

Which medical expenses can be paid for with tax-deductible HSA funds?

Eligible medical expenses

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| Abortion | Eye surgery (laser or radial keratotomy) | Patterning exercises |
| Acupuncture | Eyeglasses – prescription sunglasses/safety glasses | Physical exams (routine, medical, well-child) |
| Alcoholism treatment | Eyeglasses – reading | Physical therapy |
| Ambulance | Fertility treatments (e.g., artificial insemination, egg donor fees, in vitro) | Prenatal/postnatal exams |
| Artificial limbs | Flu shots | Prescription drugs (special rules apply, e.g., prescription drugs obtained from out of country are not covered) |
| Asthma treatments/nebulizer | Fluoridation treatment at a dental office | Preventive care screenings (e.g., mammogram, colonoscopy) |
| Blood pressure monitoring devices | Gambling problem treatment | Prosthesis |
| Body scans (e.g., MRI, CAT Scan) | Hearing tests, aids and batteries | Psychiatric care |
| Brace (e.g., knee, back, wrist) | Home health care | Shipping and handling fees for eligible expenses |
| Braille books/magazines (excess cost) | Hormone replacement therapy (HRT) | Sleep study |
| Chiropractic treatments (e.g., adjustments) | Immunizations | Smoking cessation medications/programs |
| Circumcision | Individual counseling (counseling must be performed to alleviate or prevent a physical or mental defect or illness) | Speech therapy |
| Coinsurance amounts (health, dental or vision) | Lab tests | Support (e.g., wrist, knee, elbow) |
| Contact lenses (corrective) | Medical alert bracelet or necklace | Surgical stockings (e.g., Jobst stockings) |
| Contraceptives (e.g., birth control pills, condoms, Norplant) | Medical records charges | Taxes paid for eligible expenses |
| Convalescent home (for medical treatment only) | Mental health treatment facility | Telephone/television equipment for hearing-impaired persons (excess cost) |
| Copayments (health, dental or vision) | “Morning-after” contraceptive pills | Transportation expenses relative to health care (corresponding medical documentation requested) |
| C-PAP machine and supplies | Occlusal guards to prevent teeth grinding | Tubal ligation/tubal ligation reversal |
| Crutches (purchase or rental) | Oral surgery | Vaccinations |
| Deductibles (health, dental or vision) | Organ transplant (including donor’s expenses) | Vasectomy/vasectomy reversal |
| Dental procedures, non-cosmetic (e.g., X-rays, fillings, extractions, crowns, implants) | Orthodontics | Walkers/canes (purchase or rental) |
| Dentures/denture adhesive | Oxygen and oxygen equipment | Wheelchair (purchase or rental) |
| Diabetic supplies (e.g., insulin, syringe, monitor, insulin pump) | Patient responsibilities under the medical, dental or vision plan solely because of the plan’s deductible, copay (coinsurance), reasonable and customary charge limit or benefit limit | X-rays |
| Drug addiction/substance abuse treatment | | |
| Embryo, egg and sperm storage fees | | |
| Eye exams | | |

Potentially eligible medical expenses (requires Letter of Medical Necessity)

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| Abdominal supports | Fluoridation device | Mentally handicapped residential or group home |
| Air conditioner (capital expense) | Genetic testing | Mineral supplements (if prescribed by a physician for a specific medical condition) |
| Air purifier (potential capital expense) | Group therapy | Mouthwash |
| Arch supports | Guide dog/service animal (purchase, care for, training) | Orthopedic inserts |
| Athletic club membership | Herbal treatments | Orthopedic shoes (excess cost) |
| Autoette | Holistic or natural healers, dietary substitutes, drugs and medicines | Personal trainer fees |
| Automobile modifications (capital expense) | Home improvements (e.g., exit ramps, widening doorways) (capital expense) | Prescription drugs that also have a cosmetic purpose (e.g., Retin-A, Rogaine, Botox, Propecia) |
| Bariatric surgery | Household products/improvements to treat allergies | Special education costs for dependents with disabilities |
| Behavioral modification programs | Inclinor | Special foods/beverages (if prescribed by a physician to treat a specific condition) (excess cost) |
| Breast pumps | Lactation consultant | Stem cell, harvesting and/or storage of |
| Breast reconstructive surgery | Lead-based paint removal | Umbilical cord, freezing and storing of |
| Breast reduction surgery that is medically necessary | Learning disability treatment | Varicose veins, treatment of |
| Childbirth/lamaze classes (related to pre-birth) | Lodging (away from home for outpatient care – special rules may apply) | Vitamins (if prescribed by a physician for a specific medical condition, e.g., prenatal vitamins) |
| Cosmetic surgery (for repair or reconstruction after accident or surgery or for correction of birth defect) | Massage therapy | Weight loss program and medications (if prescribed by a physician for a specific medical condition – excludes food) |
| Dietary/nutritional supplements | Mastectomy-related special bras | Wigs |
| DNA collection and storage | Medical conference admission and transportation (excludes meals and lodging) | |
| Dyslexia testing and instruction | | |
| Elevator (capital expense) | | |
| Exercise equipment or programs | | |