



## Medical Care Expenses

You can use your health reimbursement arrangement (HRA) to pay or reimburse hundreds of eligible medical, dental, or vision expenses and premiums. Your HRA covers you, your spouse, and dependents. IRS-qualified "medical care" expenses and premiums are outlined in Section 213(d) of the Internal Revenue Code. Examples include, but are not limited to, those listed below.

When you're ready to file a claim, log in at [HRAveba.org](http://HRAveba.org) and click **Claims**, or use our handy mobile app, **HRAgo**®. We'll process your claim in about five to seven business days.

With our free **Benefits Card**, you don't have to file claims and wait to get reimbursed. Just swipe your card and save the explanation of benefits (EOB) or detailed invoice from your provider. We'll let you know when we need a copy.

### General Expenses

- |  |                                |  |
|--|--------------------------------|--|
| Acupuncture                                | Gynecology/Obstetrics          | Prescription medicines                           |
| Alcoholism and drug treatment center costs | Hearing aids and batteries     | Preventive care                                  |
| Birth control (male and female)            | Immunizations                  | Psychiatric                                      |
| Blood pressure monitor                     | Lactation aids, consultation   | Retirement home (medical care costs)             |
| Chiropractic                               | Laser eye surgery              | Stem cell therapy                                |
| Christian Science office visits            | Massages*                      | Stop smoking programs                            |
| Contact lenses                             | Medical supplies and equipment | Transportation                                   |
| Copays                                     | Naturopathic office visits     | Vaccines   |
| Coinsurance                                | Organ transplants              | Vasectomy  |
| Deductibles                                | Orthodontia                    | Vision (exams, glasses, prescription sunglasses) |
| Dental                                     | Orthotics                      | Wheelchair                                       |
| Flu shots                                  | Osteopathy                     |  |
| Fertility treatments                       | Physical therapy               |  |
|  | Physicals (annual, DOL)        |  |

\*Letter of medical necessity required.

### Premiums

IRS-qualified premiums deducted from your paycheck after taxes are eligible, unless your employer offers a pre-tax option. Premiums deducted from your spouse's paycheck after taxes may be eligible.

- |          |                          |                     |
|----------|--------------------------|---------------------|
| Medical* | Qualified long-term care | Medicare Supplement |
| Dental   | Medicare Part B          |                     |
| Vision   | Medicare Part D          |                     |

\*Includes marketplace exchange premiums that are not or will not be subsidized by the Premium Tax Credit.

The OneBridge Visa® Benefits Card is issued by The Bancorp Bank, Member FDIC, pursuant to a license from Visa U.S.A. Inc. and may be used for qualified expenses wherever Visa debit cards are accepted. See Cardholder Agreement for details.

## Over-the-counter (OTC)

### Medicines and Drugs\*

Acne medications  
Allergy and sinus medicines  
Antacids  
Aspirin  
Cold medicines  
Cough syrup  
Eye drops  
First aid creams/liquids  
Nasal sprays or drops

Nicotine gum/patches  
Pain relievers  
Sinus medications  
Sleep aids  
Stomach remedies  
Supplements\*\*

### Miscellaneous Items

(no prescription required)  
Bandages  
Birth control products and devices  
Contact lens solution  
Crutches  
Insulin  
Diagnostic devices (blood sugar kits)  
Menstrual products (starting 01/01/2020)

\*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. \*\*Supplements require a prescription or letter of medical necessity.

## Medicare

Copays  
Coinsurance  
Deductibles  
Home health care

Hospice care  
Hospital stay  
Medicare Part B premiums  
Medicare Part D premiums

Medicare Supplement premiums  
Outpatient hospital services  
Skilled nursing facility stay

## Military Retirees

Copays  
Deductibles  
Medicare Part B Premiums

Medicare Part D Premiums  
Miscellaneous medical, dental,  
and vision expenses

TRICARE premiums  
(medical and dental plans)

## Ineligible Expenses

Aromatherapy  
Cosmetic products and procedures  
Counseling (marriage, general wellbeing)  
Facelifts  
Food  
Gym memberships\*

Hair regrowth supplies and services  
Hair transplants  
Health sharing premiums  
Late fees  
Marijuana, marijuana-derived  
CBD products

Massages\*  
Protein drinks  
Shampoo (including medicated)  
Tips  
Tooth brushes (including electronic)  
Vitamins (most cases)  
Warranties, protection plans

\*May be reimbursed with a letter of medical necessity.

### MORE INFO?

[HRAveba.org](http://HRAveba.org)

### QUESTIONS?

1-888-659-8828

[customercare@hraveba.org](mailto:customercare@hraveba.org)



Certain restrictions may apply. Read our [HRA VEBA Plan Summary](#) for details. To get a copy, log in online and click Resources. Expenses solely for cosmetic reasons are not qualified medical care expenses. Expenses for items or services intended to maintain good health and not treat a diagnosed medical condition are usually not eligible. Certain "dual-purpose" expenses, such as massages, may require a letter of medical necessity from your licensed healthcare provider. If you're covered by a healthcare flexible spending account (FSA), it must be used up before submitting claims to your HRA.