

TN Strong Families HRA Program

Healthcare Reimbursement Account (HRA) Guide 2023 Update

The TN Strong Families HealthCare Reimbursement Account (HRA) allows people to spend program dollars on IRS qualified HealthCare expenses. Inspira is the TN Strong Families Program's HRA administrator. The HRA may be used with the Inspira card to cover out-of-pocket medical expenses or to reimburse claims from an itemized receipt.

Requesting HRA Service

The TN Strong Families Independent Support Coordinator (ISC) assists families with requesting the TN Strong Families HRA benefit. It is a one-time per year allocation and cannot be modified. We strongly encourage families to review the types of expenditures listed below while considering how much of their TN Strong Families funds to allocate to the HRA. DIDD cannot pay for claims submitted prior to the HRA authorization date on the plan. The \$20,000 TN Strong Families budget expenditure cap may not exceed \$20,000 across the calendar year and unspent funds cannot be rolled over into the next plan year. Once the services are authorized by the ISC on the child's TN Strong Families support plan, Inspira will mail your HRA debit card to the address on file.

Helpful tips on using the HRA may be found here:

<https://www.dropbox.com/s/80d5oly25ftz15n/Using%20your%20TSF%20-%20HRA.pdf?dl=0>

Inspira HRA Debit Card, Online Portal, and Mobile App

Families may expect to receive the HRA debit card **within 21 days of authorization**. If the card has not arrived within 21 days, please contact Inspira at StateofTN@InspiraFinancial.com. It will arrive in a plain white envelope in the foster parent's name and contain instructions on how to set up the account. The date the HRA service is authorized on the child's Person-Centered Support Plan (PCSP) is the first date expenses are eligible. For instance, if the HRA service is authorized on 3/1/23, a doctor's visit that occurs on or after that date would be eligible for HRA use. A doctor's visit that occurs on 2/28/23 would not be eligible.

Only the enrolled child is covered by the HRA. It is currently a one-time per year allocation and cannot be modified. Funds left over from one calendar year do NOT carry over into a new year. Families with 2023 expenditures have until 3/31/24 to submit claims.

You may log into the Inspira online portal at www.InspiraFinancial.com or download the Inspira mobile app to review your HRA balance, submit claims and check claims status. Additional information regarding the Inspira online portal are located at [PayFlex Reimbursement Quick Reference Guide](#). For information on the Inspira mobile app, click [PayFlex Mobile Application Flyer](#)

Changes in Placement

- If there is a permanent disruption in the foster placement, the HRA Benefit follows the child to their new foster home. The ISC will work with the family to set up the new HRA account. The remaining balance of HRA funds will be made available and the date of eligibility remains unchanged.
The previous foster family will have 90 days to submit outstanding claims for reimbursement. The ISC will work with the previous foster family to identify unpaid reimbursements and work with Inspira and the family to get claims submitted.
- Children in the Strong Families HRA will have one year of continued HRA eligibility after adoption. The ISC will continue to work with the family and connect them with other programs they may be eligible for after TN Strong Families eligibility ends.

Using Your HRA Benefit

The HRA can be used two ways:

- With the provided Inspira card to pay for covered out-of-pocket medical expenses.
- Reimbursement claims with an itemized receipt.

Information about eligible expenses can be found in the appendix of this document. Those include but are not limited to:

- Copays and deductibles
- Speech Therapy, Occupational Therapy, Physical Therapy, and Non-Traditional Therapies
- Medical Equipment and Supplies
- Orthotics
- Vision and Dental
- Respite (reimbursement only)
- Prescriptions

Using the Inspira Card:

The Inspira card can currently be used at medical offices such as hospitals, doctors' offices, therapy offices, vision providers, dental offices, and pharmacies. When using the card, it's important to run it as credit, not debit. Please be aware that credit/debit card processing fees are not a covered expense.

There is a daily spending limit of \$2,650 on purchases made with the Inspira card.

Receipts must be submitted to validate all card purchases, and some purchases require a Letter of Medical Necessity (LOMN) from a doctor to be an eligible expense. Inspira currently aims to review and approve supporting documentation within 30 days.

