

# Using Your HRA

## General expenses

- Acupuncture
- Alcoholism and drug treatment center costs
- Birth control pills
- Chiropractic
- Christian Science
- Contact lenses, solutions, etc.
- Co-pays
- Coinsurance
- Deductibles
- Dental
- Eye glasses
- Fertility treatments
- Gynecology/Obstetrics
- Hearing aids and batteries
- Immunizations
- Laser eye surgery
- Lifetime care at medical facility
- Medical supplies and equipment
- Naturopathic
- Organ transplants
- Orthodontia
- Osteopathy
- Physical therapy
- Prescription medicines
- Preventive care
- Psychiatric
- Retirement home (*costs allocable to medical care*)
- Stop smoking programs
- Transportation (*subject to IRS limits*)

# Common Examples of Eligible Expenses

## Over-the-counter (OTC)

**NO PRESCRIPTION REQUIRED (effective 01-01-20)**

**(medicines and drugs):**

- Acne medications
- Allergy medicines
- Antacids
- Aspirin
- Cold medicines
- Cough suppressants
- Dietary supplements
- Eye products (*Visine®*)
- First aid creams/liquids
- Herbal medicines
- Nicotine gum/patches
- Pain relievers
- Sinus medications
- Sleeping aids
- St. John's Wort
- Weight loss drugs

**(non-medicine items):**

- Bandages
- Crutches
- Insulin
- Diagnostic devices (*blood sugar kits*)
- Menstrual products (*effective 01-01-20*)

**OTC ITEMS NOT ELIGIBLE**

- Cosmetics; face creams
- Medicated shampoos
- Tooth brushes (*including electronic*)
- Vitamins (*most cases*)

## Insurance premiums

- Medical\*
  - Dental
  - Vision
- } *After-tax*
- Long-term care (*tax-qualified; subject to IRS limits*)
  - Medicare Part B
  - Medicare Part D
  - Medicare supplement plans

\*Includes marketplace exchange premiums that are not or will not be subsidized by the Premium Tax Credit.

## Medicare

- Co-pays
- Coinsurance
- Deductibles
- Home health care
- Hospice care
- Hospital stay
- Outpatient hospital services
- Skilled nursing facility stay

## Military retiree coverage

- Deductibles
- Medicare Part B premiums
- Medicare Part D premiums
- Office visit copays
- Miscellaneous medical, dental, and vision expenses
- TRICARE premiums (*medical and dental plans*)

# Medical Care Expense Table

The IRS requires the Plan verify that all expenses reimbursed or paid from your health reimbursement arrangement (HRA) are for qualified medical care. The table below will help you determine what expense types qualify as medical care.

Section 213(d) of the Internal Revenue Code defines qualified expenses and premiums, in part, as “medical care” amounts paid for insurance or “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body...”

**Expenses that are merely beneficial to your general health and do not serve a medical purpose are not qualified medical care expenses.** In addition, expenses solely for cosmetic reasons are not usually considered expenses for medical care.

This table has two columns:

1. The **Expense Type** column contains a list of expense types in alphabetical order.
2. The **Qualified Expense?** column contains a “Yes,” “Requires a LOMN (or Prescription),” or “No.” This indicates whether the listed expense is or is not a qualified medical expense. In some cases, you may need to submit special documentation, such as a doctor’s prescription or letter of medical necessity (LOMN)\*, before we can reimburse your out-of-pocket cost as a qualified medical care expense. A color-coded key is included below to help you navigate this resource.

	This expense <b>IS</b> eligible for reimbursement. Standard supporting documentation is required.
	This expense <b>IS</b> eligible for reimbursement, but <u>a doctor’s prescription or LOMN is required</u> to show that the expense was primarily for the treatment of a specific medical
	The expense is <b>NOT</b> eligible for reimbursement.

As a general reminder, you cannot use your HRA account for:

1. Expenses incurred before you become claims-eligible;
2. Expenses for services that have not been received yet or items that have not been purchased; and
3. Expenses that have been reimbursed or paid for by another source (for example, insurance, FSA, HSA, etc.)

This is not an exhaustive list. If you have a question regarding an item or services that is not listed in this table, contact the Customer Care Center at 1-888-659-8828 or [customer care@hraveba.org](mailto:customer care@hraveba.org).

