Eligible | | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | ☑ Eligible | | | |
| Health Reimbursement Account (HRA) | ☑ Eligible | | | |

P Cane

A cane is provided for treatment or care of a medical condition, and therefore is an eligible OTC item that does not require a prescription.

| | | | | |
|------------------------------------|------------|--|--|----------------|
| Flexible Spending Account (FSA) | ☑ Eligible | | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | ☑ Eligible | | | |
| Health Reimbursement Account (HRA) | ☑ Eligible | | | |

P Chest Rub

Chest rubs are generally OTC medicines that are eligible with a prescription from a doctor.

| | | | | |
|------------------------------------|--|-----------------|--|----------------|
| Flexible Spending Account (FSA) | | ⊗ Eligible w/Rx | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ⊗ Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | | ⊗ Eligible w/Rx | | |

P Canker Sore Treatment

Canker sore treatment is an eligible OTC medicine with a prescription from a doctor.

| | | | | |
|------------------------------------|--|-----------------|--|----------------|
| Flexible Spending Account (FSA) | | ⊗ Eligible w/Rx | | |
| Limited Care FSA | | | | ⊗ Not Eligible |
| Dependent Care FSA | | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ⊗ Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | | ⊗ Eligible w/Rx | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Children's Sunscreen

SPF 15+ sunscreen is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Colic Relief

Colic relief may require a prescription for reimbursement, if it contains a medicine for treatment of the condition. Some colic reliefs do not contain a medicine, and are therefore eligible OTC without prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Cholesterol Test Kit

Cholesterol test kits are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Concierge Medicine

Charges for medical care received by a concierge doctor are eligible. Fees for concierge medicine are not eligible (see "specifically not covered" below).

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Chondroitin

Chondroitin is an eligible OTC medical expense with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Cologne

Cologne is not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Catheter

A catheter is required for medical treatment or care and is therefore eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Condoms

Condoms are an eligible OTC item that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Cold Cream

Cold cream is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Contact Lens Case

Contact Lens Case is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Cold Medicine

Cold medicine is an eligible OTC drug with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Contact Lenses

Contact lenses are eligible, including contact solution or distilled water (which is not a drug or medicine so it does not require a prescription). To purchase contact lenses, visit our optical page at <http://contacts.fsastore.com>.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Cold Packs

Cold packs are eligible OTC items that do not require a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Contact Solution

Contact lens solution is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Cold Sore Treatment

Cold sore treatment is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Contacts

Contact lenses are always eligible, including contact solution or distilled water (which is not a drug or medicine so it does not require a prescription).

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Contraceptives

Contraceptives are eligible for reimbursement with a prescription from a doctor. Condoms do not require a prescription.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Controlled substances in violation of federal law

If a controlled substance violates federal law then the expense will not qualify even if a state law allows it with a prescription. For example, medical marijuana allowed in one state and prescribed by a doctor would not be eligible as it is not approved by federal law.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Cooling Gel Sheets for Fever Reduction

Cooling gel sheets are eligible OTC items that do not require a prescription as they do not contain a medical ingredient.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Corn Remover

Corn remover is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Cosmetics

Cosmetics are not required for treatment, diagnosis or prevention of a medical condition and therefore are never eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Cotton Balls

Cotton balls are not required for treatment, diagnosis or prevention of a medical condition and therefore are not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Cough Drops

Cough drops are an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Cough Suppressant

Cough suppressant is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Cough Syrup

Cough syrup is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P CPAP Cleaning Products

CPAP cleaning products are necessary OTC for care of a CPAP machine which is necessary for treatment of a medical condition.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P CPAP Hose Holder

A CPAP hose holder is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P CPAP Machine

A CPAP machine is an eligible medical expense as it is for treatment of a medical condition.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P CPAP Mask and Headgear

A CPAP mask and headgear are required for use with a CPAP machine that's used to treat a medical condition and therefore eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P CPAP Pillow

CPAP pillows are generally eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Crutches

Under IRS ' 213(d)(1), "medical care includes amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." This includes medical equipment, supplies and devices.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Cutips

Cutips are not required for treatment, diagnosis or prevention of a medical condition and therefore are not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

D

P Denture Cleaning Supplies

Denture cleaning supplies are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Denture Stain Cleaner

Denture stain cleaner is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Dentures

Dentures are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Deodorant

Deodorant is not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Diabetic Monitors

Diabetic monitors are eligible, both OTC or with a prescription (no prescription is required to purchase OTC).

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Diabetic Socks

Diabetic socks are sometimes eligible if the item is being used to treat a medical condition and only the excess cost is reimbursable.

| | | | |
|------------------------------------|--|--|---|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Eligible w/LMN |

P Diabetic Supplies

Diabetic supplies such as test strips, monitors, etc., are eligible OTC items that do not require a prescription, although are also eligible when prescribed.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Diabetic Test Kit

Diabetic supplies such as test kits, test strips, etc., are eligible OTC items that do not require a prescription, although are also eligible when prescribed.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Decongestant

As an OTC drug that contains a medicine, decongestant is eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Defibrillator

The cost of a defibrillator is an eligible medical expense.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Dehumidifier

Not required for treatment, prevention or diagnosis of a medical condition and therefore not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Dehydration Treatment

Dehydration treatments are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Dental Floss

Dental floss is not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Denture Adhesive

Denture adhesive is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Dental Emergency Kit

A dental emergency kit used for temporary repair is an eligible medical expense.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Diabetic Test Strips

Diabetic supplies such as test strips, monitors, etc., are eligible OTC items that do not require a prescription, although are also eligible when prescribed.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Diagnostic Products

Diagnostic products are typically eligible. eligible if used to determine the presence of a disease or dysfunction of the body (e.g., heart attack, stroke, diabetes, cancer).