Please be aware that the card cannot be used to purchase future appointments. For instance, the card cannot be used to purchase a block of 10 future therapy appointments, since there must be validation the visits have occurred. Doing so, may lead to suspension of your Inspira card.

Submitting Claims for Reimbursement:

Reimbursement requests are typically processed by Inspira within 7-10 business days but may take longer. These claims are paid by check or direct deposit.

Submitting Claims

You may submit HRA claims by logging into the Inspira online portal at www.InspiraFinancial.com or into the mobile app and selecting "File A Claim" to upload all supporting documentation (including receipts and invoices) for the expense. All claims should be submitted as expense type: "medical with deductible". The claim should include the following information:

- | | |
|--|--|
| <input type="checkbox"/> Provider or merchant name | <input type="checkbox"/> EOB or other documentation showing reimbursement, or a statement that no other reimbursement is available and therefore no EOB to apply |
| <input type="checkbox"/> Type of expense ("medical with deductible") | <input type="checkbox"/> Final amount of patient liability owed (final out of pocket cost after all reimbursement) |
| <input type="checkbox"/> Date of service | <input type="checkbox"/> Letter of Medical Necessity (LOMN) if applicable |
| <input type="checkbox"/> Child's name | |
| <input type="checkbox"/> Child's DOB | |
| <input type="checkbox"/> Child's last 4 digits of SSN | |
| <input type="checkbox"/> Description of service | |

Inspira will send an alert should the expense require additional information for upload. Be sure to respond timely to any requests as to not delay the determination. If no documentation is received within 56 days of the first written request, the Inspira card will be temporarily inactivated until all appropriate supporting documentation of the expense is submitted and approved. For information on how to file a claim, select [Video: How to File a Claim with PayFlex](#). For additional information on how to verify Inspira card purchases, click [How to Verify PayFlex Card Purchases Online](#). To find helpful ways to submit claim documentation and prevent card suspension, please review [Keep PayFlex Card Active Flyer](#).

Letter of Medical Necessity

Inspira requires a Letter of Medical Necessity (LOMN) Form from the healthcare provider confirming the expenses are needed to treat a specific diagnosis. It must be completed by child's physician or therapist, including - but not limited to - pediatrician, specialist, medical doctor, physician's assistant, licensed/registered nurse practitioner, or occupational/physical/speech therapist. In addition, multiple expenses may be itemized on one form. If the form is not available, a statement on letterhead from the medical provider detailing each diagnosis and expense is acceptable. The letterhead should include the following information:

- Employer Name: State of Tennessee TN Strong Families HRA
- Member Number: last 4 digits of child's social security number
- Duration

To view the LOMN form, please click, [Inspira Letter of Medical Necessity Form](#)

A Letter of Medical Necessity form does not need to be renewed on an annual basis IF a healthcare provider indicates on the form that it is effective for the child's duration of enrollment in the TN Strong Families Program.

Reimbursements

Once approved, reimbursement claims from itemized receipts are typically processed in 7-10 business days and paid by check or direct deposit.

Overpayments

If your HRA account has been frozen due to an overpayment of funds, you can remediate this by:

- Using another form of payment at the point of sale and submitting the claim to Inspira
- Paying it back in full online in your Inspira portal or by calling Inspira at (855) 689-8943
- Making payments to Inspira via check. The check will need to be made out to Inspira and the address to send the funds to are:

FSA Overpayments
PO BOX 8396
Omaha, NE 68103-8396

You must indicate you are part of the State of TN, TN Strong Families HRA and the foster parent should indicate their full first and last name.

Contacts

You may email Inspira at StateofTN@InspiraFinancial.com or call (855) 689-8943 if you have any questions. Be sure to indicate the child's legal name and date of birth when contacting Inspira. You may contact your Independent Support Coordinator with any questions regarding your support plan and budget authorizations.

Appendix A: IRS Eligible and Ineligible Items

The following list is the complete list of IRS eligible and ineligible items. There are many items that may not be applicable to a child in the TN Strong Families Program, but out of an abundance of caution, DIDD is keeping the list in its entirety. Items deemed eligible by the IRS do not require a letter of medical necessity, however some items require the form. You may include multiple expenses on one LOMN form.

