



STATE OF MINNESOTA Flexible Spending Account Medical/Dental Expense Account (MDEA) Eligible Expense Worksheet



The Medical/Dental Expense Account (MDEA) allows an employee to set aside pre-tax dollars to pay for eligible medical, dental, and vision expenses that are not paid by insurance, as well as eligible over the counter drugs. You can use this account for out-of-pocket expenses incurred by you, your spouse, and your qualified dependents.

The following is a partial list of eligible expenses. These include expenses related to the diagnosis, care, treatment, or prevention of disease. Eligible expenses are generally those permitted by Section 213(d) of the Internal Revenue Code.

Examples of Reimbursable Health Care Expenses

- Abortion – if legal
- Acupuncture
- Adoption – medical expenses incurred before adoption is finalized
- Alcoholism or drug dependency treatment and treatment centers
- Ambulance
- Artificial limbs and teeth
- Automobile modifications for physically handicapped person
- Birth control pills
- Blood pressure monitoring devices
- Body scan (ex: MRI, CT scan)
- Braille books and magazines – only amount paid ABOVE the cost of regular printed materials
- Breast pumps and related lactation supplies.
- Childbirth preparation classes for mother, **excludes** cost for “coach”
- Chiropractors
- Christian Science practitioners for specific medical care
- Contact lenses and contact lens solutions
- Contraceptives – including condoms
- Counseling – to treat a specific medical condition, **excludes** marriage counseling
- Crutches
- Deductible, coinsurance, and co-pay amounts if underlying expense is eligible
- Dental treatment, including dentures, orthodontia (braces and retainers), and occlusal guards to prevent teeth grinding
- Diabetic insulin, syringes and glucose monitoring equipment
- Diagnostic services
- DNA Tests (only the portion related to genetic testing or medical care)
- Eye examination
- Eyeglasses, prescription sunglasses, reading glasses, and eyeglass cleaner
- Fertility treatments – if treatment impacts the participant or dependent of participant, includes shots, treatment, surgery, IVF, GIFT, ovulation monitor, fees for storage of sperm or embryo (*short-term; no longer than one year*)
- Flu shots
- Guide dog or other animal aide – purchase, training, and veterinary care of animal
- Hearing aids and batteries
- Home modifications to accommodate handicapped person
- Hospital services
- Immunizations
- Incontinence supplies
- Laboratory fees
- Language training for child with dyslexia or disabled child
- Laser eye surgery, radial keratotomy, LASIK, corneal ring segments
- Lead-based paint removal – to prevent a child, who has or has had lead poisoning from eating the paint, **excludes** cost of repainting
- Lodging for medical care – \$50 per night for outpatient, essential medical care, up to \$100 if companion required
- Mastectomy-related specialty bras
- Medic-alert bracelet or necklace (only to treat a medical condition)
- Medical conference admission and transportation to/from – expenses for admission and transportation to medical conference relating to chronic disease of participant or dependent, includes transportation to city where conference is held and local transportation to conference. Cost of meals and lodging is not allowed
- Medical information plan – expenses charged for storing and retrieving medical records from a computer data bank
- Medical monitoring and testing devices (ex: blood pressure monitor, glucose kits, etc.)
- Medical records charges
- Medical supplies – (ex: bandages, gauze, carpal tunnel wrist supports etc.) **excludes** personal comfort items
- Mental institution or special home-care for mentally ill or mentally disabled person who is unsafe when left alone
- Norplant insertion or removal
- Nursing services – nurse expenses, board and care for a specific medical condition, **excludes** nursing services for a healthy baby
- Nutritionist’s professional expenses – if to treat a specific medical condition, **excludes** expense for general health
- Obstetrical expenses
- Organ transplants or donation
- Orthodontia
- Orthopedic shoes, only the cost over what normal shoes would cost
- Osteopathy
- Over-the-counter items (see the OTC Expense Worksheet for information about eligible OTC items)
- Oxygen and equipment
- Patterning exercises for a mentally disabled child
- Physical exams – excluding employment related physicals & sports physicals
- Pregnancy test (includes over-the-counter tests)
- Prescription medications – **excludes** medication to stimulate hair growth or prescriptions for cosmetic purposes
- Psychiatric care – includes cost of supporting mentally ill dependent at a special center which provides medical care
- Psychologist – medical care if to treat a specific medical condition
- Reconstructive surgery following mastectomy
- Screening tests (e.g. hearing, vision, cholesterol)
- Sleep deprivation testing and treatment
- Smoking cessation program – includes programs and prescription drugs
- Special schooling for physically or mentally handicapped – main reason for using school is its resources for relieving the disability
- Speech therapy
- Sterilization procedures
- Support or corrective devices (such as orthopedic shoes)

