## **TEXFLEX**





## **Health Care Account**

- · Copays, deductibles, and coinsurance
- Acupuncture
- · Blood pressure monitors
- Body scans
- Childbirth classes
- Chiropractic care
- Contact lenses (prescription), solutions, cleaners and cases
- Dental care (including crowns, endodontic services, fillings, implants, oral surgery, periodontal services and sealants, but not porcelain veneers)
- Diabetic supplies
- Fertility treatments\*
- First aid kits
- Flu shots
- Foot care (e.g., athlete's foot products, arch supports, callous removers, etc.)
- Hearing aids (including batteries)
- Home diagnostic tests and kits (e.g., cholesterol, colorectal screenings, etc.)
- Home medical equipment\* (e.g., crutches, wheelchairs, canes, oxygen, respirators, etc.)
- Laser eye surgery\*
- Learning disability therapies\* (including speech therapy and remedial reading)
- Medical supplies
- Mental health counseling
- Occupational therapy

- Orthodontia
- · Over-the-counter medicine
- Physical therapy
- Prescription drugs
- Preventive care screenings
- Prosthetics
- · Psychiatric services and care
- · Service animals
- Shipping and handling charges for medical needs, such as eligible over-the-counter items and mail-order prescriptions
- Smoking cessation products
- · Specialized equipment and services for disabled persons\*
- Substance abuse treatment
- Sunscreen\*
- · Transportation expenses related to medical care
- Vision care (including prescription eyeglasses, prescription sunglasses, and vision correction procedures)

## **Dependent Care Account**

- Child care (at a day care center, day camp, sports camp, nursery school or by a private sitter)
- Before and after-school care (must be billed separately from tuition)
- Adult day care expenses
- Expenses for a housekeeper whose duties include caring for an eligible dependent
- · Placement fee expenses and stipend for an au pair

Eligible expenses are subject to change based on IRS guidance. This document provides a general overview and is not inclusive, nor a guarantee of eligibility or payment.

<sup>\*</sup>Expenses that require a letter of medical necessity from your health care provider in order to be considered eligible for reimbursement.