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|---|---|
| Acne (over-the-counter item) | Acupressure | Abdominoplasty (for cosmetic reasons) |
| Acne (services) | Abdominoplasty (for medical condition) | Acne (routine skin care) |
| Acupuncture | Air Conditioner, Air Filter, Air Purifier | Adoption Medical Expenses (incurred before adoption negotiations) |
| Adaptive Equipment | Allergy Treatment Products (required for medical condition) | Adoption Medical Expenses (incurred by birth mother, associated with birth) |
| Adoption Medical Expenses (for tax qualified dependents) | Alopecia Treatment | Allergy Products (used even without allergies) |
| Air Fare (primarily for medical care) | Alternative Medicine, Alternative Healers (for medical condition) | Alternative Medicine, Alternative Healers (for general health) |
| Alcoholism, Drug Addiction Treatment | Artificial Insemination (active attempt to conceive) | Appearance Improvement |
| Allergy Medicine | Artificial Reproductive Technologies (active attempt to conceive) | Assisted Living Facility |
| Alternative Healers | Automobile Modifications (for medical condition) | Automobile Modifications (cost of operating the car) |
| Ambulance Service | Baby Formula | Autopsy |
| Analgesics (painkillers), Antipyretics (fever reducers) | Baldness Treatment (for medical condition) | Babysitting, Child and Dependent Care (for healthy child) |
| Anesthesiology | Bariatric Surgery | Baldness Treatment (for cosmetic reasons) |
| Antacids, Acid Reducers | Behavioral Modification Programs | Bariatric Surgery (for cosmetic reasons) |
| Antibiotics, topical | Bio-identical Hormone Replacement Therapy (for medical condition) | Bio-identical Hormone Replacement Therapy (used as an enhancement) |
| Anti-Diarrhea | Birthing Coach | Birthing Classes (not related to the actual childbirth) |
| Anti-Embolism Socks, Stockings | Blepharoplasty (for medical condition) | Bleaching or Whitening Teeth |
| Anti-Fungal | Blood Donor Fee | Blepharoplasty (for cosmetic reasons) |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|--|--|
| Anti-Gas | Blood Storage | Botox Injections (for cosmetic reasons) |
| Antihistamines | Body Restoration Technique | Boutique, Concierge, Practice Fees |
| Anti-Itch | Botox Injections (for medical condition) | Breast Augmentation (for cosmetic reasons) |
| Arch and Insole Support | Breast Implants or Removal (for medical condition) | Breast Implants or Removal (for cosmetic reasons) |
| Arthritis Care | Breast Reduction (for medical condition) | Breast Reduction (for cosmetic reasons) |
| Artificial Eye, Limb, Teeth | Calcium (for medical condition) | Calcium (for general health) |
| Aspirin | Capital Expense (cost of installing equipment in home) | Car Modification (cost of operating the car) |
| Asthma Equipment and Treatment | Car Modification (for medical condition) | Chemical Peel (for cosmetic reasons) |
| Asthma Equipment and Treatment (over-the-counter products) | Cervical Pillow | Childbirth Classes/Lamaze (not related to the actual childbirth) |
| Autoette (wheelchair) | Chairs, Reclining | Chinese Herbal Practitioner and Herbal Treatments (for general health) |
| Automated External Defibrillator (AED) | Chelation Therapy | Christian Science Treatments (for general health) |
| Automobile Modifications (specially designed car to hold a wheelchair) | Club Dues and Fees (for medical condition) | Club Dues and Fees (for general health/non-medical) |
| Baby Health Monitor | Collagen Injections (for medical condition) | COBRA Premiums (if you have a health care FSA) |
| Back Brace | Colon Therapy, Colon Hydrotherapy, Colonics | Cold and Hot Packs (for non-medical use) |
| Bandages, Band-Aids | Convalescent Home (medical care, meals & lodging) | Cold Sore and Fever Blister Treatments (lip balm SPF lower than 15) |
