

2014 MEDICAL PLANS

Purpose of Today's Meeting

- Recap of Medical Plan Changes
- 2014 Medical Plan Options and Rates
- Reimbursement/Savings Options
- Resources
- Open Enrollment (Oct 21 Nov 15)
- Q & A

Medical Plan Changes

Why change?

- Maintain affordable healthcare for employees
- Mitigate future rate increases
- Mitigate impact of Health Care Reform
- Health Care Consumerism
- Provide for retiree medical savings opportunities (e.g., pre-tax savings to a health savings account)

Medical Plan Changes

Medical plans no longer offered:

- HMO Blue New England
- Access Blue
- PPO (for out-of-state only)

Administrator for HRA, HSA, and FSA accounts:

Health Equity to replace Benefit Strategies

2014 Medical Plans

- **Three (3) Enrollment Options:**
 - 1) High Deductible Health Plan with Health <u>Reimbursement</u> Account (HDHP-HRA)
- New! 2) High Deductible Health Plan with Health <u>Savings</u> Account (HDHP-HSA)
 - New! 3) Low Deductible Health Plan (LDHP)

2014 Medical Plan Rates

| Medical Plan Options | Premium Cost Share – WHOI | Premium Cost Share - Employee | WHOI Contribution Towards Deductible |
|----------------------|---------------------------------|-------------------------------------|--|
| 1) HDHP with HRA | 75% | 25% | First 50% of Annual Deductible through Health Reimbursement Account |
| 2) HDHP with HSA | 75% | 25% | 50% of Annual Deductible in Health Savings Account |
| 3) LDHP | 60% | 40% | None |

| Monthly Rates (Total Premium) * | HDHP-HRA | HDHP-HSA | LDHP |
|------------------------------------|------------|------------|------------|
| Individual | \$ 519.27 | \$ 551.10 | \$ 596.67 |
| Employee + Child(ren) | \$ 934.69 | \$ 991.97 | \$1,074.01 |
| Employee + Spouse | \$1,038.54 | \$1,102.19 | \$1,193.35 |
| Family | \$1,471.09 | \$1,561.25 | \$1,690.38 |

* Represents the total monthly premium, employer + employee share combined

2014 Medical Plan Rates – Employee Cost

| Employee Cost (per pay period) | HDHP-HRA | HDHP-HSA | LDHP |
|-----------------------------------|----------|----------|----------|
| Individual | \$ 64.91 | \$ 68.89 | \$119.33 |
| Employee + Child(ren) | \$116.84 | \$124.00 | \$214.80 |
| Employee + Spouse | \$129.82 | \$137.77 | \$238.67 |
| Family | \$183.89 | \$195.16 | \$338.08 |

| Employee Cost (annually) | HDHP-HRA | HDHP-HSA | LDHP |
|-----------------------------|------------|------------|------------|
| Individual | \$1,557.84 | \$1,653.36 | \$2,863.92 |
| Employee + Child(ren) | \$2,804.16 | \$2,976.00 | \$5,155.20 |
| Employee + Spouse | \$3,115.68 | \$3,306.48 | \$5,728.08 |
| Family | \$4,413.36 | \$4,683.84 | \$8,113.92 |