- Surgery to improve deformity from congenital abnormality, personal injury from accident or trauma, or disfiguring disease
- Taxes imposed on reimbursable medical care or products, along with shipping or handling fees
- Telephone – purchase and repair for special telephone equipment for hearing impaired person
- Television for hearing-impaired person – equipment which

- displays the audio part of TV programs (costs of specially equipped television that exceed the cost of regular models only)
- Transportation – expenses for essential medical care (18 cents per mile for 2019; 20 cents per mile for 2020; Rate subject to IRS changes), parking and tolls
- Wheelchair – purchase, operation, and upkeep
- X-rays

Examples of Reimbursable Health Care Expenses that Require a Doctor’s Note of Medical Condition

The following are examples of expenses that require a physician’s letter of medical necessity. Please include, with the claim, a physician’s statement or prescription indicating the specific medical condition requiring the item or service being submitted for reimbursement, the specific items or services prescribed and the timeframe the items or services are to be used. Doctor’s note is required each calendar year.

Remember: All over-the-counter medications require a physician’s prescription to be eligible for reimbursement (excluding diabetic insulin)

- Air purifier
- Chelation (EDTA) therapy
- Chinese Herbal Doctor/herbs
- Ear plugs
- Exercise equipment
- Health institute treatment
- Holistic or naturopathic remedies
- Learning disability (amount paid to special school or specially trained teacher for severe learning disability caused by mental or physical impairments)
- Massage therapy - for specific injury or trauma, **excludes** treatment to relieve stress. (Note must include medical condition, length of time treatment will be needed, and number of sessions during stated time.)
- Vitamins (**excludes** multi or one a day vitamins)
- Weight loss program or drugs prescribed to induce weight loss
- Wigs –for a patient who has lost all of their hair from disease or treatment

Examples of Non-Reimbursable Health Care Expenses

- Air Conditioners (units or central air systems)
- Allergy treatment products and household improvements to treat allergies – examples – filters, pillows, and special vacuums –products that would be owned even without allergies
- Any charges incurred outside the plan year, even if paid for during the current plan year
- Baby-sitting, child care and nursing services for a healthy baby
- Cosmetic surgery, electrolysis, and/or hair transplants
- Cost of remedial classes for non-handicapped child
- Dance or ballet lessons for improvement of general health
- Diapers or diaper service unless for specific medical condition
- DNA collection and storage (very limited exceptions)
- Employment related physicals
- Fees/dues for exercise, fitness programs, athletic, or health club membership, even if prescribed by physician
- Finance or interest charges
- Funeral expenses
- Illegal operations or treatments
- Insurance premiums
- Laser hair removal, even when prescribed by a physician
- Marriage counseling
- Maternity clothes
- Mattresses
- Over the counter medications or vitamins for general well-being – even with physician’s prescription
- Propecia and/or Rogaine – prescription drugs to stimulate hair growth
- Safety Glasses (unless lenses are prescribed)
- Sperm or embryo storage fees (*i.e. if longer than one year*)
- Student health fees
- Sunglass clips
- Swimming lessons for improvement of general health
- Teeth whitening
- TEFRA/Parental fees
- Veneers
- Warranty and protection plans
- Weight reduction program for general well being
- Whirlpools

Estimate Your Reimbursable Costs For:

<u>Medical</u>		\$
_____		_____
_____		_____
<u>Dental</u>		\$
<u>/Vision</u>		_____
<u>/OTC</u>		_____
_____		_____
Total estimated reimbursable health care expenses		\$ _____

Per paycheck amount

\$ _____ / _____ = \$ _____ /paycheck
 Total reimbursable expenses Pay periods/year