



STATE OF MINNESOTA
Health Reimbursement Account (HRA) Eligible
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(d) 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 and related lation supplies.
- 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
- 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 speciality bras
- Medic-alert bracelet or necklace (only to treat a medical condition)
- 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
- Norplant insertion or removal
- Nursing services – nurse expenses, board and care for a specific medical condition, **excludes** nursing services for a healthy baby
- Nutritionist’s professional expenses – if to treat a specific medical condition, **excludes** expense for general health
- Obstetrical expenses
- Organ transplants or donation
- Orthodontia
- Orthopedic shoes, only the cost over what normal shoes would cost
- Osteopathy
- Over-the counter medications to treat a specific medical condition. Oxygen and equipment
- Patterning exercises for a mentally disabled child
- Physical exams – excluding employment related physicals & sports physicals
- Pregnancy test (includes over-the-counter tests)
- Prescription medications – **excludes** medication to stimulate hair growth or prescriptions for cosmetic purposes
- Psychiatric care – includes cost of supporting mentally ill dependent at a special center which provides medical care
- 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 (19 cents 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 letter of medical necessity. Please include, with claim, a physician's statement or prescription indicating the specific medical condition requiring the item or service being submitted for reimbursement, the specific items or services prescribed and the timeframe the items or services are to be used.

Remember: All over-the-counter medications require a physician's prescription to be eligible for reimbursement (excluding diabetic insulin)

Air purifier
 Chelation (EDTA) therapy
 Chinese Herbal Doctor/herbs
 Ear plugs
 Exercise equipment
 Genetic testing - (if done to determine possible defects)
 Health institute treatment
 Holistic or naturopathic 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. (Note must include medical condition, length of time treatment will be needed, and number of sessions during stated time. **Prescription is required each calendar year.**)

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
 Babysitting, 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
 Insurance premiums other than individual health
 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
 Safety Glasses (unless prescribed)
 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/ _____ \$ _____

Vision/ _____ \$ _____

OTC _____ \$ _____

_____ Total estimated reimbursable health care expenses \$ _____

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