

# PARTIAL GUIDE TO ALLOWABLE MEDICAL EXPENSES

For Definitive Information – See IRS Publication 502 Available at [www.irs.gov](http://www.irs.gov)

All expenses must be medically necessary and not reimbursable from any other source.

Expenses can be for you, your spouse or your dependents.

## **Deductibles, Co-Payments and Co-Insurance** including *over R&C* charges

### **Dental Expenses:**

- Routine & Preventive Services
- X-Rays
- Orthodontia & Appliances
- Restorative & Major Services
- Dentures
- Periodontal Services

### **Vision Care Expenses:**

- Exam
- Rx Glasses
- Contacts & Contact Supplies
- Corrective Surgery (Lasik)

### **Medicine**

- Prescription Drugs and medically-necessary non-prescription (OTC) drugs (e.g., Aspirin, Ibuprofen, stomach/indigestion meds, etc.)

### **Medical Equipment:**

- Wheelchairs or Lifts
- Crutches
- Oxygen Equipment & Supplies
- Air Purifier/Filters\*
- Special Beds or Mattress\*
- Rx Blood Pressure Monitor
- Glucose Monitor

### **Diabetic Supplies:**

- Test strips
- Insulin
- Lancets
- Syringe

**Hearing Expenses** including testing and hearing aids plus batteries and repairs

### **Counseling & Psychiatric**

#### **Treatment:**

- Psychiatrist & Psychotherapists
- Psychologists
- Legal Fees related to Commitment of Mentally Ill Person

#### **Therapy:**

- Treatment for Alcoholism
- Treatment for Chemical Dependency
- Physical Therapy
- Speech Therapy
- Rx Smoking Cessation
- Rx Weight Loss Program

### **Physical Examinations:**

- School & Work Physicals
- Annual Physical Exams
- Pap Smears
- Mammograms
- Prostate Screening

### **Assistance for Disabled Persons:**

- Braille or other special books/items
- Cost of specially equipping a home/car\*
- Guide Animals (Purchase & Care)
- Special Alert Systems

### **Fees & Services:**

- Physicians & Surgeons
- Anesthesiologists & Radiologists
- OB/GYN or other Specialists
- Ambulance (Air & Ground)
- Nursing (Including Room & Board)
- Fertility Treatment
- Sterilization & Reversals
- Legal Abortion
- Medically Necessary Cosmetic Services (e.g. following accident or mastectomy)
- Chiropractic Services

**Alternative/Holistic Services** if medically necessary & performed by licensed practitioners.

### **Other:**

- Medical Records
- Travel necessary to seek medical treatment (limitations apply)
- Organ/Tissue Donation Expenses
- Special Diet\*
- Support Garments\* & Wigs
- Orthotics
- Prosthesis, Artificial Limbs
- Orthopedic Shoes\*
- Shipping Charges for Mail Order Rx
- Sales Tax on OTC medications
- Bandages

*\*Reimbursement may be limited to differential between cost of normal item and special need item. Additional documentation (physician statement of need) may be required.*

### **Exclusions (Non-Reimbursable Expenses):**

- Over-the-Counter Supplies for Convenience Purposes (e.g., breast pump, non-prescription eye-wear such as sunglasses or clips, lotions or regular skin care, oral care such as toothpaste, toothbrush or floss, shampoo or conditioner, low "carb" or low calorie foods.
- Cosmetic Expenditures (e.g., teeth whitening, face-lifts, dermabrasion, chemical peels or spider vein treatment.)
- General Wellness expenses (e.g., health club dues, special foods, vitamins and supplements, exercise program and equipment, or weight loss programs).
- Marriage or Family Counseling
- Insurance Premiums (e.g., replacement insurance for contact lens, premiums for other health plan policies)
- Other: Missed Appointment Fees, Late Payment Fees or Interest Charges.

## **GUIDE TO ALLOWABLE DEPENDENT CARE (DAYCARE) EXPENSES**

Allowable Expenses include: BabySitter, Daycare, Nursery School, Pre-School, Montessori School, After-School, Summer Day Camp, and Au Pair Expenses.

- Custodial care for a dependent child under the age of 13 or custodial/elder care for an older dependent who is mentally/physically unable to care for themselves.
- Care must be for period when both parents (or single parent) are working, seeking work or attending school.
- Does not have to be a licensed day-care center – can be a relative or neighbor but participant must provide Social Security Number of care giver and file Form 2441 with annual tax return. Care-giver cannot be participant's dependent child under the age of 19.
- Benefit is mutually exclusive to dependent child care credit on annual tax return.
- Maximum benefit is established by IRS (Currently \$5,000 per year per family or \$2,500 if married filing separately)

Excluded Expenses include: Kindergarten, Educational Expenses, Tuitions, or Membership Dues/Fees.