\*For more information about an LOMN, including a sample form, read our **What is a Letter of Medical Necessity?** handout

# Medical Care Expense Table

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
Alternative healers and medicine	Requires a LOMN
Ambulance	Yes
Anesthesia	Yes
Annual physical examination	Yes
Artificial eye, limbs, 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, standard	No
Carpal tunnel wrist supports	Yes

# Medical Care Expense Table

<b>Chair lift</b>	Requires a LOMN
<b>Child care or babysitting</b>	No
<b>Chiropractic care</b>	Yes
<b>Cholesterol test kits</b>	Yes
<b>Chondroitin or Glucosamine</b>	Requires a LOMN
<b>Christian Science practitioners, for medical care</b>	Yes
<b>Circumcision</b>	Yes
<b>Co-insurance</b>	Yes
<b>Cold or hot packs, for medical care</b>	Yes
<b>Compression socks, stockings, hose</b>	Yes
<b>Condoms</b>	Yes
<b>Contact lenses and solution</b>	Yes
<b>Co-payments</b>	Yes
<b>Cosmetics, makeup, and toiletries</b>	No
<b>COVID-19 tests</b>	Yes
<b>CPR classes</b>	No
<b>Deductible</b>	Yes
<b>Defibrillator</b>	Yes
<b>Dehumidifier</b>	No
<b>Dental care</b>	Yes
<b>Dental floss</b>	No
<b>Dermatology</b>	Requires a LOMN
<b>Diabetic supplies and equipment</b>	Yes
<b>Diagnostic tests</b>	Yes
<b>Dietician</b>	Requires a LOMN
<b>Disabled dependent care</b>	Requires a LOMN
<b>Doctor fees</b>	Yes

# Medical Care Expense Table

<b>Drug addiction or overdose treatment</b>	Yes
<b>Ear plugs</b>	Yes
<b>Erectile dysfunction treatment</b>	Yes
<b>Exercise equipment</b>	Requires a LOMN
<b>Experimental drugs or medical services, legally obtained</b>	Yes
<b>Eye drops</b>	Requires a LOMN
<b>Eye glasses</b>	Yes
<b>Fertility and infertility treatments</b>	Yes
<b>First aid kits or supplies</b>	Yes
<b>Fluoridation services</b>	Yes
<b>Fluoride treatment (over-the-counter)</b>	Requires a LOMN
<b>Food, diet or weight loss</b>	No
<b>Funeral expenses</b>	No
<b>Gambling addiction treatment</b>	Yes
<b>Gym membership</b>	Requires a LOMN
<b>Gynecologist</b>	Yes
<b>Handicap, disability placards and license plates</b>	Yes
<b>Health Care Sharing Ministry fees</b>	No
<b>Hearing aids, batteries, and supplies</b>	Yes
<b>Heart rate monitor</b>	Yes
<b>Heating pads or wraps, for medical care</b>	Yes
<b>Home diagnostic kits, tests, and devices</b>	Yes
<b>Hormone replacement therapy (HRT)</b>	Requires a LOMN or Prescription
<b>Hospice care</b>	Yes
<b>Hospital services</b>	Yes
<b>Humidifier</b>	Requires a LOMN
<b>Hydrotherapy</b>	Requires a LOMN

# Medical Care Expense Table

<b>Hypnosis</b>	Requires a LOMN
<b>Illegal operations and treatments</b>	No
<b>Immunizations or vaccinations</b>	Yes
<b>Incontinence supplies (adult diapers)</b>	Yes
<b>Insect repellent</b>	Requires a Prescription
<b>Insulin</b>	Yes
<b>Insurance premiums</b> <ul style="list-style-type: none"> <li>• COBRA (paid with after-tax dollars only)</li> <li>• Dental</li> <li>• Dental maintenance organizations (DMO) fees</li> <li>• Medical</li> <li>• Tax-qualified long-term care (up to indexed annual limit)</li> <li>• Vision</li> </ul> <p>Premiums for employer-sponsored group health coverage that could be paid on a pre-tax basis under the employer's cafeteria plan are not a qualifying expense.</p>	Yes
<b>Inversion table</b>	Requires a LOMN
<b>Laboratory fees</b>	Yes
<b>Lactation aids and consultation</b>	Yes
<b>Laser eye surgery (Lasik)</b>	Yes
<b>Late payment fees</b>	No
<b>Latex gloves</b>	Requires a LOMN
<b>Lodging while away from home receiving medical care</b> You may include lodging costs for the patient and a necessary traveling companion (e.g., parent with sick child or travel to be with a sick spouse), up to \$50 per person, per night for lodging.	Yes
<b>Long-term care services</b>	Requires a LOMN
<b>Masks, disposable</b>	Requires a LOMN
<b>Massage therapy</b>	Requires a LOMN or Prescription
<b>Mastectomy related expenses</b> (breast prosthesis, bra or other clothing designed to hold the breast prosthesis, special bra or other clothing with built in breast prosthesis)	Yes

