

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.

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| | This expense IS eligible for reimbursement. Standard supporting documentation is required. |
| | This expense IS 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 NOT 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.

*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 |

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

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|---|---------------------------------|
| 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 |
| Eye glasses | 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 | Yes |
| Gym membership | Requires a LOMN |
| Gynecologist | Yes |
| Handicap, disability placards and license plates | Yes |
| Health Care 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 |

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| Hypnosis | Requires a LOMN |
| Illegal operations and treatments | No |
| Immunizations or vaccinations | Yes |
| Incontinence supplies (adult diapers) | Yes |
| Insect repellent | Requires a Prescription |
| Insulin | Yes |
| Insurance premiums <ul style="list-style-type: none"> • COBRA (paid with after-tax dollars only) • Dental • Dental maintenance organizations (DMO) fees • Medical • Tax-qualified long-term care (up to indexed annual limit) • Vision <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 |
| 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 (e.g., 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 |
| Masks, disposable | Requires a LOMN |
| Massage therapy | Requires a LOMN or Prescription |
| 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 |

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|---|-------------------------|
| Maternity girdle or support belt | Yes |
| Medical alert bracelet or necklace | Yes |
| Medical equipment, services and supplies | Yes |
| Medicare and Medicare Supplement expenses | Yes |
| Menstrual products | Yes |
| Missed appointment fees | No |
| Mouth guard | 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, 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

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| 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 |

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| Supplements (calcium, dietary, fiber, herbal, joint, mineral, St. John's Wart) | 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 |
| TRICARE, fees associated with | Yes |
| Ultrasound, prenatal | Yes |
| Urinalysis | Yes |
| Varicose veins treatment | Requires a LOMN |
| Vision care | Yes |
| Vitamins | Requires a LOMN |
| Walking aids | Yes |
| Wheelchair | Yes |