

# Health Reimbursement Account

# MEDICAL CARE EXPENSE WORKSHEET

## The History

Health Reimbursement Account (HRA) Plans are made possible by Section 105(h) of the Internal Revenue Code. Section 105(h) allows Employers to contribute funds to employees to pay *certain* medical expenses not covered by insurance. Many out-of-pocket expenses for eligible medical services provided to you, your spouse or your dependents may be eligible for payment from your HRA.

## How It Works

Your Employer provides tax-free dollars in an account for you to use to pay for eligible medical expenses. Many out-of-pocket expenses for medical services provided to you, your spouse or your dependents are eligible for payment from your HRA.

Eligibility of expenses is governed by IRS regulations and your Plan. ***In general, eligible expenses include those that are not fully covered by a health care plan and are prescribed by a physician or other licensed professional. The expenses must be primarily to prevent, treat, diagnose or mitigate a physical or mental defect or illness. Expenses for solely cosmetic reasons and those that are merely beneficial to one's general health are not considered expenses for medical care. Certain over-the-counter items may also be eligible.***

Note that the date a service is provided (not the date of payment) determines whether an expense is eligible. (The IRS allows one exception: eligibility of orthodontia expenses can be based either on date of payment, date of service or payment due date on statements/coupons.)

Be sure to check your HRA Plan Highlights for specific information regarding eligible expenses under your Plan.

Adequate documentation substantiating that an expense is eligible must be obtained from the provider.

## The Next Step

Take time to go through this worksheet to determine how your HRA will benefit you.

**Out-of-pocket expenses for the following services for you, your spouse, and your dependents may be eligible for payment from your HRA. However, please check your Plan documents to determine whether eligible expenses are limited under your Plan. Estimate your eligible out-of-pocket expenses below.**

### MEDICAL

- Acupuncture
- Alcohol/drug treatment
- Allergy treatments
- Ambulance
- Anesthesia
- Artificial limbs
- Braille books and magazines
- Chiropractor fees
- Crutches, wheelchairs
- Diabetic supplies
- Emergency room visits
- Health care equipment
- Hospital bills
- Immunizations
- Infertility treatments
- Laboratory fees
- Mileage to/from provider\*
- OB/GYN exams
- Office visits
- Osteopath fees
- Over-the-counter drugs and medicines  
*Effective 01/01/11: must be for a specific medical condition per the "Certification of Medical Necessity" from a medical provider.*
- Over-the-counter medical supplies\*\*  
*Not for cosmetic items (e.g. lotions, creams) or toiletries (e.g. toothpaste)*
- Oxygen
- Pap smears
- Parking/tolls
- Physical therapy
- Physician fees
- Prescription drugs *(for a specific medical condition)*
- Private hospital room
- Private nurses
- Psychiatric Care
- Psychological Care
- Routine checkups
- Special school, handicapped
- Surgery
- Vaccinations
- Well baby care
- X-rays

### DENTAL

- Anesthesia
- Bondings
- Cleanings
- Crowns, bridges
- Dental exams
- Dentures
- Extractions
- Fillings
- Fluoride treatments
- Mileage to/from provider\*
- Occlusal guards
- Oral surgery
- Orthodontia (braces)
- Parking/tolls
- Root canal/therapy
- X-rays

### VISION

- Prescription contact lenses
- Contact lens supplies
- Eye exams
- Corrective eye wear
- Corrective eye surgery
- Mileage to/from provider\*
- Parking/tolls
- Prescription sunglasses

### HEARING

- Hearing aids
- Hearing exams
- Mileage to/from provider\*
- Telephones for hearing impaired

\*The mileage rate for services provided on or after 1/1/2010: # of miles x 16.5 cents.

\*\*Check for a sample list of eligible over-the-counter items at [www.BenefitResource.com](http://www.BenefitResource.com)