

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 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
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
Drug addiction or overdose treatment	Yes

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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
Hypnosis	Requires a LOMN

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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
Maternity girdle or support belt	Yes

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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>	
Ovulation kit	Yes

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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
Supplements (calcium, dietary, fiber, herbal, joint, mineral, St. John's Wart)	Requires a LOMN or Prescription

Medical Care Expense Table

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