# Medical Care Expense Table

<b>Maternity girdle or support belt</b>	Yes
<b>Medical alert bracelet or necklace</b>	Yes
<b>Medical equipment, services and supplies</b>	Yes
<b>Medicare and Medicare Supplement expenses</b>	Yes
<b>Menstrual products</b>	Yes
<b>Missed appointment fees</b>	No
<b>Mouth guard</b>	Yes
<b>Mouthwash</b>	No
<b>Nasal strips or sprays</b>	Requires a Prescription
<b>Neti pot</b>	Yes
<b>Neurologist</b>	Yes
<b>Nursing services, provided at home</b>	Requires a LOMN
<b>Nutritionist</b>	Requires a LOMN
<b>Obstetrical (OB/GYN) care</b>	Yes
<b>Oncologist</b>	Yes
<b>Ophthalmologist</b>	Yes
<b>Optometrist</b>	Yes
<b>Organ transplants, recipient or donor</b>	Yes
<b>Orthodontia</b>	Yes
<b>Orthopedic and surgical supports</b>	Yes
<b>Orthotics, custom and over-the-counter</b>	Yes
<b>Osteopath</b>	Yes
<b>Ostomy and colostomy supplies</b>	Yes
<b>Over-the-Counter drugs and medicines*</b> (acne treatment, allergy or sinus, antacids, aspirin, antibiotic ointments, cold and flu medicine, decongestants, diarrhea medicine, insect bite creams and ointments, lactose intolerance tablets, laxatives, menstrual products and pain relievers, pain relievers, smoking cessation, sunburn creams, throat lozenges, topical steroids, wart removal, yeast infection medication)	Yes
<i>*Prescription or letter of medical necessity required if purchased before January 1, 2020. This requirement does not apply to purchases made on or after January 1, 2020.</i>	

# Medical Care Expense Table

Ovulation kit	Yes
Oxygen and oxygen equipment	Yes
Paternity testing	No
Physical therapy	Yes
Pill cutters, boxes, sorters, and organizers	Yes
Pillows for support	Requires a LOMN
Pregnancy tests	Yes
Prenatal vitamins	Requires a Prescription
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
Stem cell harvesting or storage	Requires a LOMN
Sterilization procedure or reversals	Yes
Sunglasses, prescription	Yes
Sunscreen	Yes



# Medical Care Expense Table

<b>Supplements</b> (calcium, dietary, fiber, herbal, joint, mineral, St. John's Wart)	Requires a LOMN or Prescription
<b>Surcharges, spousal or tobacco (paid with after-tax dollars)</b>	Yes
<b>Surgery, non-cosmetic</b>	Yes
<b>Surrogate or gestational carrier expenses</b>	No
<b>Teeth whitening</b>	No
<b>Telemedicine, including online consultation</b>	Yes
<b>Toothbrush</b>	No
<b>Toothpaste</b>	No
<b>Transplants</b>	Yes
<b>Transportation, for medical care</b> (airfare, bus fare, personal car mileage, parking, subway, taxi fare, toll fees)	Yes
<b>TRICARE, fees associated with</b>	Yes
<b>Ultrasound, prenatal</b>	Yes
<b>Urinalysis</b>	Yes
<b>Varicose veins treatment</b>	Requires a LOMN
<b>Vision care</b>	Yes
<b>Vitamins</b>	Requires a LOMN
<b>Walking aids</b>	Yes
<b>Wheelchair</b>	Yes