

# Aetna Health Reimbursement Account (HRA) Eligible Expenses



A - B - C - D - E - F - G - H - I - J - K - L - M  
N - O - P - Q - R - S - T - U - V - W - X - Y - Z

## A

Acne treatments (over-the-counter)	No
Acupuncture	Yes
Adoption (medical expenses related to)	Yes
Adoption fees	No
Alcoholism treatment	Yes
Allergy & sinus medicine and products (over-the-counter)	No
Allergy medication	No
Allergy treatments and products	No
Alternative dietary supplements (for treatment of a medical condition)	No
Alternative drugs, medicines, treatment products (for treatment of a medical condition)	No
Alternative healers (for treatment of a medical condition)	Yes (Letter) <sup>1</sup>
Ambulance and emergency health services	Yes
Anesthesia (for non-cosmetic purposes)	Yes
Antacid (over-the-counter)	No
Antibiotic ointment (over-the-counter)	No
Aspirin or other pain reliever (over-the-counter)	No
Asthma medicines or treatments (over-the-counter)	No
Athletic treatments / braces	No

## B

Bandages and related items (over-the-counter)	No
Birth control (over-the-counter)	No
Birth control (prescription)	Yes
Blood pressure monitor	No
Body scans	Yes
Braille books and magazines (difference in cost only)	No
Breast pump (for a lactating woman)	No
Breast reconstruction surgery (following mastectomy)	Yes (Letter) <sup>1</sup>
Breastfeeding classes	No

## C

Cancer (fixed-indemnity) insurance premiums	No
Canker & cold sore treatments (over-the-counter)	No
Car modifications (as required for a medical condition diagnosed by a licensed health care professional)	Yes (Letter) <sup>1</sup>
Chest rubs (over-the-counter)	No
Child or newborn care instruction	No
Childbirth classes (charges for mother only)	Yes

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Chiropractic office visit or treatment	Yes
Cholesterol test kits and supplies	No
Christian Science practitioners	Yes
COBRA premiums (dental; paid with after-tax dollars only)	No
COBRA premiums (medical; paid with after-tax dollars only)	No
COBRA premiums (other; paid with after-tax dollars only)	No
COBRA premiums (prescription; paid with after-tax dollars only)	No
COBRA premiums (vision; paid with after-tax dollars only)	No
Co-insurance (dental, in-network)	No
Co-insurance (dental, out-of-network)	No
Co-insurance (medical, in-network)	Yes
Co-insurance (medical, out-of-network)	Yes
Co-insurance (prescription, in-network)	Yes
Co-insurance (prescription, out-of-network)	Yes
Co-insurance (vision, in-network)	Yes
Co-insurance (vision, out-of-network)	Yes
Cold & flu medicine (over-the-counter)	No
Cold cream (over-the-counter)	No
Compression or anti-embolism socks, stockings or hose	No
Concierge medical fees (billed for actual services received)	Yes
Concierge medical fees (billed for future availability of services, with no services actually received)	No
Condoms	No
Contraceptives (over-the-counter)	No
Contraceptives (prescription)	Yes
Co-payment (dental, in-network)	No
Co-payment (dental, out-of-network)	No
Co-payment (medical, in-network)	Yes
Co-payment (medical, out-of-network)	Yes
Co-payment (vision, in-network)	Yes
Co-payment (vision, out-of-network)	Yes
Cord blood storage (for future treatment of a birth defect or known medical condition)	Yes (Letter) <sup>1</sup>
Cord blood storage (for unidentified future use)	No
Corn and callus remover (over-the-counter)	No
Corneal keratotomy	Yes
Cosmetic procedures or surgery	No
Cosmetic procedures or surgery for birth defects, accidents, and/or disease	Yes (Letter) <sup>1</sup>
Cough drops & sore throat lozenges (over-the-counter)	No

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Cough syrup (over-the-counter)	No
Counseling (for treatment of a medical condition)	Yes
Counseling (marriage)	No
CPR classes (adult or child)	No
Crutches, canes, walkers or like equipment (purchase or rental)	Yes