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Diaper Rash Cream & Ointment

Diaper rash cream is only eligible OTC with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Diapers

Diapers/diaper service expenses are usually ineligible, unless used to alleviate the effects of a particular disease or medical condition (e.g., an older child with brain defects [i.e., Aicardi Syndrome]). In addition, adult diapers can be viewed as treatment for incontinence.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Diarrhea Medicine

As an OTC drug that contains a medicine, diarrhea medicine is eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Diathermy

Amounts paid to a dentist for treatment of a dental condition are eligible expenses.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Diet Foods

Diet foods necessary to treat a medical condition such as obesity are not eligible as they may also satisfy normal nutritional requirements. However, specialty foods may qualify if necessary for a medical condition such as a gluten allergy, but only to the extent of the increased cost above what the same non-specialty item would cost.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Digestive Aids

As an OTC drug that contains a medicine, digestive aids are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Digital Thermometer

Digital thermometers are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Disposable Bra Pads for Nursing

Disposable bra pads for nursing are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Disposable Underwear

Disposable underwear are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Diuretics

Diuretics are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Drug Testing Kits for Home Use

Kits to test for the presence of a controlled substance are not eligible. If a drug testing kit is necessary for treatment of a medical condition, such as an addiction, it would be eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Drugs and Medicines

Drugs and medicines are eligible. As of January, 2011, OTC drugs and medicines require a prescription to be eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Durable Medical Equipment

Durable medical equipment is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

E

P Ear Drops and Wax Removal

Ear drops and wax removal are eligible OTC items with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Ear Plugs

Ear plugs are eligible OTC items that do not require a prescription.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN |

P Ear Syringe

Ear syringes are eligible OTC items that do not require a prescription.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Ear Thermometer

A thermometer is an eligible OTC item that does not require a prescription.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Ear Wax Removal

As an OTC drug that contains a medicine, ear wax removal is eligible with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Eczema Treatment

As an OTC drug that contains a medicine, eczema treatment is eligible with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Elastics for Athletes

Elastics for athletics are eligible OTC items that do not require a prescription.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Electrolyte Replacements

Electrolyte replacements are eligible with a prescription from a doctor, even if purchased OTC.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Electronic Cigarettes

Electronic cigarettes are not eligible. They typically would not be prescribed by a physician as they are not considered a smoking cessation product but rather an alternative to smoking.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Not Eligible |

P Electrotherapy Pain Relief Device

Electrotherapy pain relief devices are eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Elevated Toilet Seats

Elevated toilet seats are eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Elevator in Home

An elevator in the home is eligible when medically necessary.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN |

P Epsom Salt

Epsom salt is an eligible OTC item with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Erectile Dysfunction Treatment

Erectile dysfunction treatment medicines are eligible with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Ergonomic Items

With a Letter of Medical Necessity, ergonomic items are typically eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Exercise Equipment

The IRS concluded that the purpose of the exercise equipment must be to treat a disease or illness (not just for general health), and the expense would not be incurred but for this purpose. A doctor's note is required.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | | |

P Eye Treatment Medications

Eye treatment medications are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Expectorants

Expectorants are eligible items with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Eyeglass Accessories

Eyeglass accessories are eligible.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Experimental Drugs

The cost of a legal prescribed experimental drug for medical care is a qualified expense.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Eyeglasses

Eyeglasses are eligible, with or without a prescription.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Eye Drops

Eye drops are an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Eyewear Repair Kit

An eyewear repair kit is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Eye Equipment

Eye equipment is eligible.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Eye Mask for Pain Relief

An eye mask for pain relief is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |



P Face Cream with medication

Face cream with medication is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Eye Pressure Monitor

An eye pressure monitor is an eligible expense.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Face Wash

Regular face wash is not eligible. Medicated face wash is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Not Eligible |

P Eye Related Equipment

Eye related equipment is eligible.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Face Tissues

Facial tissues are not an eligible expense.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Not Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Feminine Hygiene Products

Feminine hygiene products are not required for treatment, prevention or diagnosis of a medical condition and therefore not eligible.

| | | | |
|------------------------------------|--|--|----------------|
| Flexible Spending Account (FSA) | | | ⊗ Not Eligible |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | ⊗ Not Eligible |
| Health Reimbursement Account (HRA) | | | ⊗ Not Eligible |

P Feminine Pain Relief

Feminine pain relief medicine is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|--|-----------------|----------------|
| Flexible Spending Account (FSA) | | Ⓡ Eligible w/Rx | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | Ⓡ Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | Ⓡ Eligible w/Rx | |

P Fertility Monitor

Fertility monitors are eligible.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P Fertility Treatment

Fertility treatment is eligible.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P Fever Reducing Medications

Fever reducing OTC medications are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|-----------------|----------------|
| Flexible Spending Account (FSA) | | Ⓡ Eligible w/Rx | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | Ⓡ Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | Ⓡ Eligible w/Rx | |

P Fiber

Fiber supplements are sometimes eligible, if a doctor's note indicates the item is needed to alleviate or treat a medical condition, and the individual would otherwise not have purchased the item 'but for' the medical condition.

| | | | |
|------------------------------------|--|-----------------|----------------|
| Flexible Spending Account (FSA) | | Ⓡ Eligible w/Rx | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | Ⓡ Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | Ⓡ Eligible w/Rx | |