| Bariatric Surgery (for obesity treatment) | Cord Blood (harvesting/storage for medical condition) | Collagen Injections (for cosmetic reasons) |
| Bedside Commode, Toilet (for medical reasons) | Cosmetic Treatment (for medical condition) | Concierge Medicine |
| Birth Control (over-the-counter) | Crania-Sacral Therapy | Contact Lens Service Agreement and Warranty |
| Birth Control (prescription) | Dance Lessons (for medical condition) | Contact Lenses and Supplies (for cosmetic reasons) |
| Birthing Classes (related to childbirth) | Dental Treatment (tooth bonding) | Controlled Substances |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|--|--|
| Blood Pressure Monitor | Dependent Care (for disabled person) | Convalescent Home (custodial care) |
| Blood Sugar Test Kits and Strips | Diapers, Diaper Service | Cord Blood (harvesting/storage for non-medical reasons) |
| Body Scan | Dietary Supplement (for medical condition) | Cosmetic Treatment (for non-medical reasons) |
| Braanalysis Testing | Dietician | Counseling (marriage/family for non-medical reasons) |
| Braces, Orthodontia | Digestive Aids (for medical condition) | CPR |
| Braille Books and Magazines | Disabled Dependent Medical Care | Dance Lessons (non-medical) |
| Breast Pump Purchase or Rental | Doula Fees | Dehumidifier |
| Breast Reconstruction Surgery | Dyslexia Treatment | Dental Maintenance Organization (DMO) Fees (if you have a health care FSA) |
| Breastfeeding Supplies | Educational Classes (for medical condition) | Dental Treatment (oral hygiene & supplies) |
| Breathalyzer | Egg and Embryo Storage Fees | Dental, cosmetic |
| Bus Fare (primarily for medical care) | Egg and Sperm Donor Fees | Dentures (for cosmetic reasons) |
| Car Modification (specially designed car to hold a wheelchair) | Egg Recipient Fees | Dependent Care (for healthy child) |
| Car Rental (primarily for medical care) | Electrolysis (hair removal for medical condition) | Dermabrasion (for cosmetic reasons) |
| Carpal Tunnel Wrist Supports, Braces | Elevator | Dermatology (for cosmetic reasons) |
| Childbirth | Excess Skin Removal | Diet Food |
| Childbirth Classes/Lamaze (related to childbirth) | Exercise Equipment, Exercise Program (for medical condition) | Dietary Supplement (for general health) |
| Chinese Herbal Practitioner | Fertility Enhancement and Treatments | Digestive Aids (for general health) |
| Chiropody | Fiber Supplement (for medical condition) | DNA Collection and Storage (for paternity testing) |
| Chiropractor | Fitness Program (for medical condition) | Drugs (controlled substances) |
| Cholesterol Testing | Fluoride Device and Treatment (In home or Office) | Ear, Body Piercing |
| Christian Science Practitioners | Gambling Treatment | Educational Classes (non-medical/general well-being) |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|--|---|
| Circumcision | Gastric Bypass Surgery Including Excess Skin Removal (for medical condition) | Electrolysis (hair removal for cosmetic reasons) |
| Clinic | GIFT (Gamete intrafallopian transfer) | Electronic Cigarettes |
| COBRA Premiums (If you have an HSA) | Hair Removal or Transplant (for medical condition) | Exercise Equipment, Exercise Program (for general health) |
| Co-Insurance | Half Way House | Expenses not incurred during the coverage period |
| Cold and Hot Packs (for medical purposes) | Health Club or Gym Membership Fees (for medical condition) | Expenses that have been reimbursed previously under or could be reimbursed under another medical plan |
| Cold Medicines | Herbs and Herbal Supplement (for medical condition) | Eye Care, Eyeglasses (warranties) |
| Cold Sore and Fever Blister Treatments (lip balm SPF 15 or higher) | Holistic, Homeopathic Professional (for medical condition) | Eye Exams, Eyeglasses, Eye Surgery, Eye Care (not needed for vision correction) |
| Cold Sore and Fever Blister Treatments (over-the-counter) | Home Improvements | Face Lift (for cosmetic reasons) |