## D

Dancing lessons (for treatment of a medical condition)	Yes (Letter) <sup>1</sup>
Deductible (dental, in-network)	No
Deductible (dental, out-of-network)	No
Deductible (medical, in-network)	Yes
Deductible (medical, out-of-network)	Yes
Deductible (prescription, in-network)	Yes
Deductible (prescription, out-of-network)	Yes
Deductible (vision, in-network)	Yes
Deductible (vision, out-of-network)	Yes
Dental care (for non-cosmetic purposes, including sealants)	No
Dental Co-insurance (in-network)	No
Dental Co-insurance (out-of-network)	No
Dental Co-payment (in-network)	No
Dental Co-payment (out-of-network)	No
Dental insurance / plan premiums (paid with after-tax dollars only)	No
Dental products for general health	No
Dental reconstruction (including implants)	No
Dental veneers	No
Dentures, bridges, etc.	No
Dermatology treatments and products	No
Diabetic monitors, test kits, strips and supplies	No
Diagnostic services (dental or vision)	Yes
Diagnostic services (other than dental or vision)	Yes
Diaper rash ointments and creams	No
Diapers and diaper services	No
Dietary supplements (for treatment of a medical condition)	No
Doula or birthing coach	Yes
Drug addiction treatment	Yes
Drugs (imported)	No
Drugs (prescription)	Yes
Dyslexia treatment	Yes (Letter) <sup>1</sup>

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## **E**

Ear drops & wax removal (over-the-counter)	No
Educational classes or tuition	No
Electrolysis	No
Exercise equipment or program (as treatment for a medical condition diagnosed by a licensed health care professional)	Yes (Letter) <sup>1</sup>
Eye drops and treatments (over-the-counter)	No
Eye examinations	Yes
Eye related equipment/materials	No
Eye surgery or treatment to correct vision	Yes
Eyeglasses (over-the-counter)	No
Eyeglasses (prescription)	Yes

## **F**

Face lifts	No
Feminine hygiene care (deodorants, general cleansing products, feminine spray)	No
Fertility monitor (over-the-counter)	No
Fertility treatment (for employee, spouse or dependent)	Yes
Fertility treatment (for non-dependent surrogate)	No
First aid kits (over-the-counter)	No
Fitness programs (as treatment for a medical condition diagnosed by a licensed health care professional)	Yes (Letter) <sup>1</sup>
Flu shots	Yes
Funeral expenses	No

## **G**

Gastrointestinal medication (over-the-counter)	No
Guide dog (dog, training, care)	No

## **H**

Hair regrowth products	No
Hair removal	No
Hair transplant	No
Hair treatments	No
Hand lotion (over-the-counter)	No
Health club dues (as treatment for a medical condition diagnosed by a licensed health care professional)	No
Health insurance / plan premiums (paid with after-tax dollars only)	No
Health savings account (HSA) contributions	No
Hearing aids and batteries	No

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Herbal or homeopathic medicines (over-the-counter)	No
Home improvements (as required for a medical condition diagnosed by a licensed health care professional)	Yes (Letter) <sup>1</sup>
Hospital (fixed indemnity) insurance premiums	No
Hospital services and fees	Yes
Household help	No
Humidifier, air filter and supplies	No
<b>I</b>	
Illegal operations or substances	No
Immunizations	Yes
Incontinence supplies	No
Individual dental insurance / plan premiums (paid with after-tax dollars only)	No
Individual insurance / plan premiums (paid with after-tax dollars only)	No
Individual medical insurance / plan premiums (paid with after-tax dollars only)	No
Individual prescription insurance / plan premiums (paid with after-tax dollars only)	No
Individual vision insurance / plan premiums (paid with after-tax dollars only)	No
Infertility treatment (for employee, spouse or dependent)	Yes
Insulin, testing materials and supplies	No
Insurance / plan premiums (paid with pre-tax dollars)	No
Insurance or health insurance / plan premiums (paid with after-tax dollars only)	No
<b>L</b>	
Laboratory fees	Yes
Lactose intolerance (over-the-counter)	No
Lamaze classes (charges for mother only)	Yes
Laser eye surgery	Yes
Lasik	Yes
Late payment fees charged by health care provider	No
Laxatives (over-the-counter)	No
Learning disability treatments	Yes (Letter) <sup>1</sup>
Lice treatment (over-the-counter)	No
Listening therapy	Yes
Lodging (limited to \$50 per night for patient to receive medical care and \$50 per night for one caregiver)	Yes
Long term care premiums (up to IRS tax-free limit, see IRS Publication 502)	No
Long term care services	Yes
Long term disability insurance premiums	No

