






What Is a Qualified Medical Care Expense?

You can use your **YourWay Benefits Account** to pay (or get reimbursed) for qualified insurance premiums, as well as hundreds of other qualified medical care expenses. Note that some YourWay Plans (or coverage types under the Plan) may restrict the types of qualified medical care expenses that are reimbursable from your Benefits Account. For more information, refer to our **What are the Different YourWay HRA Coverage Types?** resource after logging in to your Portal Account at portal.yourwaybenefits.com to confirm what coverage type you have.

The IRS does require us to verify that all expenses do qualify. The tables in this document are designed to help you determine the types of qualified insurance premiums and other medical care expenses that are qualified expenses, as well as any additional information that is required for that expense.

To help you navigate this document, please refer to the color-coded key below:

-  This expense **IS** eligible for reimbursement. Proper supporting documentation is required. See our "What is Proper Supporting Documentation?" resource for more details.
-  This expense **IS** eligible for reimbursement, but **a doctor's prescription or letter of medical necessity (LOMN) is required** to show that the expense was primarily for the treatment of a specific diagnosis. See our "What is a Letter of Medical Necessity?" resource for more information.
-  The expense is **NOT** eligible for reimbursement.

Qualified Insurance Premiums

Expense Type	Qualified Expense?
Medical ¹	Yes
Employer Sponsored Group Health Plan	No
Dental	Yes
Vision	Yes
Qualified Long-Term Care	Yes
Medicare Part B	Yes
Medicare Part C (Medicare Advantage)	Yes
Medicare Part D (Medicare Drug Coverage)	Yes
Medicare Supplement	Yes
Tricare Premiums ²	See 2 below

Note: IRS-qualified premiums deducted from your paycheck after taxes are eligible, unless your employer offers a pretax option. Premiums deducted from your spouse's paycheck after taxes may be eligible.

¹Includes (1) individual health insurance premiums that are not or will not be subsidized by the Premium Tax Credit or any other Subsidy.

²Eligible for reimbursement only after separation from employment.

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LOMN = Letter of Medical Necessity

Expense Type	Qualified Expense?
Abortion	Yes
Activity Tracker	Requires a LOMN
Acupressure	Requires a LOMN
Acupuncture	Yes
Air Ambulance Services or Membership	Yes
Alcoholism Treatment	Yes
Allergy Treatment Products, Other Than Medicine	Requires a LOMN
Ambulance	Yes
Anesthesia	Yes
Annual Physical Examination	Yes
Artificial Eye, Limbs, and Teeth Prosthesis	Yes
Asthma Delivery Devices	Yes
Athletic Braces	Yes
Autopsy	No
Bandages	Yes
Birth Control (Prescription)	Yes
Blood Pressure Monitor	Yes
Blood Storage	Requires a LOMN
Body Scans	Yes
Braille Books and Magazines	Yes
Breast Pumps, Purchase or Rental	Yes
Breastfeeding Classes	Yes
Cancer Screenings	Yes
Car Seats	No
Carpal Tunnel Wrist Supports	Yes
Chair Lift	Requires a LOMN
Childcare or babysitting	No
Chiropractic Care	Yes
Cholesterol Test Kits	Yes
Chondroitin or Glucosamine	Yes
Christian Science Practitioners, for Medical Care	Yes
Circumcision	Yes
Co-insurance	Yes
Cold or Hot Packs, for Medical Care	Yes

Expense Type	Qualified Expense?
Compression Socks, Stockings, and Hose	Yes
Condoms	Yes
Contact Lenses and Solutions	Yes
Co-payments	Yes
Cosmetics, Makeup, and Toiletries	No
CPR Classes	No
Deductible	Yes
Defibrillator	Yes
Dehumidifier	No
Dental Care	Yes
Dental Floss	No
Dermatology visits and prescriptions for acne and other medical conditions	Yes
Diabetic Supplies and Equipment	Yes
Diagnostic Tests	Yes
Dietician	Requires a LOMN
Disabled Dependent Care	Requires a LOMN
Doctor Fees	Yes
Drug Addiction or Overdose Treatment	Yes
Ear Plugs	Yes
Erectile Dysfunction Treatment	Yes
Exercise Equipment	Requires a LOMN
Experimental Drugs or Medical Services, Legally Obtained	Yes
Eye Drops	Requires a LOMN
Eyeglasses	Yes
Fertility and Infertility Treatments	Yes
First Aid Kits or Supplies	Yes
Fluoridation Services	Yes
Fluoride Treatment (Over-the-Counter)	Requires a LOMN
Food, Diet or Weight Loss	No
Funeral Expenses	No
Gambling Addiction Treatment	Requires a LOMN
Gym Membership	Requires a LOMN
Gynecologist	Yes
Handicap, Disability Placards, and License Plates	Yes

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LOMN = Letter of Medical Necessity