P First Aid Adhesive

First aid adhesive is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P First Aid Cream

First aid cream is an eligible OTC item that only requires a prescription if a medication is included.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P First Aid Drugs and Medicines

First aid drugs and medicines are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|--|-----------------|----------------|
| Flexible Spending Account (FSA) | | Ⓡ Eligible w/Rx | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | Ⓡ Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | Ⓡ Eligible w/Rx | |

P First Aid Kit

A first aid kit is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P First Aid Supplies

First aid supplies are eligible OTC items that do not require a prescription from a doctor.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P Flu Shot

A flu shot is eligible.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P Fluoride Rinse

Fluoride rinse is sometimes eligible, if a doctor's note indicates the item is needed to alleviate or treat a medical condition, and the individual would otherwise not have purchased the item 'but for' the medical condition; ineligible if for general health.

| | | | |
|------------------------------------|--|--|------------------|
| Flexible Spending Account (FSA) | | | Ⓜ Eligible w/LMN |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | Ⓜ Eligible w/LMN |
| Health Reimbursement Account (HRA) | | | Ⓜ Eligible w/LMN |

P Foods

Diet foods necessary to treat a medical condition such as obesity are not eligible as they may also satisfy normal nutritional requirements. However, specialty foods may qualify if necessary for a medical condition such as a gluten allergy, but only to the extent of the increased cost above what the same non-specialty item would cost.

| | | | |
|------------------------------------|--|--|----------------|
| Flexible Spending Account (FSA) | | | ⊗ Not Eligible |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | | ⊗ Not Eligible |
| Health Reimbursement Account (HRA) | | | ⊗ Not Eligible |

P Foot Care

Foot care, including OTC foot care items, are eligible without a prescription from a doctor unless the item contains a medical ingredient, in which case, a prescription would be required.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

P Forehead Thermometer

A thermometer is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|------------|----------------|
| Flexible Spending Account (FSA) | | ☑ Eligible | |
| Limited Care FSA | | | ⊗ Not Eligible |
| Dependent Care FSA | | | ⊗ Not Eligible |
| Health Savings Account (HSA) | | ☑ Eligible | |
| Health Reimbursement Account (HRA) | | ☑ Eligible | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Formula

Baby formula/infant formula is usually ineligible because formula is a food substitute that satisfies normal nutritional needs, even if the mother is incapable of breastfeeding.

| | |
|------------------------------------|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Not Eligible |



P Glucosamine

Glucosamine is an eligible OTC item that does not require a prescription from a doctor.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Glucose Gel

Glucose gel is an eligible OTC item that does not require a prescription from a doctor.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Glucose Monitor

A glucose monitor is an eligible OTC item that does not require a prescription, although if prescribed, would also be eligible.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Glucose Monitoring Supplies

Glucose monitoring supplies are eligible OTC and do not require a prescription from a doctor.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Glucose Tablets

Glucose tablets are eligible OTC items that do not require a prescription.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Goggles

Goggles for general use are not eligible. Prescription goggles necessary for treatment of a medical condition may be eligible with a Letter of Medical Necessity.

| | |
|------------------------------------|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Not Eligible |

P Grab Bars for Bathroom

Grab bars for a bathroom are eligible OTC items that do not require a prescription.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN |

P Guards for Teeth Grinding

Guards for teeth grinding are eligible when prescribed or accompanied with a Letter of Medical Necessity.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Gas Relievers

Gas relievers are eligible OTC medicines with a prescription from a doctor.

| | |
|------------------------------------|---|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx |

P Gastrointestinal Medication

Gastrointestinal medication is an eligible OTC item with a prescription from a doctor.

| | |
|------------------------------------|---|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx |

P Gauze

Gauze is an eligible OTC item that does not require a prescription from a doctor.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Gel Breast Pads

Gel breast pads are eligible OTC items that do not require a prescription from a doctor.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

P Gift Cards

Gift cards are not eligible even if they are for a medical provider such as an eye doctor.

| | |
|------------------------------------|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Not Eligible |

P Glasses

Glasses are an eligible expense.

| | |
|------------------------------------|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible |
| Limited Care FSA | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.



P Hearing Aids

Hearing aids and repair for hearing aids are eligible expenses.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Heated Neck Rest

Heated neck rests are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Heating Pads

Heating pads are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Hemorrhoid Treatment

Hemorrhoid treatment is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Herbal Medicines

Herbal medicines may be eligible if accompanied by a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Herbs

Herbs may be eligible if accompanied by a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Holistic Healers

Holistic healers are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Home Defibrillator

Home defibrillators are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Hair Colorants

Hair colorants are not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Hand Lotion Containing a Medicine

Hand lotions containing a medicine are an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Hand Sanitizer

Hand sanitizer is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Handicap, Disability License Plates

The cost of handicap license plates is an eligible medical expense.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Headache Medications

Headache medicines are eligible OTC items with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Health Screenings

Health screenings are eligible

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Hearing Aid Batteries

Hearing aid batteries are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Home Diagnostic Kits, Tests, Devices

A home diagnostic kit, test or device are eligible OTC medical expenses that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Homeopathic Medicine

Homeopathic medicine is eligible.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Hormone Replacement Therapy

Hormone replacement therapy is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Hot and Cold Compress

Hot and cold compress are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Hot Packs

Hot packs are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Hot Tub

A hot tub may be eligible for treatment of a medical condition with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Humidifier

A humidifier that is used to treat a medical condition may be eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Hysterectomy

The cost associated with a hysterectomy is an eligible expense.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Ibuprofen