2014 Medical Plan Highlights

| Medical Plan Features | High Deductible Health Plan with HRA | High Deductible Health Plan with HSA | Low Deductible Health Plan |
|---|--|---|---|
| BCBS Plan Name | Blue Care Elect Deductible | Blue Care Elect Saver | Advantage Blue |
| Annual Deductible * | \$2,000 individual \$4,000 family Under family coverage, each covered member is capped at \$2,000 | \$1,500 individual \$3,000 family Under family coverage, any member is subject to the entire family deductible (<i>no</i> <i>individual cap</i>) | \$500 individual \$1,000 family Under family coverage, each covered member is capped at \$500 |
| Out-of-Pocket Maximum | \$5,000 individual \$10,000 family | \$5,000 individual \$10,000 family | \$5,000 individual \$10,000 family |
| Provider Network | PPO national network | PPO national network | PPO national network |
| Out-of-Network Coverage | Yes, at an additional cost | Yes, at an additional cost | No, emergency only |
| Primary Care Physician | Not Required | Not Required | Not Required |
| Referrals to Specialist | Self-Referral | Self-Referral | Self-Referral |
| Services subject to annual deductible | All services, excluding preventive health services and Rx drugs | All services, excluding preventive health services | <i>Limited to Inpatient and Outpatient services, Rx excluded</i> |
| WHOI contribution towards annual deductible | First 50% of deductible funded through Health Reimbursement Account (e.g., up to first \$1,000 for individual and up to first \$2,000 for family coverage) | 50% of deductible funded through Health Savings Account (e.g., \$750 for individual and \$1,500 for family coverage) | None |

* Family coverage includes: employee + spouse, employee + child(ren), and employee + family coverage

2014 Medical Plan Comparison

| Medical Plan Features | High Deductible Health Plan with Health Reimbursement Account | | High Deductible Health Plan with Health Savings Account | | Low Deductible Health Plan |
|---|--|----------------|--|--------------------------------------|--------------------------------------|
| | In-Network | Out-of-Network | In-Network | Out-of-Network | In-Network Only |
| | Your Cost is: | Your Cost is: | Your Cost is: | Your Cost is: | Your Cost is: |
| Preventive Health Services ** (includes lab tests, x-rays, and other tests related to routine visit) | \$0 | * | \$0 | * | \$0 |
| Emergency Room Services | \$0 AD | \$0 AD | \$0 AD | \$0 AD | \$150 co-pay per visit |
| Clinic/Sick Visits (physician, podiatrist, chiropractor, etc.) | \$0 AD | * | \$0 AD | * | \$35 co-pay per visit |
| Lab Tests, X-Rays, Other Tests (diagnostic services not part of routine preventive visit) | \$0 AD | * | \$0 AD | * | \$0 AD |
| Inpatient Hospital Stay | \$0 AD | * | \$0 AD | * | \$0 AD |
| Outpatient Surgery | \$0 AD | * | \$0 AD | * | \$0 AD |
| Mental Health/Substance Abuse Inpatient Services Outpatient Services | \$0 AD \$0 AD | * | \$0 AD \$0 AD | * | \$0 \$20 co-pay per visit |
| Rx Prescription Drugs Retail Pharmacy Tier 1 Tier 2 Tier 3 Mail-Order Tier 1 Tier 2 | \$15 \$30 \$50 \$30 \$60 | N/A N/A | \$10 AD \$25 AD \$45 AD \$20 AD \$50 AD | \$20 AD \$50 AD \$90 AD N/A | \$15 \$30 \$50 \$30 \$60 |
| Tier 3 | \$150 | | \$135 AD | | \$150 |

AD = After Deductible

* Additional 20% co-insurance after deductible required when using an out-of-network provider.

** Listing of preventive/routine services covered by BCBSMA is available on the BCBS website and will be provided in Open Enrollment packets.

Reimbursement & Savings Options

Health Reimbursement Account (HRA)

- Tied to High Deductible Health Plan \$2,000/\$4,000
- WHOI funded only
- WHOI contribution is automatic
- HRA funds first 50% of annual deductible

Health Savings Account (HSA)

- Tied to qualified High Deductible Health Plan \$1,500/\$3,000
- WHOI and Employee funded
- WHOI contribution is non-taxable (will be funded upfront for 2014)
- Employee contribution is voluntary and pre-tax:
 - Flexibility to contribute or make changes to contribution amount at any time during the year