| Companion Animal | Homeopathic Care and Medicines | Fertility Enhancement and Treatments (fees for preserving) |
| Compression Socks, Stockings | Hormone Replacement Therapy (HRT) (for medical condition) | Fertility Enhancement and Treatments (surrogate or gestational carrier expenses) |
| Condoms | Hydrotherapy | Fiber Supplement (for general health) |
| Contact Lenses and Supplies (for vision correction) | Hyperbaric Oxygen Therapy | Finance Charges |
| Contact Lenses and Supplies (over-the-counter products) | Hypnosis | Fitness Program (for general health) |
| Continuous Positive Airway Pressure (CPAP) | Impotence | Fluoride Rinse, Pills and Toothpaste |
| Contraceptives | In Vitro Fertilization | Food |
| Copayment (copay) | Inclinator | Forms Completion |
| Corneal Molding | Infertility Treatments | Founder's Fees |
| Corneal Ring Segments | Injection Snore Plasty | Funeral Expenses |
| Cough Suppressants | Inversion Table | Gastric Bypass Surgery Including Excess Skin Removal (for cosmetic reasons) |
| Counseling (for medical condition) | Joint Supplement (for medical condition) | Hair Removal or Transplant (for cosmetic reasons) |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|---|---|--|
| Crown, dental | Kenalog injections (for medical condition) | HDHP, High-deductible health plan (premiums) |
| Crutches | Kinesiology | Health Club or Gym Membership Fees (for general health/non-medical) |
| Crystalens | Laetrile | Herbs and Herbal Supplement (for general health) |
| Decongestant | Language Classes | HMO, Health Maintenance Organization (premiums) |
| Deductibles | Lap Band Surgery (for medical condition) | Holistic, Homeopathic Professional (for general health) |
| Defibrillator | Lead Paint Removal (for medical condition) | Homeopathic Care and Medicines (for general health) |
| Dehydration Treatment | Learning Disabilities | Hormone Replacement Therapy (HRT) (used as an enhancement) |
| Dental Emergency Kit | Lessons (for medical condition) | Household Help |
| Dental Maintenance Organization (DMO) Fees (if you have an HSA) | Life Coach | Illegal Operations, Illegal Treatments |
| Dental Treatment (non-cosmetic) | Liposuction (for medical condition) | Insurance Premiums (for Medicare supplement policies) |
| Dental Treatment (over-the-counter flouride) | Lumbar Support | Insurance Premiums (if you have a health care FSA) nor pre-tax employer-sponsored medical insurance premiums |
| Denture Adhesive | Massage Therapy (for medical condition) | Joint Supplement (for general health) |
| Denture Cleanser | Mattress | Kenalog Injections (for cosmetic reasons) |
| Dentures (non-cosmetic) | Medical Conference (admission and transportation) | Lamaze Classes (not related to the actual childbirth) |
| Denturist | Minerals, Mineral Supplement (for medical condition) | Lap Band Surgery (for cosmetic reasons) |
| Dermatology (for medical condition) | Naturopathic Care, Naturopathic Healers (for medical condition) | Late Payment Fee |
| Diabetic Equipment and Supplies | Nursing Home (medical care, meals and lodging) | Lead Paint Correction (repaint affected area) |
| Diagnostic Tests and Procedures | Nutritional Supplement (for medical condition) | Legal Fees (for adoption) |
| Diaper Rash Creams | Nutritionist (for medical condition) | Legal Fees (for divorce) |
| Diarrhea Medicine | Orthopedic Shoes | Legal Fees (for guardian/estate) |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|---|--|
| Diathermy | Pedometer | Legal Fees (for surrogate mother) |
| Digestive Aids (over-the-counter) | Penile Implants | Lessons (non-medical) |
| Doctor Fees | Personal Trainer Fees (for medical condition) | Lip Balm (SPF lower than 15) |
| Drug Addiction Treatment | Phototherapy | Liposuction (for cosmetic reasons) |
| Drug Overdose Treatment | Pillows for Lumbar and Cervical Support | Lodging and Trips (for general health) |