Ibuprofen is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Impotence Medicines and Treatments

Impotence medicines and treatments are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Incontinence Supplies

Incontinence supplies are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Indigestion Treatment

Indigestion treatments are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Infant Formula

Regular infant formula is not eligible. The excess cost of a special formula to treat an infant's medical condition may qualify with a Letter of Medical Necessity or prescription.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Injection Snore Plasty

If required for treatment of a medical condition, injection snore plasty may be eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Inpatient hospitalization services

Inpatient hospital services are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Insect Repellent

Insect repellent is not currently eligible. Awaiting further guidance from the IRS and have provided support as to why bug spray should be eligible. We will update our product list if the determination changes at any point, which we believe it may in the near future.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Not Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Not Eligible |
| Health Reimbursement Account (HRA) | Not Eligible |

P Insect-bite Creams and Ointments

Insect bite creams and ointments are not currently eligible. Awaiting further guidance from the IRS and have provided support as to why bug spray should be eligible. We will update our product list if the determination changes at any point, which we believe it may in the near future.

| | |
|------------------------------------|---------------|
| Flexible Spending Account (FSA) | Eligible w/Rx |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx |
| Health Reimbursement Account (HRA) | Eligible w/Rx |

P Instant Ear Thermometer

Instant ear thermometers are eligible OTC items that do not require a prescription.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Insulin

Insulin and related expenses (e.g., syringes) are always eligible without a doctor's prescription.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Insulin Supplies

Insulin and related expenses (e.g., syringes) are always eligible without a doctor's prescription.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Inversion Table

An inversion table may be an eligible expense when accompanied by a Letter of Medical Necessity.

| | |
|------------------------------------|----------------|
| Flexible Spending Account (FSA) | Eligible w/LMN |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/LMN |
| Health Reimbursement Account (HRA) | Eligible w/LMN |



P Joint pain relievers

Joint pain relievers are eligible OTC items with a prescription from a doctor.

| | |
|------------------------------------|---------------|
| Flexible Spending Account (FSA) | Eligible w/Rx |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx |
| Health Reimbursement Account (HRA) | Eligible w/Rx |

P Lactaid

If required for treatment of a medical condition, eligible with a Letter of Medical Necessity.

| | |
|------------------------------------|----------------|
| Flexible Spending Account (FSA) | Eligible w/LMN |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/LMN |
| Health Reimbursement Account (HRA) | Eligible w/LMN |



P Joint Supplement

Joint supplements that do not contain a medical ingredient are eligible OTC items that do not require a prescription from a doctor.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |



P Kenesio Tape

Kenosio tape is an eligible OTC item that does not require a prescription from a doctor.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Ketones Test Strips

Ketones test strips are eligible.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Kids Training Pants

Kids training pants are eligible OTC items that do not require a prescription.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Knee Wraps and Support

Knee wraps and supports are eligible OTC items that do not require a prescription.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Lactations Aids

Lactation aids are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Lactose Intolerance

Lactose intolerance medications are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Laetrile

When required for medical care, Laetrile is eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |

P Lanolin

Lanolin is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Lap Band Surgery

Lap band surgery is an eligible expense. Also see Gastric Bypass Surgery.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Laxatives

Laxatives are an eligible OTC medication with a prescription from a doctor.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Legal Fees in connection with fertility treatments

May qualify if the legal fees are in connection with a medical service for the account holder or qualified dependent.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |



P Makeup

Not required for treatment, prevention or diagnosis of a medical condition and therefore not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Masks, disposable

Disposable masks for general health purposes are not eligible. If required for treatment of a medical condition, the masks may be eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Mastectomy-related Bras

Mastectomy-related bras are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Maternity Clothes

Maternity clothes are not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Maternity Support Belt

A maternity support belt is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Mattress

Mattresses are sometimes eligible for an individual with an arthritic spine for purchase of a special mattress & plywood boards. The reimbursable cost would be the excess amount of the special items over the normally priced items. Otherwise, mattresses are ineligible if for general health.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |

P Medical Alert Bracelet

Medical alert bracelets are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Medical Equipment

Medical equipment is eligible, both OTC and with a prescription, although no prescription is required.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Medical information Plan Fees

Medical information plan fees are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Medical Marijuana

Under Federal law, possession of marijuana and other controlled substances is a crime, even if prescribed by a physician. This is the case even if state law allows and even if the Federal Department of Justice has taken a non-enforcement policy in states that have legalized the medical use of marijuana (e.g., California and Michigan) or the general use of marijuana (e.g., Colorado and Washington).

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Medical Monitoring

Medical monitoring is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Medical Testing Devices

Medical testing devices are eligible, both when purchased OTC and with a prescription (prescription not required).

