

# Eligible Expenses for Your Horizon MyWay Flexible Spending Account (FSA)

You can use your Horizon MyWay Flexible Spending Account (FSA) to pay for a wide variety of health, dental and vision care products and services for you and your covered dependents.

The IRS determines which expenses are eligible for reimbursement. This list identifies the eligibility of some of the most common expenses.

EXPENSE	ELIGIBLE
Acne treatments (over-the-counter)	✓ (Rx)
Acupuncture	✓
Adoption (medical expenses related to)	✓
Adoption fees	NO
Alcoholism treatment	✓
Allergy and sinus medicine and products (over-the-counter)	✓ (Rx)
Allergy treatments	✓ (LMN)
Alternative dietary supplements (for treatment of a medical condition)	✓ (LMN)
Alternative dietary supplements (for treatment of a medical condition)	✓ (LMN)
Alternative drugs, medicines and treatment products (for treatment of a medical condition)	✓ (LMN)
Ambulance and emergency health services	✓
Anesthesia (for noncosmetic purposes)	✓ (Rx)
Antacid (over-the-counter)	✓ (Rx)
Antibiotic ointment (over-the-counter)	✓ (Rx)
Aspirin or other pain reliever (over-the-counter)	✓ (Rx)
Asthma medicines or treatments (over-the-counter)	✓ (Rx)
Athletic treatments/braces	✓
Bandages and related items (over-the-counter)	✓
Botox	✓ (LMN)
Birth control/contraceptives (prescription or over-the-counter)	✓
Blood pressure monitor	✓
Body scans	✓
Braille books and magazines (difference in cost only)	✓
Breast pump (for a lactating woman)	✓

EXPENSE	ELIGIBLE
Breast reconstruction surgery (following mastectomy)	✓
Breastfeeding classes	NO
Canker and cold sore treatments (over-the-counter)	✓ (Rx)
Car modifications (as required for a medical condition diagnosed by a licensed health care professional)	✓ (LMN)
Chest rubs (over-the-counter)	✓ (Rx)
Child or newborn care instruction	NO
Childbirth classes/lamaze/prenatal classes (charges for mother only)	✓
Chiropractic care (office visit and treatment)	✓
Cholesterol test kits and supplies	✓
Christian Science practitioners	✓
COBRA premiums (dental, medical, prescription, vision, other; paid with after-tax dollars only)	NO
Coinsurance (dental, medical and/or prescription)	✓
Cold and flu medicine and prevention (over-the-counter)	✓ (Rx)
Cold cream (over-the-counter)	NO
Compression or anti-embolism socks, stockings or hose	✓
Concierge medical fees (billed for actual services received)	✓
Concierge medical fees (billed for future availability of services, with no services actually received)	NO
Contact lenses and solutions	✓
Copayment (dental, medical, prescription and/or vision)	✓
Cord blood storage (for future treatment of a birth defect or known medical condition)	✓ (LMN)
Cord blood storage (for unidentified future use)	NO
Corn and callus remover (over-the-counter)	✓ (Rx)
Corneal keratotomy	✓

LMN	In addition to the required detailed receipt, you need to submit a Letter of Medical Necessity, signed by your doctor, to verify this expense is a medically-necessary treatment for a known medical condition.
Rx	The Affordable Care Act (ACA) requires you submit an actual prescription from your doctor, in addition to the required detailed receipt. The prescription must be written by your doctor (on a prescription pad or form) and dated on or before the date you incurred the expense to verify this over-the-counter medicine is prescribed for a known medical condition.



Horizon Blue Cross Blue Shield of New Jersey

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EXPENSE	ELIGIBLE
Cosmetic procedures or surgery	NO
Cosmetic procedures or surgery for birth defects, accidents and/or disease	✓ (LMN)
Cough drops and sore throat lozenges (over-the-counter)	✓ (Rx)
Cough syrup (over-the-counter)	✓ (Rx)
Counseling (for treatment of a medical condition)	✓
Counseling (marriage)	NO
CPR classes (adult or child)	NO
Crutches, canes, walkers or like equipment (purchase or rental)	✓
Dancing lessons (for treatment of a medical condition)	✓ (LMN)
Deductible (dental, medical, prescription and/or vision)	✓
Dental care (for non-cosmetic purposes, including sealants)	✓
Dental insurance/plan premiums (paid with after-tax dollars only)	NO
Dental products for general health	NO
Dental reconstruction (including implants)	✓
Dental veneers	✓
Dental, oral, and teething pain products (over-the-counter)	✓ (Rx)
Dentures, bridges, etc.	✓
Dermatology treatments and products	✓ (LMN)
Diabetic monitors, test kits, strips and supplies	✓
Diagnostic services (dental or vision)	✓
Diagnostic services (other than dental or vision)	✓
Diaper rash ointments and creams (over-the-counter)	✓ (Rx)
Diapers and diaper services	NO
Dietary supplements (for treatment of a medical condition)	✓ (LMN)
Doula or birthing coach	✓ (LMN)
Drug addiction treatment	✓
Drugs (imported)	NO
Drugs and medicines (over-the-counter)	✓ (Rx)
Dyslexia treatment	✓ (LMN)
Ear drops and wax removal (over-the-counter)	✓ (Rx)
Electrolysis	NO
Emergency kits (over-the-counter)	NO
Erectile dysfunction prescriptions	✓
Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed health care professional)	✓ (LMN)
Eye drops and treatments (over-the-counter)	✓ (Rx)
Eye examinations	✓
Eye related equipment/materials	✓
Eye surgery or treatment to correct vision	✓
Eyeglasses (prescription)	✓

