



EMPLOYEE BENEFITS

# STATE OF MINNESOTA Health Reimbursement Arrangement (HRA) Expense Worksheet



The Health Reimbursement Arrangement (HRA) allows an employee to be reimbursed for medical, dental, and vision expenses that are not paid by insurance. You can include out-of-pocket expenses incurred by you, your spouse, and your qualified dependents.

The following is a partial list of eligible expenses. These include expenses related to the diagnosis, care, treatment, or prevention of disease. Eligible expenses are generally those permitted by Section 213 of the Internal Revenue Code.

## EXAMPLES OF REIMBURSABLE HEALTH CARE EXPENSES

- Abortion – if legal
- Acupuncture – to treat a specific medical condition
- Adoption – medical expenses incurred before adoption is finalized
- Alcoholism or drug dependency treatment and treatment centers
- Ambulance
- Artificial limbs and teeth
- Automobile modifications for physically handicapped person
- Birth control pills
- Blood pressure monitoring devices
- Body scan (ex: MRI, CT scan)
- Braille books and magazines – only amount paid ABOVE the cost of regular printed materials
- Breast pumps – (not for personal preference or convenience)
- Childbirth preparation classes for mother, **excludes** cost for “coach”
- Chiropractors
- Christian Science practitioners for specific medical care
- Contact lenses and contact lens solutions
- Contraceptives – including condoms
- Counseling – to treat a specific medical condition, **excludes** marriage counseling
- Crutches
- Deductible, coinsurance, and co-pay amounts if underlying expense is eligible
- Dental treatment, including dentures, orthodontia (braces and retainers), and occlusal guards to prevent teeth grinding
- Diabetic insulin, syringes and glucose monitoring equipment
- Diagnostic services
- Eye examination
- Eyeglasses, prescription sunglasses, reading glasses, and eyeglass cleaner
- Fertility treatments – if treatment impacts the participant or dependent of participant, includes shots, treatment, surgery, IVF, GIFT, ovulation monitor, fees for storage of sperm or embryo (short-term)
- Flu shots
- Fluoridation device
- Guide dog or other animal aide – purchase, training, and veterinary care of animal
- Hearing aids and batteries
- Home modifications to accommodate handicapped person
- Hospital services
- Immunizations
- Incontinence supplies
- Individual health insurance premiums
- Laboratory fees
- Language training for child with dyslexia or disabled child
- Laser eye surgery, radial keratotomy, LASIK, corneal ring segments
- Lead-based paint removal – to prevent a child, who has or has had lead poisoning from eating the paint, **excludes** cost of repainting
- Legal fees – to authorize treatment for mental illness
- Lip-reading lessons
- Lodging for medical care – \$50 per night for outpatient, essential medical care, up to \$100 if companion required
- Long term care insurance premiums
- Mastectomy-related specialty bras
- Medic-alert bracelet or necklace
- Medical conference admission and transportation to/from – expenses for admission and transportation to medical conference relating to chronic disease of participant or dependent, includes transportation to city where conference is held and local transportation to conference. Cost of meals and lodging is not allowed
- Medical information plan – expenses charged for storing and retrieving medical records from a computer data bank
- Medical monitoring and testing devices (ex: blood pressure monitor, glucose kits, etc.)
- Medical records charges
- Medical supplies – (ex: bandages, gauze, carpal tunnel wrist supports etc.) **excludes** personal comfort items
- Mental institution or special home-care for mentally ill or mentally disabled person who is unsafe when left alone
- Midwife services
- Norplant insertion or removal
- Nursing services – nurse expenses, board and care for a specific medical condition, **excludes** nursing services for a healthy baby
- Nursing home – if for specific medical condition
- Nutritionist’s professional expenses – if to treat a specific medical condition, **excludes** expense for general health
- Obstetrical expenses
- Organ transplants or donation
- Orthodontia – **excludes** care for cosmetic purposes
- Orthopedic shoes, only the cost over what normal shoes would cost
- Osteopathy
- Oxygen and equipment
- Patterning exercises for a mentally disabled child
- Physical exams – excluding employment related physicals
- Pregnancy test (includes over-the-counter tests)
- Prescription medications – **excludes** medication to stimulate hair growth.
- Psychiatric care – includes cost of supporting mentally ill dependent at a special center which provides medical care
- Psychoanalysis
- Psychologist – medical care if to treat a specific medical condition
- Reconstructive surgery following mastectomy
- Screening tests (e.g. hearing, vision, cholesterol)