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Medicated Body or Face Wash

Medicated body or face wash is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Medicated Hand Cream

When prescribed by a doctor, medicated hand cream is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Medicated Lip Treatments

Medicated lip treatments are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Medicated Shampoo

Medicated shampoo is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Medicated Toothpaste

Medicated toothpaste is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Medicine and Drugs, over-the-counter (OTC)

OTC drugs and medicines require a prescription from a doctor for reimbursement. These items are marked with a blue "Rx" logo on our website, while items not requiring a prescription are marked with a red checkmark.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Medicine Droppers

Medicine droppers are an eligible OTC item that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Medicine, prescription

OTC drugs and medicines require a prescription from a doctor for reimbursement. These items are marked with a blue "Rx" logo on our website, while items not requiring a prescription are marked with a red checkmark.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

P Medicines Purchased from Other Countries

Medicines purchased from other countries are not legal, and therefore not eligible according to the IRS and federal government.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Mediscope

A Mediscope is an eligible OTC item that does not require a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Menstrual Pain Relievers

Menstrual pain relievers are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Migraine Cooling Headache Pads

Migraine cooling headache pads are an eligible OTC item that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Migraine Relief

Migraine relief is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Mineral Supplements

Mineral supplements are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Moisturizer

Moisturizer is not an eligible expense.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Morning-After Pill

As a drug that contains a medicine, the morning-after pill is eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Motion Sickness Medicine

Motion sickness medicine with a prescription from a doctor is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Motion Sickness Wrist Bands

Motion sickness wrist bands are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Mouth Guard

A mouth guard for treatment of a medical condition such as teeth grinding is eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Mouthwash

Mouthwash is not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Multivitamins

Multivitamins are an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Muscle pain relievers

Muscle pain relievers are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

N

P Nail Polish

Nail polish is not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Nasal Aspirator

A nasal aspirator is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Nasal Spray

Nasal strips and nasal sprays are sometimes eligible, if a doctor's note indicates use is to treat sinus problems or other medical conditions (e.g., sleep apnea). Otherwise, these expenses are ineligible if the use is for athletic or general health purposes.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

P Nasal Strips

Nasal strips and nasal sprays are sometimes eligible, if a doctor's note indicates use is to treat sinus problems or other medical conditions (e.g., sleep apnea). Otherwise, these expenses are ineligible if the use is for athletic or general health purposes.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> Eligible w/Rx | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Naturopathic Healers

Naturopathic healers are eligible with a prescription from a doctor.

| | | |
|------------------------------------|---------------|--------------|
| Flexible Spending Account (FSA) | Eligible w/Rx | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx | |
| Health Reimbursement Account (HRA) | Eligible w/Rx | |

P Nausea Medicine

Nausea medicine is an eligible OTC item with a prescription from a Doctor.

| | | |
|------------------------------------|---------------|--------------|
| Flexible Spending Account (FSA) | Eligible w/Rx | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx | |
| Health Reimbursement Account (HRA) | Eligible w/Rx | |

P Nebulizer

A nebulizer is eligible.

| | | |
|------------------------------------|----------|--------------|
| Flexible Spending Account (FSA) | Eligible | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible | |
| Health Reimbursement Account (HRA) | Eligible | |

P Needle Container

A needle container is eligible.

| | | |
|------------------------------------|----------|--------------|
| Flexible Spending Account (FSA) | Eligible | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible | |
| Health Reimbursement Account (HRA) | Eligible | |

P Neti Pots

Neti pots are eligible.

| | | |
|------------------------------------|----------|--------------|
| Flexible Spending Account (FSA) | Eligible | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible | |
| Health Reimbursement Account (HRA) | Eligible | |

P Nicotine Gum

Nicotine gum is an eligible OTC drug with a prescription from a doctor.

| | | |
|------------------------------------|---------------|--------------|
| Flexible Spending Account (FSA) | Eligible w/Rx | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx | |
| Health Reimbursement Account (HRA) | Eligible w/Rx | |

P Nicotine Patches

Nicotine patches are an eligible OTC drug with a prescription from a doctor.

| | | |
|------------------------------------|---------------|--------------|
| Flexible Spending Account (FSA) | Eligible w/Rx | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx | |
| Health Reimbursement Account (HRA) | Eligible w/Rx | |

P Non-prescription drugs and medicine

Items containing an active medical drug or ingredient require a prescription for reimbursement, even if the item could be purchased over-the-counter.

| | | |
|------------------------------------|--|--------------|
| Flexible Spending Account (FSA) | | Not Eligible |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | | Not Eligible |
| Health Reimbursement Account (HRA) | | Not Eligible |

P Nutritional Supplements

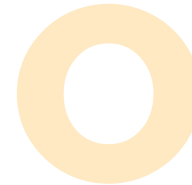
Nutritional supplements are eligible, and some require a prescription while some do not.

| | | |
|------------------------------------|--|----------------|
| Flexible Spending Account (FSA) | | Eligible w/LMN |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | | Eligible w/LMN |
| Health Reimbursement Account (HRA) | | Eligible w/LMN |

P Nutritionist

If it is medically necessary that a person sees a nutritionist for treatment of a medical condition, the cost is eligible with a Letter of Medical Necessity.

| | | |
|------------------------------------|--|----------------|
| Flexible Spending Account (FSA) | | Eligible w/LMN |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | | Eligible w/LMN |
| Health Reimbursement Account (HRA) | | Eligible w/LMN |



P Occlusal Guards

Occlusal guards are eligible OTC without a prescription.

| | | |
|------------------------------------|----------|--------------|
| Flexible Spending Account (FSA) | Eligible | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible | |
| Health Reimbursement Account (HRA) | Eligible | |

P Omega-3 Supplements

Omega-3 supplements are only eligible with a prescription from a doctor.

| | | |
|------------------------------------|--|---------------|
| Flexible Spending Account (FSA) | | Eligible w/Rx |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | | Eligible w/Rx |
| Health Reimbursement Account (HRA) | | Eligible w/Rx |

P Oral Glucose Gel

Oral glucose gel is eligible and only requires a prescription if containing a medical element.

| | | |
|------------------------------------|----------|--------------|
| Flexible Spending Account (FSA) | Eligible | |
| Limited Care FSA | Eligible | |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible | |
| Health Reimbursement Account (HRA) | Eligible | |

