# **Health Reimbursable Accounts: What's Eligible?**

The IRS defines eligible health care expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental condition or illness. This list is *not meant to be all-inclusive*.

### Eligible Expenses

### **DENTAL SERVICES**

Dental X-Rays

**Dentures** 

Exams/Teeth Cleaning

Extractions

Fillings

Gum Treatment

Oral Surgery Orthodontia/Braces

#### **MEDICAL TREATMENTS/PROCEDURES**

Acupuncture

Alcoholism and Drug Addiction (inpatient

treatment)

Hearing Exams

Hospital Services

Infertility

In Vitro Fertilization

Norplant Insertion or Removal

Physical Examination (not employment-related)

Physical Therapy

Reconstructive Surgery (if medically necessary

due to a congenital defect or accident)

Speech Therapy

Sterilization

Transplants (including organ donor)

Vaccinations/Immunizations

Vasectomy and Vasectomy Reversal

Weight Loss Programs (as prescribed by your

doctor)

Well Baby Care

#### **OBSTETRIC SERVICES**

Lamaze Class (child rearing classes excluded)

Midwife Expenses

OB/GYN Exams

OB/GYN Prepaid Maternity Fees (reimbursable

after date of birth)

Pre and Postnatal Treatments

#### LAB EXAMS/TESTS

**Blood Tests** 

X-Rays

Cardiographs

Laboratory Fees

Metabolism Tests

Urine/Stool Analysis

#### **VISION SERVICES**

Eye Examinations

Eyeglasses

Contact Lenses

Laser Eye Surgeries

Artificial Eyes

Prescription Sunglasses

#### Radial Keratotomy/LASIK

#### **MEDICATION**

Insulin

Prescribed Birth Control and Vitamins

**Prescription Drugs** 

#### **PRACTIONERS**

Allergist

Chiropractor

Christian Science

Dermatologist

Homeopath

Naturopath

Osteopath Physician

Psychiatrist

Psychologist

# MEDICAL EQUIPMENT, SUPPLIES and SERVICES

Abdominal/Back Supports

Ambulance Services

Arches/Orthopedic Shoes

Contraceptive, prescribed

Counseling

Crutches

Hearing Devices and Batteries

Hospital Bed

Learning Disability (special school/teacher)

Massage Therapy (Letter of medical necessity required)

Medic Alert Bracelet or Necklace

Oxygen Equipment

Prescribed Medical and Exercise Equipment

Prosthesis

Splints/Casts or Support Hose (if medically

necessary)

Syringes

Transportation Expenses (essential to medical care)

Tuition Fee at Special School for Disabled Child Weight Loss Drugs (to treat specific disease)

Wheelchair

Wigs (hair loss due to disease)

### **Ineligible Expenses**

The IRS does not allow the following expenses to be reimbursed under HRA's and HSAs. This list is not meant to be all-inclusive.

Contact Lens or Eyeglass Insurance

Cosmetic Surgery/Procedures

Dancing/Exercise/Fitness Programs

Electrolysis

Personal Trainers or Exercise Equipment

Hair Loss Medication

Hair Transplant

Health Club Dues

Marriage Counseling

Maternity Clothes

Vitamins or Nutritional Supplements

Swimming Lessons

Teeth Whitening/Bleaching

Over the Counter Medications (see reverse)

Please note that this is not a complete list, but is intended to provide Plan participants with examples of services that may be eligible.

To be reimbursed for these expenses, a completed claim form or online claim must be submitted to UAS along with the following:

 A detailed receipt identifying the provider's name / address, name of recipient, original date of service, description of service, and service charges. (You may not claim any portion due / paid by your insurance.

Section 213d governs the eligible expenses for HAS and HRA plans. Publications 502 and 503 are written to help taxpayers determine what qualified expenses can be deducted on their income tax returns. They should not be used as the sole determinant for what is reimbursable under these plans.





# Over-The-Counter (OTC) Items COVID ACCEPTANCE

#### Eligible OTC Medical Supplies: Itemized receipt required

Adult incontinence products (e.g. Depends)

Birth control products (e.g. prophylactics)

Contact lens solutions

Denture adhesives

Disposable face masks

Ear supplies (e.g. ear plugs)

Feminine hygiene products

First aid supplies (e.g. band-aids)

Hand sanitizer

Health monitors (e.g. blood pressure, cholesterol, HIV, thermometers)

Hearing aid batteries

Heat wraps (e.g. ThermaCare)

Heating pads, hot water bottles

Insulin & diabetic supplies (laytex gloves)

Medicine dropper/spoon

Motion sickness devices

Supports/braces (e.g. ankle, knee, wrist, therapeutic glove)

Please note that this is not a complete list, but is intended to provide Plan participants with examples of OTC items that may be eligible.

## **OTC Drugs and Medicines: Itemized receipt** required

Acne medications

Allergy & sinus medications (Benadryl, Claritin, Sudafed)

Anti-fungal medications (Lotramin AF)

Anti-itch medications (Caladryl, Cortizone)

Cold sore medications

Cough, cold & flu medications

Decongestants

Diaper rash ointments

Gastrointestinal aids (antacids, anti-diarrhea medicines, laxatives - non-fiber, nausea medications)

Lactose intolerance pills

Nasal sprays for congestion (e.g. Afrin)

Pain relievers (e.g. aspirin, Excedrin, Tylenol, Advil, Motrin)

Pre-natal vitamins

Sleeping aids

Suppositories

Toothache relievers (e.g. Orajel)

Topical ointments for gingivitis

Wart remover medications

Yeast infection creams (e.g. Monistat)

## **Dual-Purpose Items: Itemized receipt and Letter of Medical Necessity from doctor** required.

Calcium supplements Fiber supplements Foot insoles

Herbal medicines, Vitamins, Minerals, Supplements

Homeopathic remedies

Hormone Therapy Joint Supplements Nasal Strips / Snore Relief Vaporizers / Humidifiers

## **Ineligible OTC Items:** Do not submit for reimbursement

Baby diapers Cosmetics Deodorants

Face creams

Hair removal products

Insect repellants

Lip balms (e.g. Chapstick, Blistex)

Lotions/moisteners Mouthwashes Shampoos

Soaps

Sport energy liquids, bars, etc.

Stay awake aids (e.g. No Doz)

Suntan lotions

Teeth whitening products

**Toiletries** Toothpaste

Tooth brush Wrinkle reducers

Please note that this is not a complete list, but is intended to provide Plan participants with examples of OTC items that may be eligible.

To be reimbursed for these expenses, a completed claim form must be submitted to UAS along with one of the following:

- A customer receipt identifying the name of the person for whom the prescription applies, the date and amount of the purchase, and an Rx number; or
- A customer receipt that reflects the date and the amount of the purchase, along with a copy of the prescription.



