

# Use Your Health Care Dollars *Wisely!*



## Know Your Eligible and Ineligible Expenses

If you are participating in a health savings account (HSA) or flexible spending account (FSA), you can use pre-tax dollars to cover eligible expenses. IRS Code 213(d) defines

eligible health care expenses as amounts paid for the diagnosis, cure, mitigation or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental defect or illness.

To help better understand what is and isn't eligible, we've developed a list of both based on an interpretation of the IRS Code 213(d) definition. This list is not meant to be all-inclusive. Other expenses not specifically mentioned may also qualify.

**Pre-tax dollars can be used to cover many health care expenses.**

## Eligible Expenses

Dental Services	Medical Treatments/Procedures	Medical Equipment Supplies and Services	
<input type="checkbox"/> Dental Services	<input type="checkbox"/> Acupuncture	<input type="checkbox"/> Abdominal/Back Supports	<input type="checkbox"/> Tuition Fee at Special School for Disabled Child
<input type="checkbox"/> Dental X-Rays	<input type="checkbox"/> Alcoholism (inpatient treatment)	<input type="checkbox"/> Ambulance Services	<input type="checkbox"/> Weight Loss Drugs (to treat specific disease)
<input type="checkbox"/> Dentures	<input type="checkbox"/> Drug Addiction	<input type="checkbox"/> Arches/Orthopedic Shoes	<input type="checkbox"/> Wheelchair
<input type="checkbox"/> Exams/Teeth Cleaning	<input type="checkbox"/> Hearing Exams	<input type="checkbox"/> Contraceptive, prescribed	<input type="checkbox"/> Wigs (hair loss due to disease)
<input type="checkbox"/> Extractions	<input type="checkbox"/> Hospital Services	<input type="checkbox"/> Counseling	<b>Medication</b>
<input type="checkbox"/> Fillings	<input type="checkbox"/> Infertility	<input type="checkbox"/> Crutches	<input type="checkbox"/> Insulin
<input type="checkbox"/> Gum Treatment	<input type="checkbox"/> In Vitro Fertilization	<input type="checkbox"/> Guide Dog (for visually/hearing impaired)	<input type="checkbox"/> Prescribed Birth Control & Vitamins
<input type="checkbox"/> Oral Surgery	<input type="checkbox"/> Norplant Insertion or Removal	<input type="checkbox"/> Hearing Devices and Batteries	<input type="checkbox"/> Prescription Drugs
<input type="checkbox"/> Orthodontia/Braces	<input type="checkbox"/> Physical Exam (not employment related)	<input type="checkbox"/> Hospital Bed	<b>Obstetric Services</b>
<b>Lab Exams/Tests</b>	<input type="checkbox"/> Physical Therapy	<input type="checkbox"/> Lead Paint Removal (if not capital expense and incurred for a child poisoned)	<input type="checkbox"/> Lamaze Class
<input type="checkbox"/> Blood Tests	<input type="checkbox"/> Reconstructive Surgery (if medically necessary due to congenital defect or accident)	<input type="checkbox"/> Learning Disability (special school/teacher)	<input type="checkbox"/> Midwife Expenses
<input type="checkbox"/> X-Rays	<input type="checkbox"/> Roling	<input type="checkbox"/> Medic Alert Bracelet or Necklace	<input type="checkbox"/> OB/GYN Exams
<input type="checkbox"/> Cardiographs	<input type="checkbox"/> Speech Therapy	<input type="checkbox"/> Oxygen Equipment	<input type="checkbox"/> OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
<input type="checkbox"/> Laboratory Fees	<input type="checkbox"/> Sterilization	<input type="checkbox"/> Prescribed Medical and Exercise Equipment	<input type="checkbox"/> Prenatal and Postnatal Treatments
<input type="checkbox"/> Metabolism Tests	<input type="checkbox"/> Transplants (including organ donor)	<input type="checkbox"/> Prosthesis	<b>Practitioners</b>
<input type="checkbox"/> Spinal Fluid Tests	<input type="checkbox"/> Vaccinations/Immunizations	<input type="checkbox"/> Splints/Casts or Support Hose (if medically necessary)	<input type="checkbox"/> Allergist
<input type="checkbox"/> Urine/Stool Analyses	<input type="checkbox"/> Vasectomy and Vasectomy Reversal	<input type="checkbox"/> Syringes	<input type="checkbox"/> Chiropractor
<b>Vision Services</b>	<input type="checkbox"/> Weight Loss Programs (as prescribed by your doctor)	<input type="checkbox"/> Transportation Expenses (mileage and parking)	<input type="checkbox"/> Christian Science
<input type="checkbox"/> Eye Examinations	<input type="checkbox"/> Well Baby Care		<input type="checkbox"/> Dermatologist
<input type="checkbox"/> Eyeglasses			<input type="checkbox"/> Homeopath
<input type="checkbox"/> Contact Lenses			<input type="checkbox"/> Naturopath
<input type="checkbox"/> Laser Eye Surgeries			<input type="checkbox"/> Osteopath
<input type="checkbox"/> Artificial Eyes			<input type="checkbox"/> Physician
<input type="checkbox"/> Prescription Sunglasses			
<input type="checkbox"/> Radial Keratotomy/LASIK			

## Ineligible Expenses

Expenses to promote general health are not eligible expenses unless prescribed by a physician for a specific medical ailment. This list is not meant to be all-inclusive.

*The IRS does not allow the following expenses to be reimbursed under HSAs and FSAs, depending on the exclusions in your FSA plan.*

<input type="radio"/> Babysitting and Child Care	<input type="radio"/> Electrolysis	<input type="radio"/> Health Club Dues	<input type="radio"/> Vitamins or Nutritional Supplements
<input type="radio"/> Contact Lens or Eyeglass Insurance	<input type="radio"/> Personal Trainers or Exercise Equipment	<input type="radio"/> Insurance Premiums and Interest	<input type="radio"/> Swimming Lessons
<input type="radio"/> Cosmetic Surgery/Procedures	<input type="radio"/> Hair Loss Medication	<input type="radio"/> Long-Term Care Premiums	<input type="radio"/> Teeth Whitening/Bleaching
<input type="radio"/> Dancing/Exercise/Fitness Programs	<input type="radio"/> Hair Transplant	<input type="radio"/> Marriage Counseling	<input type="radio"/> Personal Care Items
<input type="radio"/> Diaper Service		<input type="radio"/> Maternity Clothes	

## Over-the-Counter Items

As of Jan. 1, 2011, over-the-counter medicines/drugs are not allowed without a prescription. For plans with grace periods, over-the-counter medicine/drug expenses that were incurred prior to Jan. 1, 2011, may be reimbursed. Any expense incurred after Jan. 1, however, must have a prescription with it to be eligible.

### Eligible

- Medicines/drugs with a prescription
- Over-the-counter supplies

### Ineligible

- OTC items purchased for personal use
- Medicines/drugs without a prescription



For a more detailed list of eligible and ineligible expenses, check your UMR plan document or visit [www.UMR.com](http://www.UMR.com)



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