P Orthodontia Wax

Orthodontia wax is an eligible OTC item that does not require a prescription.

| | | |
|------------------------------------|----------|--------------|
| Flexible Spending Account (FSA) | Eligible | |
| Limited Care FSA | Eligible | |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible | |
| Health Reimbursement Account (HRA) | Eligible | |

P Orthopedic and Surgical Support

Orthopedic and Surgical Supports are eligible OTC items that do not require a prescription. The primary purpose of the support must be for treatment of a medical condition, and therefore, only certain types are eligible.

| | | |
|------------------------------------|----------|--------------|
| Flexible Spending Account (FSA) | Eligible | |
| Limited Care FSA | | Not Eligible |
| Dependent Care FSA | | Not Eligible |
| Health Savings Account (HSA) | Eligible | |
| Health Reimbursement Account (HRA) | Eligible | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.



P Orthopedic Neck Support

Orthopedic neck supports are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Orthopedic shoe inserts

Orthopedic shoe inserts are mostly eligible, although a specific few could be considered dual-purpose. To determine which inserts are eligible, shop at FSAstore.com.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Orthopedic Shoes

These expenses are sometimes eligible, if a doctor's note indicates items are to treat or alleviate a medical condition (e.g., weakened body parts). For inserts, the full cost is reimbursable. For shoes, only the excess cost over what a normally priced shoe would cost is reimbursable.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Orthotics

Orthotics are eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Over-The-Counter Items

OTC items are eligible on an FSA without a prescription. OTC drugs and medicines are eligible as well, but require a prescription from a doctor for reimbursement. These items are marked with a blue "Rx" logo on our website, while items not requiring a prescription are marked with a red check mark.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Over-the-Counter Medicine

OTC items are eligible on an FSA without a prescription. OTC drugs and medicines are eligible as well, but require a prescription from a doctor for reimbursement. These items are marked with a blue "Rx" logo on our website, while items not requiring a prescription are marked with a red check mark.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Ovulation Monitor

An ovulation monitor is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Oxygen Equipment

Oxygen equipment is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Pads

Some pads are eligible as they are primarily used for treatment of a medical condition. Visit our website to determine which pads are eligible and do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Pain Relief Eye Mask

A pain relief eye mask is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Pain Reliever

Pain reliever is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Particulate Respirator Mask

A Particulate Respirator Mask is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Peak Flow Meter

A Peak Flow Meter for someone with a diagnosed medical condition such as Asthma is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Pedometer

A Pedometer is only eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Perfume

Perfume is not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Peroxide

Peroxide is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|---------------|--|--------------|
| Flexible Spending Account (FSA) | Eligible w/Rx | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | Eligible w/Rx | | |

P Prenatal Vitamins

Prenatal vitamins are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Petroleum Jelly

Petroleum jelly is only eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|----------------|--|--------------|
| Flexible Spending Account (FSA) | Eligible w/LMN | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible w/LMN | | |
| Health Reimbursement Account (HRA) | Eligible w/LMN | | |

P Prescription Drugs and Medicines

Prescription drugs are eligible.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Pill Clock and Pill Boxes

A pill clock and boxes are eligible OTC items that do not require a prescription from a doctor.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Prescription drugs and medicines obtained from other countries

Importing prescription drugs from other countries generally will violate federal law and will therefore not be eligible.

| | | | |
|------------------------------------|--|--|--------------|
| Flexible Spending Account (FSA) | | | Not Eligible |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | | | Not Eligible |
| Health Reimbursement Account (HRA) | | | Not Eligible |

P Pill Cutters, Pill Box, Pill Sorters and Pill Organizers

The cost of a pill cutter, box, sorter or organizer is an eligible medical expense.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Probiotics

If necessary to treat a medical condition, Probiotics are eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|----------------|--------------|
| Flexible Spending Account (FSA) | | Eligible w/LMN | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | | Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | Eligible w/LMN | |

P Pillows for Lumbar Support

Pillows for lumbar support may be eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|----------------|--------------|
| Flexible Spending Account (FSA) | | Eligible w/LMN | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | | Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | Eligible w/LMN | |

P Progesterone, Testosterone Hormones

If necessary to treat a medical condition, Progesterone or testosterone hormones are eligible with a Prescription or Letter of Medical Necessity.

| | | | |
|------------------------------------|--|----------------|--------------|
| Flexible Spending Account (FSA) | | Eligible w/LMN | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | | Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | Eligible w/LMN | |

P Pregnancy & Fertility Kits

Pregnancy and fertility kits are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Prosthesis

The costs associated with prosthetics are eligible.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Pregnancy Tests

Pregnancy and fertility tests are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Pulse Oximeter

The cost of a pulse oximeter is an eligible expense.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | Eligible | | |

P Prenatal Gummy Vitamins

Prenatal gummy vitamins are an eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|----------|--|--------------|
| Flexible Spending Account (FSA) | Eligible | | |
| Limited Care FSA | | | Not Eligible |
| Dependent Care FSA | | | Not Eligible |
| Health Savings Account (HSA) | Eligible | | |
| Health Reimbursement Account (HRA) | | | Not Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

Q

P Q-tips

Q-tips are not an eligible expense.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Not Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Not Eligible |
| Health Reimbursement Account (HRA) | Not Eligible |

S

P Safety Glasses

Not required for treatment, prevention or diagnosis of a medical condition and therefore not eligible.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Not Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Not Eligible |
| Health Reimbursement Account (HRA) | Not Eligible |