EXPENSE	ELIGIBLE
Face lifts	NO
Feminine hygiene products	NO
Fertility monitor (over-the-counter)	✓
Fertility treatment (for employee, spouse or dependent)	✓
Fertility treatment (for non-dependent surrogate)	NO
First aid kits (over-the-counter)	✓
Fitness programs (as treatment for a medical condition diagnosed by a licensed health care professional)	✓ (LMN)
Flu shots	✓
Funeral expenses	NO
Gastrointestinal medication (over-the-counter)	✓ (Rx)
Guide dog (dog, training, care)	✓
Hair regrowth products	NO
Hair removal	NO
Hair transplant	NO
Hair wig (cancer related)	✓
Hand lotion (over-the-counter)	NO
Health club dues (as treatment for a medical condition diagnosed by a licensed health care professional)	✓ (LMN)
Health Savings Account (HSA) contributions	NO
Hearing aids and batteries	✓
Herbal or homeopathic medicines (over-the-counter)	✓ (LMN)
Home improvements (as required for a medical condition diagnosed by a licensed health care professional)	✓ (LMN)
Hospital services and fees	✓
Household help	NO
Humidifier, air filter and supplies	✓ (LMN)
Illegal surgeries or substances	NO
Immunizations/vaccinations	✓
Incontinence supplies – Medical Pads/Bandages	✓
Infertility treatment (for employee, spouse or dependent)	✓
Insulin, testing materials and supplies	✓
Insurance/plan premiums (paid with pre-tax dollars)	NO
Lab (medical)	✓
Laboratory fees	✓
Lactose intolerance medication (over-the-counter)	✓ (Rx)
Laser eye surgery/Lasik	✓
Late payment fees charged by health care professional	NO
Laxatives (over-the-counter)	✓ (Rx)
Learning disability treatments	✓
Lice treatment (over-the-counter)	✓ (Rx)
Listening therapy	✓

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EXPENSE	ELIGIBLE
Lodging (limited to \$50 per night for patient to receive medical care and \$50 per night for one caregiver)	✓ (LMN)
Long-term care premiums (up to IRS tax-free limit, see IRS Publication 502)	NO
Long-term care services	NO
Long-term disability insurance premiums	NO
Magnetic therapy (over-the-counter)	✓ (LMN)
Massage therapy (for treatment of a medical condition)	✓ (LMN)
Mastectomy-related special bras	✓
Maternity clothes	NO
Medical abortion	✓
Medical equipment (for treatment of medical condition) and repairs	✓
Medical insurance/plan premiums (paid with after-tax dollars only)	NO
Medical literature, books, pamphlets or audio	NO
Medical monitoring and testing devices	✓
Medical records charges	NO
Medical savings account (MSA) contributions	NO
Medical supplies (for treatment of a medical condition)	✓
Medicare alternative insurance/plan premiums (paid with after-tax dollars only)	NO
Medicare alternative insurance/plan premiums (vs. Part A & Part B, paid with after-tax dollars only)	NO
Medicare Part B insurance	NO
Medicare supplement policy premiums	NO
Midwife	✓
Mileage (for travel to/from anything other than eligible health care)	NO
Mileage (for travel to/from eligible health care)	✓
Modified equipment (difference in cost only)	✓ (LMN)
Monitors and test kits (over-the-counter)	✓
Motion sickness medication (over-the-counter)	✓ (Rx)
Nasal sprays	✓ (Rx)
Nasal strips (over-the-counter)	✓ (Rx)
No-show fees charged by health care professional	NO
Nonprescription drugs and medicines (for non-cosmetic purposes)	✓ (Rx)
Norplant insertion or removal	✓
Nursing services (wages and taxes)	✓
Nutritional supplements (for treatment of a medical condition)	✓ (LMN)
OB/GYN fees	✓
Occlusal guards to prevent teeth grinding	✓