Reimbursement & Savings Options

- Healthcare Flexible Spending Account (FSA):
 - Employee funded only (pre-tax)
 - Employee FSA contributions are voluntary
 - Available to employees enrolled in the High Deductible with HRA plan and Low Deductible plan.
 - Per IRS rules, employee's enrolled in HSA <u>cannot</u> participate in a traditional FSA (eligible for 'limited purpose' FSA only)
- 'Limited Purpose' Healthcare Flexible Spending Account (LP-FSA):
 - Only for employees enrolled in High Deductible with HSA plan
 - Employee funded only (pre-tax)
 - Employee FSA contributions are voluntary

Comparison of HRA and HSA

| | Health Reimbursement Account (HRA) | Health Savings Account (HSA) |
|--|---|--|
| Tied to WHOI Medical Plan | High Deductible \$2000/\$4000 | High Deductible \$1500/\$3000 |
| Account Ownership | WHOI | Employee (always 100% vested) |
| Who Contributes | WHOI only | Employee, WHOI, Other |
| Age Restrictions | N/A | Not eligible if age 65+ and enrolled in Medicare |
| Annual Contribution Limit for 2014 | N/A | Individual Coverage: \$3,300 Family Coverage*: \$6,550 (plus \$1,000 age 55+ catch-up) |
| WHOI Contribution | Up to first 50% of annual deductible under HDHP-HRA plan | 50% of annual deductible under HDHP-HSA plan |
| Account Usage | Only for deductible expenses under HDHP-HRA plan | All eligible expenses as defined by IRS Code Section 213(d), plus additional allowances (see Appendix for detailed chart listing all eligible expenses) |
| Fund Availability | Automatic, up to first 50% of deductible | Up to HSA account balance |
| Taxation | WHOI contribution is non-taxable | Triple tax-free: contributions, interest, and distributions are all non-taxable if used for eligible expenses |
| Rollover of Unused Dollars | Not Allowed | HSA is fully owned by Employee. Unused HSA dollars rollover and continue to accumulate year over year |
| Payment Process | 'Auto Pay' to Provider | Employee directed |
| Availability to also participate in Healthcare Flexible Spending Account (FSA) | Yes, for eligible medical expenses not covered by the HRA | Yes, but for 'limited purposes' only (Per IRS, limited to dental & vision expenses when participating in an HSA) |

* Family coverage = employee + spouse, employee + child(ren), and employee + family medical coverage

Scenario 1: Individual Coverage (Low Utilization)

| Expense / Services | # Visits / Services | HDHP-HRA \$2,000/\$4,000 | HDHP-HSA \$1,500/\$3,000 | LDHP \$500/\$1,000 |
|--|------------------------|-----------------------------|-----------------------------|---------------------------|
| Annual Deductible | | \$2,000 | \$1,500 | \$500 |
| Routine Physical (no co-pay) | 1 | \$0 | \$0 | \$0 |
| Clinic/Sick Visit (non-routine) | 1 | \$150 | \$150 | \$35 co-pay |
| Prescription Drug (Retail co-pay) <i>Tier 1 (Generic)</i> | 3 | \$45 (\$15 co-pay x 3) | \$90 (\$30 retail x 3) | \$45 (\$15 co-pay x 3) |
| Total Out-of-Pocket Cost for Services | | \$195 | \$240 | \$80 |
| Annual Employee Premiums | | \$1,558 | \$1,653 | \$2,864 |
| Annual WHOI Reimbursement | | (\$150) | (\$240) * | (\$0) |
| Total Annual Employee Cost: | | \$1,603 | \$1,653 | \$2,944 |

* Use of WHOI HSA contribution is to the discretion of the employee.

- Services highlighted in yellow represent those that are subject to the deductible.

- Assumes all services are performed within network.