R

P Saline Nasal Spray

Saline nasal spray is an eligible OTC item that does not require a prescription.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Reading Glasses

Both prescription and nonprescription reading glasses are eligible.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Scale, Food or Weight

If needed for treatment of a diagnosed medical condition, a scale for food or weight may be eligible with a Letter of Medical Necessity.

| | |
|------------------------------------|----------------|
| Flexible Spending Account (FSA) | Eligible w/LMN |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/LMN |
| Health Reimbursement Account (HRA) | Eligible w/LMN |

P Recliner chairs

Recliner chairs are typically not eligible. If prescribed by a doctor for treatment of a medical condition, may qualify with a Letter of Medical Necessity.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Not Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Not Eligible |
| Health Reimbursement Account (HRA) | Not Eligible |

P Scooter, electric

If necessary to treat a medical condition, the cost of an electric scooter is eligible with a Letter of Medical Necessity.

| | |
|------------------------------------|----------------|
| Flexible Spending Account (FSA) | Eligible w/LMN |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/LMN |
| Health Reimbursement Account (HRA) | Eligible w/LMN |

P Rehydration solution

Rehydration solution is eligible.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Sea-Band for Morning or Motion Sickness

Sea-Bands for morning or motion sickness are eligible OTC items that do not require a prescription.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible |
| Health Reimbursement Account (HRA) | Eligible |

P Rubbing Alcohol

Rubbing alcohol is an eligible OTC item with a prescription from a doctor.

| | |
|------------------------------------|---------------|
| Flexible Spending Account (FSA) | Eligible w/Rx |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx |
| Health Reimbursement Account (HRA) | Eligible w/Rx |

P Sedatives

Sedatives are eligible with a prescription.

| | |
|------------------------------------|---------------|
| Flexible Spending Account (FSA) | Eligible w/Rx |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Eligible w/Rx |
| Health Reimbursement Account (HRA) | Eligible w/Rx |

P Rubdowns

Unless necessary for the treatment of a medical condition in which a Letter of Medical Necessity will typically be required, the cost of rubdowns generally won't qualify.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Not Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Not Eligible |
| Health Reimbursement Account (HRA) | Not Eligible |

P Shampoo

Generally won't qualify. See Cosmetics and Toiletries.

| | |
|------------------------------------|--------------|
| Flexible Spending Account (FSA) | Not Eligible |
| Limited Care FSA | Not Eligible |
| Dependent Care FSA | Not Eligible |
| Health Savings Account (HSA) | Not Eligible |
| Health Reimbursement Account (HRA) | Not Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Sharps Container

The cost of a containers used for the disposal of needles is an eligible medical expense.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Shaving Cream or Lotion

Shaving cream or lotion is generally not eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Sinus Medicine

Sinus medicines are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Sinus Rinse

Sinus rinse is eligible.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Sitz Bath

The cost of a sitz bath is an eligible medical expense.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Skin Moisturizer

Skin moisturizer is generally not eligible. Also see Cosmetics and Toiletries.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Sleep Aids

Sleeping aids are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Smoking Cessation

Smoking cessation treatment is eligible with a prescription from a doctor or Letter of Medical Necessity.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Soap

Soap is not required for treatment, prevention or diagnosis of a medical condition and therefore not eligible. Medical soap may be eligible if prescribed.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | | <input type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input type="checkbox"/> Not Eligible |

P Special Foods (i.e. gluten-free)

If required for treatment of a medical condition, special foods are eligible with a Letter of Medical Necessity.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |

P Spermicidals

Spermicidals are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P St. John's Wort

St. John's Wort is an eligible OTC medicine with a prescription from a doctor.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Steam Inhaler

A steam inhaler is eligible without a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Steam Packs

Steam packs are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Stem Cell Storage

Stem cell storage may be eligible when necessary for treatment of a medical condition. A Letter of Medical Necessity will likely be required.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Eligible w/LMN |

P Stethoscope

A stethoscope is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Sun-protective (SPF) clothing

Sun-protective clothing is generally not eligible. In specific cases where it is necessary for a medical condition, it may be eligible with a Letter of Medical Necessity.

| | | |
|------------------------------------|--------------------------|--|
| Flexible Spending Account (FSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |

P Sunburn Creams and Ointments

Sunburn creams and ointments are eligible OTC items with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |

P Sunglasses

Expenses are sometimes eligible when an optometrist's note indicates the need to wear sunglasses over rigid contact lenses while outdoors in the daylight because of a congenital retina condition that makes the individual's eyes very intolerant of light.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |

P Sunscreen

SPF 15+ sunscreen is eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |

P Sunscreen for Kids

SPF 15+ sunscreen is eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |

P Sunscreen for Wet Skin

SPF 15+ sunscreen is eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |

P Sunscreen with Insect Repellent

SPF 15+ sunscreen is eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |

P Suntan Lotion without sunscreen

Suntan lotion that does not contain SPF of 15 or greater is not eligible.

| | | |
|------------------------------------|--------------------------|--|
| Flexible Spending Account (FSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |

P Supplements

Supplements are eligible OTC items that often require a prescription from a doctor. See our eligibility list to determine which supplements do and do not require a prescription for reimbursement.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | <input type="checkbox"/> |

P Supplies to treat a medical condition

Supplies necessary to treatment a medical condition that do not contain a medical ingredient are eligible OTC items that do not require a prescription.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |

P Support Braces

Support braces are an eligible OTC item that does not require a prescription from a doctor.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |

P Support Hose

Support hoses that are used to treat a medical condition are eligible. They may require a Letter of Medical Necessity for reimbursement.