EXPENSE	ELIGIBLE
Occupational therapy (related to a medical condition or disability)	✓
Office visits (behavioral health, chiropractor, dental, medical, therapy, vision)	✓
Operations (for non-cosmetic purposes)	✓
Operations (for vision and dental only)	✓
Optometrist/ophthalmologist fees	✓
Organ transplants (recipient and donor)	✓
Ortho keratotomy	✓
Orthodontia (braces and retainers)	✓
Orthopedic and surgical supports	✓
Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe)	✓ (LMN)
Orthotics	✓
Ovulation monitor (over-the-counter)	✓
Oxygen	✓
Parental fees (billed for actual services received; for disabled children)	✓
Parental fees (billed for future availability of services, with no services actually received; for disabled children)	NO
Physical exams	✓
Physical therapy	✓
Physician retainer fee (for on-call or concierge services)	NO
Pregnancy tests (over-the-counter)	✓
Prescription drugs (for non-cosmetic purposes)	✓
Prescription drugs for cosmetic purposes	NO
Psychiatric/therapy	✓
Radial keratotomy (RK)	✓
Reading glasses (over-the-counter)	✓
Sales tax, shipping and handling fees (for any eligible expense)	✓
Sleep aids and sedatives (over-the-counter)	NO
Smoking cessation (programs/counseling)	✓
Smoking cessation drugs (prescription)	✓
Smoking cessation gum or patches (over-the-counter)	✓ (Rx)
Special equipment	✓ (LMN)
Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only)	✓ (LMN)
Special school (for mental and physical disabilities)	✓ (LMN)
Speech therapy	✓
Spermicidals	✓ (Rx)
Sterilization	✓ (Rx)
Student health fees for dental services (billed for actual services received)	✓

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EXPENSE	ELIGIBLE
Student health fees for dental services (no services actually received; billed for future availability of services)	NO
Student health fees for medical services (billed for actual services received)	✓
Student health fees for medical services (no services actually received; billed for future availability of services)	NO
Student health fees for prescription services (billed for actual services received)	NO
Student health fees for prescriptions (no services actually received; billed for future availability of services)	✓
Student health fees for vision services (billed for actual services received)	✓
Student health fees for vision services (no services actually received; billed for future availability of services)	NO
Sunglasses (over-the-counter)	NO
Sunglasses (prescription)	✓
Sunscreen with SPF <15 or suntan lotion (over-the-counter)	NO
Sunscreen with SPF 15+ and "broad spectrum", sunburn creams and ointments (over-the-counter)	✓
Supplies (for treatment of a medical condition)	✓
Surgery (for non-cosmetic purposes)	✓
Swimming lessons (for treatment of a medical condition)	✓ (LMN)
Teeth bleaching or whitening	NO
Toothpaste, medicated (difference in cost only of medicated toothpaste over the standard toothpaste)	✓ (Rx)
Toothpaste, toothbrush, floss, etc.	NO
Transgender treatments/surgery	✓ (LMN)
Transportation, parking and related travel expenses (essential to receive eligible care)	✓
Transportation, parking and related travel expenses, for non-eligible expenses	NO

EXPENSE	ELIGIBLE
Tubal ligation	✓
Tuition or educational classes (for a specific medical condition)	✓ (LMN)
Urological products	✓
UV protection clothing	NO
Vaccinations	✓
Varicose vein removal surgery (for medical care)	✓
Vasectomy	✓
Vision care	✓
Vision products (over-the-counter)	✓
Vitamins (prescription)	✓
Vitamins for general health purposes (over-the-counter)	NO
Walking aids (canes, walkers, crutches and related supplies)	✓
Warranties or other charges for future anticipated services (with none actually received)	NO
Wart removal treatments (over-the-counter)	✓ (Rx)
Weight loss counseling	✓ (LMN)
Weight loss drugs (for treatment of a medical condition)	✓ (Rx)
Weight loss foods	NO
Weight loss program (for treatment of a medical condition)	✓ (LMN)
Weight loss program (to improve or maintain general health)	NO
Wheelchair and repairs	✓
Wound care (over-the-counter)	✓
X-ray fees (dental)	✓
X-ray fees (medical)	✓

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Horizon Blue Cross Blue Shield of New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, gender, national origin, age, disability, pregnancy, gender identity, sex, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Spanish (Español): Para ayuda en español, llame al **1-855-477-AZUL (2985)**.

Chinese (中文)：如需中文協助，請致電 **1-800-355-BLUE (2583)**。