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## M

Magnetic therapy (over-the-counter)	No
Massage therapy (for treatment of a medical condition)	No
Mastectomy-related special bras	No
Maternity clothes	No
Medical abortion	Yes
Medical Co-insurance (in-network)	Yes
Medical Co-insurance (out-of-network)	Yes
Medical Co-payment (in-network)	Yes
Medical Co-payment (out-of-network)	Yes
Medical equipment (for treatment of medical condition) and repairs	Yes
Medical insurance / plan premiums (paid with after-tax dollars only)	No
Medical literature, books, pamphlets or audio	No
Medical monitoring and testing devices	No
Medical records charges	Yes
Medical savings account (MSA) contributions	No
Medical supplies (for treatment of a medical condition)	No
Medicare alternative insurance / plan premiums (vs. Part A & Part B, paid with after-tax dollars only)	No
Medicare Part B insurance / plan premiums	No
Medicare supplement policy premiums	No
Medicines (over-the-counter)	No
Medicines (prescription)	Yes
Midwife	Yes
Mileage (for travel to / from anything other than eligible care)	Yes
Modified equipment (difference in cost only)	Yes (Letter) <sup>1</sup>
Monitors & test kits (over-the-counter)	No
Motion & nausea	No

## N

Nasal sprays	No
Nasal strips (over-the-counter)	No
No show fees charged by health care provider	No
Non-prescription drugs and medicines (for non-cosmetic purposes)	No
Norplant insertion or removal	Yes
Nursing services (wages and taxes)	Yes
Nutritional supplements (for treatment of a medical condition)	No

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## O

OB/GYN fees	Yes
Occlusal guards to prevent teeth grinding	No
Occupational therapy (related to a medical condition or disability)	Yes
Office visits (chiro)	Yes
Office visits (dental)	No
Office visits (medical)	Yes
Office visits (psych/therapy)	Yes
Office visits (vision)	Yes
Operations (for non-cosmetic purposes)	Yes
Operations (for vision and dental only)	Yes
Optometrist / ophthalmologist fees	Yes
Oral care (over-the-counter)	No
Organ transplants (recipient and donor)	Yes
Ortho keratotomy	Yes
Orthodontia (braces and retainers)	No
Orthopedic & surgical supports	No
Orthopedic shoes and inserts (difference in cost only of specialized orthopedic shoe over like non-specialized shoe)	Yes
Orthotics	Yes
Over-the-counter acne treatments	No
Over-the-counter allergy & sinus medicine	No
Over-the-counter antacid	No
Over-the-counter antibiotic ointment	No
Over-the-counter aspirin or other pain reliever	No
Over-the-counter asthma medicines or treatments	No
Over-the-counter bandages and related items	No
Over-the-counter canker & cold sore treatments	No
Over-the-counter chest rubs	No
Over-the-counter cold & flu medicine and prevention	No
Over-the-counter cough drops & sore throat lozenges	No
Over-the-counter cough syrup	No
Over-the-counter health care products (not eligible)	No
Over-the-counter medication (including for motion sickness, sleep aids and sedatives)	No
Over-the-counter products for dental, oral and teething pain	No
Over-the-counter products for general dental care	No
Ovulation monitor (over-the-counter)	No
Oxygen	Yes

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## P

Pain reliever (over-the-counter)	No
Parental fees (billed for actual services received for disabled children)	Yes
Parental fees (billed for future availability of services, with no services actually received for disabled children)	No
Personal use items (toothbrush, toothpaste, etc.)	No
Physical exams	Yes
Physical therapy	Yes
Physician retainer fee (for on-call or concierge services)	No
Pregnancy tests (over-the-counter)	No
Prescription Co-insurance (in-network)	Yes
Prescription Co-insurance (out-of-network)	Yes
Prescription Co-payment (in-network)	Yes
Prescription Co-payment (out-of-network)	Yes
Prescription drugs (for non-cosmetic purposes)	Yes
Prescription drugs for cosmetic purposes	No
Prescription drugs for hair regrowth	No
Prescription insurance / plan premiums (paid with after-tax dollars only)	No
Propecia (for treatment of a medical condition)	No
Prostheses	Yes
Psychiatric care	Yes
Psychoanalysis	Yes
Psychologist fees	Yes