| | | |
|------------------------------------|--------------------------|--|
| Flexible Spending Account (FSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Eligible w/LMN |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Eligible w/LMN |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Eligible w/LMN |

P Syringes

Syringes are eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | <input type="checkbox"/> |



P Tampons

Tampons are not eligible.

| | | |
|------------------------------------|--------------------------|--|
| Flexible Spending Account (FSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |

P Tattoo Removal

Tattoo removal is a cosmetic expense and therefore not eligible. Also see Cosmetic Procedures.

| | | |
|------------------------------------|--------------------------|--|
| Flexible Spending Account (FSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | <input type="checkbox"/> | <input checked="" type="checkbox"/> Not Eligible |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Teething Pain Reliever

Teething Pain Reliever is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Throat Lozenges

Throat lozenges are eligible OTC medicines with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Toiletries

Toiletries are not eligible.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Not Eligible |

P Therapy Eye Mask

Therapy eye masks are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | <input checked="" type="checkbox"/> Eligible | | |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Thermometer

Thermometers are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Toothache pain relievers

Toothache pain relievers are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Toothbrush

A toothbrush is not eligible.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Not Eligible |

P Toothpaste

Toothpaste is only eligible when prescribed by a doctor to treat a specific medical condition.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | | <input checked="" type="checkbox"/> Not Eligible |

P Topical Analgesics (Muscles and Arthritis)

Topical analgesics are an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Topical Skin Treatment

Topical skin treatment is an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Topical Steroids

Topical steroids are an eligible OTC item with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

P Travel Size Sunscreen

Travel size sunscreen SPF 15+ is eligible.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Treadmill

The cost of a treadmill would only be eligible if required for treatment of a medical condition and if a Letter of Medical Necessity is provided.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Tubal ligation

The cost of a tubal ligation or tubal ligation reversal is a qualified medical expense.

| | | | |
|------------------------------------|--|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Tylenol

Tylenol is eligible with a prescription from a doctor.

| | | | |
|------------------------------------|---|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Limited Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

U

P Viagra

Viagra is eligible with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Vitamins

Vitamins are eligible OTC items with a prescription from a doctor.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/LMN | |

P Upset Stomach Relief

Upset stomach relief are qualified over-the-counter medicines with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Urological Products

Urological products are eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Used Needle Container

Used needle containers are eligible OTC items that do not require a prescription.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P UV Protection Clothing

UV protection clothing is not eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Not Eligible |

V

P Walker

A walker is an eligible OTC item that does not require a prescription.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Walking Aids

Walking Aids are eligible OTC items that do not require a prescription from a doctor.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Wart Removal

Wart remover is an eligible OTC medicine with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Water Pik

Water piks are not eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | | <input checked="" type="checkbox"/> Not Eligible |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input checked="" type="checkbox"/> Not Eligible |
| Health Reimbursement Account (HRA) | | <input checked="" type="checkbox"/> Not Eligible |

P Vapor Rub

Vapor rub is an eligible OTC medicine with a prescription from a doctor.

| | | |
|------------------------------------|---|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible w/Rx | |

P Vaporizer

A vaporizer is an eligible OTC expense, however only specific vaporizers are currently approved on the SIGIS list. Only FSA eligible vaporizers are available through FSAstore.com.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

P Water-Resistant Sunscreen

Water-Resistant Sunscreen that is SPF 15+ is eligible.

| | | |
|------------------------------------|--|--|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | |
| Limited Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Dependent Care FSA | | <input checked="" type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | |

Note: The IRS defines which medical expenses are eligible under a tax-deferred account. However, plan sponsors may only allow some of these expenses with your plan. It's important to always check with your benefits administrator to determine which expenses are eligible before you shop.

P Wax for Braces

Wax for braces is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Wheelchair and Repairs

Expense is eligible if used to relieve sickness or disability. Also eligible are wheelchair accessories (e.g., cushions and ramps).

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Whirlpool Baths

Whirlpool baths may qualify with a Letter of Medical Necessity from a qualified practitioner.

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input type="checkbox"/> Eligible w/LMN | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Wig

Expenses are sometimes eligible, if a doctor's note indicates that the wig is essential to the mental health of an individual who has lost all hair as a result of disease or treatment of a disease (e.g., chemotherapy).

| | | | |
|------------------------------------|--|---|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Limited Care FSA | | <input type="checkbox"/> Eligible w/LMN | |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/LMN | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/LMN | |

P Wipes for Glasses

Wipes for glasses are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Wound Care

Wound care such as bandages are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Wound Seal Powder

Wound Seal Powder is an eligible OTC item that does not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

P Wrist Support

Wrist supports are eligible OTC items that do not require a prescription.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | <input checked="" type="checkbox"/> Eligible | | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | <input checked="" type="checkbox"/> Eligible | | |
| Health Reimbursement Account (HRA) | <input checked="" type="checkbox"/> Eligible | | |

Y

P Yeast Infection Medications

Yeast infection medications are eligible with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |

Z

P Zinc Supplements

Zinc supplements are eligible OTC items with a prescription from a doctor.

| | | | |
|------------------------------------|--|--|---------------------------------------|
| Flexible Spending Account (FSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Limited Care FSA | | | <input type="checkbox"/> Not Eligible |
| Dependent Care FSA | | | <input type="checkbox"/> Not Eligible |
| Health Savings Account (HSA) | | <input type="checkbox"/> Eligible w/Rx | |
| Health Reimbursement Account (HRA) | | <input type="checkbox"/> Eligible w/Rx | |