Scenario 2: Individual Coverage (Moderate Utilization)

| Expense / Services | # Visits / Services | HDHP-HRA \$2,000/\$4,000 | HDHP-HSA \$1,500/\$3,000 | LDHP \$500/\$1,000 |
|--|------------------------|-----------------------------|-----------------------------|---------------------------|
| Annual Deductible | | \$2,000 | \$1,500 | \$500 |
| Routine Physical (no co-pay) | 1 | \$0 | \$0 | \$0 |
| Clinic/Sick Visit (non-routine) | 2 | \$300 (\$150 x 2) | \$300 (\$150 x 2) | \$70 (\$35 co-pay x 2) |
| Hospital Stay | 1 | \$1,700 (met deductible) | \$1,200 (met deductible) | \$430 (met deductible) |
| Prescription Drug (retail co-pay) <i>Tier 1 (Generic)</i> | 3 | \$45 (\$15 co-pay x 3) | \$30 (\$10 co-pay x 3) | \$45 (\$15 co-pay x 3) |
| Total Out-of-Pocket Cost for Services | | \$2,045 | \$1,530 | \$545 |
| Annual Employee Premiums | | \$1,558 | \$1,653 | \$2,864 |
| Annual WHOI Reimbursement | | (\$1,000) | (\$750) * | (\$0) |
| Total Annual Employee Cost: | | \$2,603 | \$2,433 | \$3,409 |

* Use of WHOI HSA contribution is to the discretion of the employee.

- Services highlighted in yellow represent those that are subject to the deductible.

- Assumes all services are performed within network.

Scenario 3: EE + Spouse Coverage (Moderate Utilization)

| Expense / Services | # Visits / Services | HDHP-HRA \$2,000/\$4,000 | HDHP-HSA \$1,500/\$3,000 | LDHP \$500/\$1,000 |
|--|------------------------|------------------------------|------------------------------------|------------------------------|
| Annual Deductible | | \$4,000 | \$3,000 | \$1,000 |
| Routine Physical (no co-pay) | 2 | \$0 | \$0 | \$0 |
| Clinic/Sick Visit (non-routine) – Employee | 2 | \$300 (\$150 x 2) | \$300 (\$150 x 2) | \$70 (\$35 co-pay x 2) |
| Clinic/Sick Visit (non-routine) - Spouse | 2 | \$300 (\$150 x 2) | \$300 (\$150 x 2) | \$70 (\$35 co-pay x 2) |
| Emergency Room Visit - Employee | 1 | \$1,000 | \$1,000 | \$150 co-pay |
| Hospital Stay – Employee | 1 | \$700 (EE met deductible) | \$1,400 (met family deductible) | \$500 (EE met deductible) |
| Prescription Drug (retail co-pay) <i>Tier 1 (Generic)</i> | 3 | \$45 (\$15 co-pay x 3) | \$30 (\$10 co-pay x 3) | \$45 (\$15 co-pay x 3) |
| Total Out-of-Pocket Cost for Services | | \$2,345 | \$3,030 | \$835 |
| Annual Employee Premiums | | \$3,116 | \$3,307 | \$5,728 |
| Annual WHOI Reimbursement | | (\$2,000) | (\$1,500) * | (\$0) |
| Total Annual Employee Cost: | | \$3,461 | \$4,837 | \$6,563 |

* Use of WHOI HSA contribution is to the discretion of the employee.

- Services highlighted in yellow represent those that are subject to the deductible.

- Assumes all services are performed within network.

Scenario 4: Family Coverage (High Utilization)