Expense Type	Qualified Expense?
Healthcare Sharing Ministry Fees	No
Hearing Aids, Batteries, and Supplies	Yes
Heart Rate Monitor	Yes
Heating Pads or Wraps, for Medical Care	Yes
Home Diagnostic Kits, Tests, and Devices	Yes
Hormone Replacement Therapy (HRT)	Requires a LOMN or Prescription
Hospice Care	Yes
Hospital Services	Yes
Humidifier	Requires a LOMN
Hydrotherapy	Requires a LOMN
Hypnosis	Requires a LOMN
Illegal Operations and Treatments	No
Immunizations or Vaccinations	Yes
Incontinence Supplies (Adult Diapers)	Yes
Insect Repellant	Requires a Prescription
Insulin	Yes
Inversion Table	Requires a LOMN
Laboratory Fees	Yes
Lactation Aids and Consultation	Yes
Laser Eye Surgery (Lasik)	Yes
Late Payment Fees	No
Latex Gloves	Requires a LOMN
Lodging While Away from Home Receiving Medical Care (You may include lodging costs for the patient and a necessary traveling companion (i.e., parent with sick child or travel to be with a sick spouse), up to \$50 per person, per night for lodging.)	Yes
Long-Term Care Services	Requires a LOMN or Prescription
Massage Therapy	Requires a LOMN or Prescription

Expense Type	Qualified Expense?
Mastectomy-related Expenses (Breast prosthesis, bra or other clothing designed to hold the breast prosthesis, special bra, or other clothing with built-in breast prosthesis)	Yes
Maternity Girdle or Support Belt	Yes
Medical Alert Bracelet or Necklace	Yes
Medical Equipment, Services, and Supplies	Yes
Medicare and Medicare Supplement Expenses	Yes
Missed Appointment Fees	No
Mouthguard	Yes
Mouthwash	No
Nasal Strips or Sprays	Requires a Prescription
Neti Pot	Yes
Neurologist	Yes
Nursing Services, Provided at Home	Requires a LOMN
Nutritionist	Requires a LOMN
Obstetrical (OB/GYN) Care	Yes
Oncologist	Yes
Ophthalmologist	Yes
Optometrist	Yes
Organ Transplants, Recipient or Donor	Yes
Orthodontia	Yes
Orthopedic and Surgical Supports	Yes
Orthotics, Custom and Over-the-Counter	Yes
Osteopath	Yes
Ostomy and Colostomy Supplies	Yes
Over-the-Counter Drugs and Medicines (Acne treatment, allergy or sinus, antacids, antibiotic ointments, cold and flu medicine, decongestants, diarrhea medicine, insect bite creams and ointments, lactose intolerance tablets, laxatives, menstrual product & pain relievers, pain relievers, smoking cessation, sunburn creams, throat lozenges, topical steroids, wart removal, yeast infection medication)	Yes

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LOMN = Letter of Medical Necessity

Expense Type	Qualified Expense?
Ovulation Kit	Yes
Oxygen and Oxygen Equipment	Yes
Paternity Testing	No
Personal Protection Equipment (PPE) (Masks, hand sanitizer, sanitizing wipes)	Yes
Physical Therapy	Yes
Pill Cutters, Boxes, Sorters, and Organizers	Yes
Pillows for Support	Requires a LOMN
Pregnancy Tests	Yes
Prenatal Vitamins	Yes
Psychiatric Care and Services	Yes
Psychoanalysis	Yes
Psychologist	Yes
Psychotherapist	Yes
Reading Glasses	Yes
Rehabilitation Center or Convalescent Home	Yes
Respite Care	Yes
Safety Goggles, Prescription	Yes
Scale, Food, or Weight	Requires a LOMN
Scooter, Electric	Requires a LOMN
Service Animal, Guide Dog, or Companion	Requires a LOMN
Sitz Bath	Yes
Skin Tag Removal	Requires a LOMN
Sleep Deprivation Treatment	Yes
Speech Therapy	Yes
Standing desk	Requires a LOMN

Expense Type	Qualified Expense?
Stem Cell Harvesting or Storage	Requires a LOMN
Sterilization Procedure or Reversals	Yes
Sunglasses, Prescription	Yes
Sunscreen	Yes
Supplements (Calcium, dietary, fiber, herbal, joint, mineral, St. John's Wort)	Requires a LOMN or Prescription
Surcharges, Spousal or Tobacco (Paid with after-tax dollars)	Yes
Surgery, Non-cosmetic	Yes
Surrogate or Gestational Carrier Expenses	No
Teeth Whitening	No
Telemedicine, Including Online Consultation	Yes
Toothbrush	No
Toothpaste	No
Transplants	Yes
Transportation, for Medical Care (Airfare, bus fare, personal car mileage, parking, subway, taxi fare, toll fees)	Yes
Ultrasound, Prenatal	Yes
Urinalysis	Yes
Varicose Veins Treatment	Requires a LOMN
Vision Care	Yes
Vitamins (except for prenatal, glucosamine, and chondroitin)	Requires a LOMN
Walking Aids	Yes
Wheelchair	Yes

Expenses for items or services intended to maintain good health and not treat a diagnosed medical condition are usually not eligible.

If you have a question regarding an item or service not listed, please contact our customer care team at **1-888-865-1628**.

You can also visit the full list of IRS 213 eligible and ineligible expenses via this link: <https://www.irs.gov/publications/p502>