

HEALTH REIMBURSEMENT ACCOUNT

MEDICAL CARE EXPENSE WORKSHEET

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.

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.

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 Internal Revenue Service (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 that verifies the eligibility of an expense must be obtained from the provider.

The Next Step

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

MEDICAL

- _____ Acupuncture
- _____ Alcohol/drug treatment
- _____ Allergy treatments
- _____ Ambulance
- _____ Anesthesia
- _____ Artificial limbs
- _____ Braille books and magazines
- _____ Chiropractor fees
- _____ Crutches, wheelchairs
- _____ Emergency room visits
- _____ Health care equipment
- _____ Hospital bills
- _____ Immunizations
- _____ Infertility treatments
- _____ Insulin & diabetic supplies
- _____ Laboratory fees
- _____ Mileage to/from provider*
- _____ OB/GYN exams
- _____ Office visits
- _____ Osteopath fees
- _____ Over-the-counter drugs and medicines **
Effective 01/01/2011: must be for a specific medical condition and requires a prescription 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

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

HEARING

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

*The mileage rate for services provided:

- on or after 1/1/2018: 18 cents x # of miles.
- from 1/1/2017 – 12/31/2017: 17 cents x # of miles.

**To be reimbursed for these expenses, a completed claim form must be submitted to Benefit Resource, Inc. 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.

***Check for a sample list of eligible over-the-counter items at www.BenefitResource.com.