| Expense / Services | # Visits / Services | HDHP-HRA \$2,000/\$4,000 | HDHP-HSA \$1,500/\$3,000 | LDHP \$500/\$1,000 |
|--|------------------------|-----------------------------------|------------------------------------|----------------------------------|
| Annual Deductible | | \$4,000 | \$3,000 | \$1,000 |
| Routine Physical (no co-pay) | 4 | \$0 | \$0 | \$0 |
| Clinic/Sick Visit (non-routine) – Employee | 4 | \$600 (\$150 x 4) | \$600 (\$150 x 4) | \$140 (\$35 co-pay x 4) |
| Clinic/Sick Visit (non-routine) - Spouse | 4 | \$600 (\$150 x 4) | \$600 (\$150 x 4) | \$140 (\$35 co-pay x 4) |
| Emergency Room Visit - Child | 2 | \$2,000 (child met deductible) | \$1,800 (met family deductible) | \$300 (\$150 co-pay x 2) |
| Hospital Stay – Spouse | 1 | \$800 (met family deductible) | \$0 | \$500 (spouse met deductible) |
| Prescription Drug (retail co-pay) <i>Tier 1 (Generic)</i> | 12 | \$180 (\$15 co-pay x 12) | \$120 (\$10 co-pay x 12) | \$180 (\$15 co-pay x 12) |
| Total Out-of-Pocket Cost for Services | | \$4,180 | \$3,120 | \$1,260 |
| Annual Employee Premiums | | \$4,413 | \$4,684 | \$8,114 |
| Annual WHOI Reimbursement | | (\$2,000) | (\$1,500) * | (\$0) |
| Total Annual Employee Cost: | | \$6,593 | \$6,304 | \$9,374 |

* Use of WHOI HSA contribution is to the discretion of the employee.

- Services highlighted in yellow represent those that are subject to the deductible.

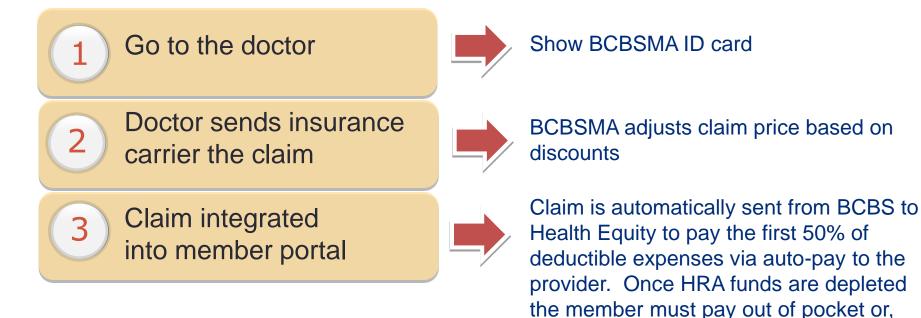
- Assumes all services are performed within network.

New Administrator for HRA, HSA, and FSA accounts

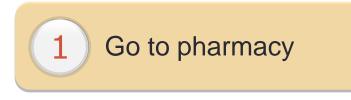
- Health Equity is replacing Benefit Strategies
- Health Equity offers full integration with BCBS for ease of claims management
- Online claims management and payment tools

How to pay for out-of-pocket expenses under the High Deductible with <u>HRA</u> plan

At the Doctor's Office:



At the Pharmacy:



Pay Rx copay depending upon tier (\$15/\$30/\$50). Can use FSA debit card or pay out-of-pocket. (HRA does not pay for Rx prescriptions)

should they have one, using their FSA

debit card.

How to pay for out-of-pocket expenses under the High Deductible with <u>HSA</u> plan

At the Doctor's Office:

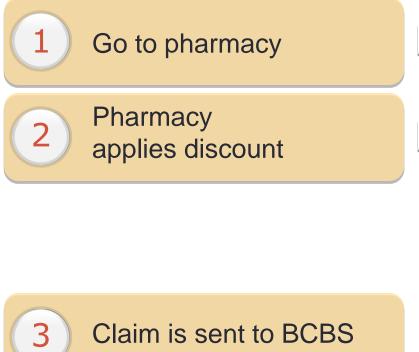


funds (if funds are available), or pay out of pocket if you prefer to save your HSA money. NOTE: you may reimburse yourself later from your HSA once funds are available.

Receive e-mail notification from Health Equity of payment/reimbursement as well as a monthly statement.

High Deductible with <u>HSA</u> plan...