Sleep deprivation testing and treatment  
 Smoking cessation program – includes programs and prescription drugs  
 Special schooling for physically or mentally handicapped – main reason for using school is its resources for relieving the disability  
 Speech therapy  
 Sterilization procedures  
 Support or corrective devices (such as orthopedic shoes)  
 Surgery to improve deformity from congenital abnormality, personal injury from accident or trauma, or disfiguring disease  
 Taxes imposed on reimbursable medical care or products, along with shipping or handling fees

Telephone – purchase and repair for special telephone equipment for hearing impaired person  
 Television for hearing-impaired person – equipment which displays the audio part of TV programs (costs of specially equipped television that exceed the cost of regular models only)  
 Transportation – expenses for essential medical care (.20 per mile, rate subject to IRS changes), parking and tolls  
 Transportation for conference relating to a chronic disease of dependent  
 Viagra  
 Wheelchair – purchase, operation, and upkeep  
 X-rays

**EXAMPLES OF REIMBURSABLE HEALTH CARE EXPENSES THAT REQUIRE A DOCTOR'S NOTE OF MEDICAL CONDITION**

*Indicates an expense that requires a physician's prescription. Please include, with claim, a physician's statement or prescription indicating the specific medical condition requiring the item or service being submitted for reimbursement.*

Effective 1/1/2011, All over-the-counter medications require a physician's prescription to be eligible for reimbursement (excluding diabetic insulin)

Air purifier or water filter  
 Chelation (EDTA) therapy  
 Chinese Herbal Doctor/herbs  
 Dancing lessons  
 Ear plugs  
 Exercise equipment  
 Genetic testing - (if done to determine possible defects)  
 Health institute treatment  
 Holistic or naturopathic treatment/remedies  
 learning disability (amount paid to special school or specially trained teacher) (for severe learning disability caused by mental or physical impairments)

Massage therapy – for specific injury or trauma, **excludes** treatment To relieve stress or depression. (Prescription must include medical condition, length of time treatment will be needed, and number of sessions during stated time. **Prescription is required each calendar year.**)  
 Physical therapy  
 Sick child facility  
 Vitamins (**excludes** multi or one a day vitamins)  
 Weight loss program or drugs prescribed to induce weight loss  
 Wigs – for a patient who has lost all of their hair from disease or Treatment

**EXAMPLES OF NON-REIMBURSABLE HEALTH CARE EXPENSES**

Allergy treatment products and household improvements to treat allergies – examples – filters, pillows, and special vacuums – products that would be owned even without allergies  
 Any charges incurred outside the plan year, even if paid for during the current plan year  
 Baby-sitting, child care and nursing services for a healthy baby  
 Cosmetic surgery, electrolysis, and/or hair transplants  
 Cost of remedial classes for non-handicapped child  
 Dance or ballet lessons for improvement of general health  
 Diapers or diaper service unless for specific medical condition  
 DNA collection and storage  
 Employment related physicals  
 Fees/dues for exercise, fitness programs, athletic, or health club membership, even if prescribed by physician  
 Finance or interest charges

Funeral expenses  
 Illegal operations or treatments  
 Laser hair removal, even when prescribed by a physician  
 Marriage counseling  
 Maternity clothes  
 Over the counter medications or vitamins for general well being – even with physician's prescription  
 Propecia and/or Rogaine – prescription drugs to stimulate hair growth  
 Sperm or embryo storage fees for future conception  
 Student health fees  
 Swimming lessons for improvement of general health  
 Teeth whitening  
 TEFRA/Parental fees  
 Weight reduction program for general well being

**ESTIMATE YOUR REIMBURSABLE COSTS FOR:**

Medical \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_

Dental \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_

Total estimated reimbursable health care expenses \$ \_\_\_\_\_

Per paycheck amount  
 \$ \_\_\_\_\_ / \_\_\_\_\_ = \$ \_\_\_\_\_ / paycheck  
 Total reimbursable expenses Pay periods/year