## R

Radial keratotomy (RK)	Yes
Reading glasses (over-the-counter)	No
Reconstructive surgery (following accident or medical procedure or condition)	Yes (Letter) <sup>1</sup>
Removal of benign mole, cyst or tumor	Yes
Retainer fee (to physician for on-call or concierge services)	No
Retin-A (for non-cosmetic purposes)	No
Rogaine or other hair regrowth medications (even if prescribed)	No

## S

Sales tax, shipping and handling fees (for any eligible expense)	No
Smoking cessation (programs / counseling)	Yes
Smoking cessation drugs (prescription)	Yes
Smoking cessation gum or patches (over-the-counter)	No
Special equipment	Yes (Letter) <sup>1</sup>

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Special foods (gluten-free, salt-free or other for treatment of a medical condition; difference in cost only)	Yes (Letter) <sup>1</sup>
Special school (for mental and physical disabilities)	Yes (Letter) <sup>1</sup>
Speech therapy	Yes
Spermicidals	Yes
Sterilization	Yes
Student health fees for dental services (billed for actual services received)	No
Student health fees for dental services (no services actually received, billed for future availability of services)	No
Student health fees for medical services (billed for actual services received)	Yes
Student health fees for medical services (no services actually received, billed for future availability of services)	No
Student health fees for prescription services (no services actually received, billed for future availability of services)	No
Student health fees for prescriptions (billed for actual services received)	Yes
Student health fees for vision services (billed for actual services received)	Yes
Student health fees for vision services (no services actually received, billed for future availability of services)	No
Sunburn creams and ointments (over-the-counter)	No
Sunglasses (over-the-counter)	No
Sunglasses (prescription)	Yes
Sunscreen or suntan lotion (over-the-counter)	No
Supplies (for treatment of a medical condition)	Yes
Surgery (for non-cosmetic purposes)	Yes
Swimming lessons (for treatment of a medical condition)	Yes (Letter) <sup>1</sup>

## T

Teeth bleaching or whitening	No
Teeth grinding prevention devices	No
Therapy (for treatment of a medical condition)	Yes
Toothache and teething pain reliever (over-the-counter)	No
Toothpaste, medicated (difference in cost only of medicated toothpaste over the standard toothpaste)	No
Toothpaste, toothbrush, floss, etc.	No
Transgender treatments / surgery	Yes (Letter) <sup>1</sup>
Transportation, parking and related travel expenses (essential to receive eligible care)	Yes
Transportation, parking and related travel expenses, for non-eligible expenses	No
Tubal ligation	Yes
Tuition or educational classes	No
Tuition or educational classes (for a specific medical condition)	Yes (Letter) <sup>1</sup>

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## U

Urological products	No
UV protection clothing	No

## V

Vaccinations	Yes
Varicose vein removal surgery (for medical care)	Yes
Vasectomy	Yes
Viagra and similar prescription medications	Yes
Vision Co-insurance (in-network)	Yes
Vision Co-insurance (out-of-network)	Yes
Vision Co-payment (in-network)	Yes
Vision Co-payment (out-of-network)	Yes
Vision insurance / plan premiums (paid with after-tax dollars only)	No
Vitamins (over-the-counter, for general health purposes)	No
Vitamins (prescription)	Yes

## W

Walking aids (canes, walkers, crutches and related supplies)	Yes
Warranties or other charges for future anticipated services (with <b>No</b> ne actually received)	No
Wart removal treatments (over-the-counter)	No
Weight loss counseling	Yes (Letter) <sup>1</sup>
Weight loss drugs (for treatment of a medical condition)	Yes (Letter) <sup>1</sup>
Weight loss foods	No
Weight loss program (for treatment of a medical condition)	Yes (Letter) <sup>1</sup>
Weight loss program (to improve or maintain general health)	No
Wheelchair and repairs	Yes
Wound care (over-the-counter)	No

## X

X-ray fees (dental)	No
X-ray fees (medical)	Yes

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