At the Pharmacy:





Show your BCBSMA ID card

The mem your availa

The pharmacy will determine your member cost share. Pay pharmacy from your HSA funds by debit card (if funds are available), or pay out-of-pocket if you prefer to save your HSA money or if funds are not available. NOTE: you may reimburse yourself later from your HSA once funds are available.



BCBS will apply charges against your annual deductible.

How to pay for out-of-pocket expenses under the Low Deductible plan

At the Doctor's Office:



3

Go to the doctor

For services <u>not</u> subject to deductible

For services <u>subject</u> to deductible



Do not pay anything to doctor at the point of service. Doctor will submit claim to BCBSMA to adjust the claim price based on discounts. Then the doctor sends you a bill. Pay the bill with your FSA debit card or pay out-of-pocket if you don't have an FSA.

Pay doctor your office visit copay using

your FSA debit card or pay out-of-pocket if

Show BCBSMA ID card

you don't have an FSA.

Receive e-mail notification from Health Equity of payment/reimbursement as well as a monthly statement.

Low Deductible with an FSA...

At the Pharmacy:



Healthcare Flexible Spending Account (FSA)

- Can only be used with the High Deductible Plan with HRA and the Low Deductible Plan (employees enrolled in the HSA plan cannot participate in a traditional FSA).
- You may elect up to \$2,500 to set aside in a Health FSA for 2014 (limit subject to change by IRS) – cannot change your election unless you experience an IRS qualifying status change.
- Funds in your Health FSA can be used to pay for qualified medical expenses during the plan year
- Unused funds are forfeited at the end of the plan year ('Use-it-or-lose-it' rule)
- A full list of qualified expenses can be found at <u>http://www.irs.gov/pub/irs-pdf/p502.pdf</u>
- You will receive a debit card from Health Equity (HEQ) to help access FSA funds
- If you pay out-of-pocket and do not use your FSA debit card, you may submit for reimbursement from your FSA to take advantage of pre-tax savings
- IMPORTANT: Due to the change in vendors for 2014 from Benefit Strategies to Health Equity, will need to carefully manage your Health FSA expenses to be charged to the 2013 plan year.

'Limited Purpose' Healthcare Flexible Spending Account (LP-FSA)

- Only for employees enrolled in the High Deductible Plan with HSA for 2014
- May elect up to \$2,500 to set aside in a 'Limited Purpose' Health FSA for 2014 (limit subject to change by IRS) – cannot change your election unless you experience an IRS qualifying status change.
- Limited Purpose FSA funds can only be used to pay for qualified vision and dental services during the plan year. The LP-FSA can also be used for over-the-counter medications with a prescription. <u>LP-FSA funds may not be used to pay for medical</u> <u>expenses</u> as the HSA is intended for this use.
- Unused funds will be forfeited at the end of the plan year ('Use-it-or-lose-it' rule)
- You will receive a debit card from Health Equity (HEQ) to help access your LP-FSA funds. This will be a separate card from your HSA debit card.
- If you pay out of pocket and do not use the LP-FSA debit card, you may submit for reimbursement from your LP-FSA to take advantage of pre-tax savings

Recap/Summary:

Plan 1: High Deductible Plan with HRA

High Deductible with HRA (HDHP-HRA):

- BCBS Plan: Blue Care Elect Deductible
- Annual Deductible:
 - \$2,000/\$4,000
 - Individual cap per member
 - Only preventive services and Rx <u>not</u> subject to deductible
 - Once deductible is met, all services covered in full, except:
 - Rx requires copay
 - Out-of-network utilization requires additional 20% co-insurance
- WHOI funded HRA:
 - Pays first 50% of annual deductible
 - Auto pay to provider
 - Unused HRA dollars <u>do not</u> carryover
- Can also participate in the traditional Health FSA
 - Cannot be used for deductible expenses covered by HRA

Recap/Summary:

Plan 2: High Deductible Plan with HSA

High Deductible with HSA (HDHP-HSA):

- BCBS Plan: Blue Care Elect Saver
- Annual Deductible:
 - \$1,500/\$3,000
 - <u>No</u> individual cap per member
 - Only preventive services <u>not</u> subject to deductible
 - Once deductible is met, all services covered in full, except:
 - Rx requires copay
 - Out-of-network utilization requires additional 20% co-insurance
- Health Savings Account (HSA):
 - WHOI contribution: 50% of annual deductible funded in January
 - Employee HSA contributions voluntary
 - Employees age 65+ who are enrolled in Medicare cannot participate
 - HSA usage at employee's discretion
 - Unused HSA dollars <u>do</u> carryover & accumulate
- Can also participate in the 'limited purpose' Health FSA:
 - Only used for vision, dental, or over-the-counter medication with a prescription

Recap/Summary:

Plan 3: Low Deductible Plan

Low Deductible Health Plan (LDHP):

- BCBS Plan: Advantage Blue
- Annual Deductible:
 - \$500/\$1,000
 - Individual cap per member
 - Services subject to the deductible are limited to certain inpatient and outpatient services. Once deductible is met, these services are covered in full.
 - Office visits, ER visits, and Rx <u>not</u> subject to deductible and require a copay only
 - No out-of-network coverage
- Can also participate in the traditional Health FSA

Resources

BCBS of Massachusetts

- Member Central for access to your claims history
- Wellness resources visit "Healthy Living"
- Member Services at 800-241-0803 or visit <u>www.bluecrossma.com</u>

Health Equity

- Online administration for HRA, HSA, and FSA account(s)
- Customer Service Support at 877-694-3938 or visit
 <u>www.healthequity.com</u>
- Employee Demo Portal for Online Tutorials at <u>http://www.healthequity.net/BCBSMASales/BCBSMASalesDemo</u>

WHOI Human Resources

- HR website at http://www.whoi.edu/website/HR/2014-medical-plan-changes
- Linda Snow, Benefits Specialist x3763 or <u>lsnow@whoi.edu</u>
- Susan Darmofalski, HR Generalist x3743 or <u>sdarmofalski@whoi.edu</u>
- Denise Cabral, Benefits Manager x2217 or <u>dcabral@whoi.edu</u>
- Julie Fawkes, Sr. Admin. Assistant x2253 or jfawkes@whoi.edu

Important Dates

- October 8, 2013: BCBS and Health Equity Lobby Hours
- October 21, 2013: Benefits, Health & Wellness Fair
- October 21 November 15, 2013: Open Enrollment
- October 29, 2013: HR Information Session
- October 30, 2013: HR Information Session
- November 5, 2013: HR Information Session
- November 7, 2013: HR Information Session
- November 15, 2013: Open Enrollment Forms Due!

Important Reminders

- ALL benefits-eligible employees are required to return a benefits enrollment form this year due to the plan changes for 2014 (includes waivers and those remaining in HDHP-HRA plan)
- To assist HR with mass enrollment for 2014, completed enrollment forms should be returned to HR as soon as possible but no later than November 15, 2013!
- This presentation will be posted to the HR "Open Enrollment" website for future viewing

Questions?

Appendix

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HSA Eligible Expenses

IRS Code Section 213(d) Eligible Medical Expenses:

- Abdominal supports
- Abortion
- Acupuncture
- Air conditioner (when necessary for relief from difficulty in breathing)
- Alcoholism treatment
- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Autoette (when used for relief of sickness/disability)
- Birth Control Pills
- (by prescription)
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Contraceptive devices
- (by prescription)
- Convalescent home
- (for medical treatment only)
- Crutches
- Dental Treatment
- Dental X-rays
- Dentures
- Dermatologist
- Diagnostic fees
- Diathermy
- Drug addiction therapy
- Drugs (prescription)

- Elastic hosiery (prescription)
- Eyeglasses
- Fees paid to health institute
- prescribed by a doctor
- FICA and FUTA tax paid for medical care service
- Fluoridation unit
- Guide dog
- Gum treatment
- Gynecologist
- Healing services
- Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatment
- Lab tests
- · Lead paint removal
- Legal fees
- Lodging (away from home for outpatient care)
- Metabolism tests
- Neurologist
- Nursing (including board and meals)
- Obstetrician
- Operating room costs
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath

- Oxygen and oxygen equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal treatments
- Practical nurse for medical
- services
- Prenatal care
- Prescription medicines
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered nurse
- Special school costs for the handicapped
- Spinal fluid test
- Splints
- Sterilization
- Surgeon
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Transportation expenses
- (relative to health care)
- Ultra-violet ray treatment
- Vaccines
- Vasectomy
- Vitamins (if prescribed)
- Wheelchair
- X-rays

Additional Eligible Expenses from a Health Savings Account:

COBRA insurance premiums, Long-Term Care insurance premiums, Health Insurance premiums while collecting Unemployment, or Retiree Medical Expenses for: Medicare Advantage plans, Part B coverage, Rx coverage, and Out-of-Pocket medical expenses.

FSA Eligible Expenses

IRS Code Section 213(d) Eligible Medical Expenses:

- Abdominal supports
- Abortion
- Acupuncture
- Air conditioner (when necessary for relief from difficulty in breathing)
- Alcoholism treatment
- Ambulance
- Anesthetist
- Arch supports
- Artificial limbs
- Autoette (when used for relief of
- sickness/disability)
- Birth Control Pills
- (by prescription)
- Blood tests
- Blood transfusions
- Braces
- Cardiographs
- Chiropractor
- Christian Science Practitioner
- Contact Lenses
- Contraceptive devices
 (b) a properties
- (by prescription)
- Convalescent home
- (for medical treatment only)
- Crutches
- Dental Treatment
- Dental X-rays
- Dentures
- Dermatologist
- Diagnostic fees
- Diathermy
- Drug addiction therapy
- Drugs (prescription)

- · Elastic hosiery (prescription)
- Eyeglasses
- Fees paid to health institute prescribed by a doctor
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- Guide dog
- Gum treatment
- Gynecologist
- Healing services
- · Hearing aids and batteries
- Hospital bills
- Hydrotherapy
- Insulin treatment
- Lab tests
- · Lead paint removal
- Legal fees
- Lodging (away from home for outpatient care)
- Metabolism tests
- Neurologist
- Nursing (including board and meals)
- Obstetrician
- Operating room costs
- Ophthalmologist
- Optician
- Optometrist
- Oral surgery
- Organ transplant (including donor's expenses)
- Orthopedic shoes
- Orthopedist
- Osteopath

- Oxygen and oxygen
 equipment
- Pediatrician
- Physician
- Physiotherapist
- Podiatrist
- Postnatal treatments
- Practical nurse for medical
- services
- Prenatal care
- · Prescription medicines
- Psychiatrist
- Psychoanalyst
- Psychologist
- Psychotherapy
- Radium Therapy
- Registered nurse
- Special school costs for the handicapped
- Spinal fluid test
- Splints
- Sterilization
- Surgeon
- Telephone or TV equipment to assist the hard-of-hearing
- Therapy equipment
- Transportation expenses
- (relative to health care)
- Ultra-violet ray treatment
- Vaccines
- Vasectomy
- · Vitamins (if prescribed)
- Wheelchair
- X-rays

'Limited Purpose' FSA Eligible Expenses

Limited to these qualified expenses only:

- Dental care and orthodontia:
 - Fillings
 - X-rays
 - Braces
 - Caps and mouth guards
- Vision care:
 - Eyeglasses
 - Contact lenses
 - Solutions and Supplies
 - LASIK eye surgery
- Over-the-counter Medications with a prescription