| Drugs (over-the-counter) | Probiotics (for medical condition) | Long Term Care Insurance Premiums (if you have a health care FSA) |
| Drugs (prescription) | Progesterone, Testosterone Hormones (for medical condition) | Long Term Disability (LTD) Insurance Premiums (if you have a health care FSA) |
| Durable Medical Equipment (DME) | Propecia (for medical condition) | Marijuana |
| Ear Care and Ear Wax Removal Products | Purifier | Marriage Counseling |
| Ear Plugs | Reflexology | Massage Therapy (for general health) |
| Epsom Salts | Rehabilitation Center (meals and lodging) | Maternity Clothes |
| Erectile Dysfunction Treatment | Retin-A (for medical condition) | Meals (for a companion) |
| Expectorant | Rogaine (for medical condition) | Medical Newsletter |
| Experimental Drugs | Rolfing, Structural Integration | Medical Services (monthly/annual fee) |
| Experimental Medical Services | Scale, food or weight | Medicare Parts A, B and D (if you have a health care FSA) |
| Eye Care (for eye drops) | Schools, Special | Medicated Lip Product (lip balm lower than SPF 15) |
| Eye Exams, Eyeglasses, Eye Surgery, Eye Care | Sexual Counseling | Medicine and Drugs from Other Countries (purchased in another country for use in U.S.) |
| Eye Exams, Eyeglasses, Eye Surgery, Eye Care (for repairs) | Sexual Dysfunction | Medicine, Prescription (for cosmetic reasons) |
| Feminine Hygiene Products | Skin Tag Removal (for medical condition) | Micro-Dermabrasion (for cosmetic reasons) |
| Fertility Enhancement and Treatments (ovulation kit) | Special Computer Program for the Blind | Minerals, Mineral Supplement (for general health) |
| Fever Reducing Medication | Special Food | Missed Appointment Fees |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|---|--|
| First Aid Drugs and Medicines | Speech Therapy (dvds, videos, software) | Naturopathic Care, Naturopathic Healers (for general health) |
| First Aid Kit | Sperm Storage (for medical reasons) | Newborn Nursing Care |
| First Aid Supplies | Stem Cell Harvesting or Storage (for medical reasons) | Nursing Pillows or Covers |
| Flavoring Added to Medication | Stem Cell Injections | Nutritional Supplement (for general health) |
| Flu Shot | Supplement (for medical condition) | Nutritionist (for general well-being) |
| Fluoride product (over-the-counter) | Swimming Lessons (for medical condition) | Obstetrical Care (prepaid expenses for the birth) |
| Foot Care (non-medicated) | Swimming Pool (for medical condition) | Operation (for cosmetic reasons) |
| Foot Care (over-the-counter) | Syntonic Phototherapy | Organ Recipient Expenses (paid by the donor) |
| Fuel, Gasoline for Medical Care | Tanning Salon Visits or Equipment (for medical condition) | Pastoral Counseling |
| Gastric Bypass Surgery Including Excess Skin Removal (for obesity treatment) | Transportation (for nurse or companion) | Paternity Testing |
| Gauze Pads | Transportation (to attend Alcoholics Anonymous) | Personal Items |
| Genetic Testing | Tuition (for special school/camp/program) | Personal Trainer Fees (for general health) |
| Glucosamine and Glucosamine Chondroitin | Tutoring | Physical Exam for Caregiver |
| Glucose Monitoring Device | Umbilical Cord Blood (harvesting/storage for medical condition) | Physician Fees, Pre-Paid |
| Glucose Tabs | UVR treatments | Premiums (for Medicare supplement policies) |
| Goggles (prescription) | Varicose Veins Treatment (for medical condition) | Premiums (if you have a health care FSA) |
| Guide Dog | Vitamin (for medical condition) | Pre-Paid Payments |
| Gynecologist | Waterpik | Prescription Drug Discount Program |
| Hand sanitizer | Weight Loss Drugs, Medicines (over-the-counter for medical condition) | Probiotics (for general health) |
| Handicap, Disability Placards and License Plates | Weight Loss Programs (for medical condition) | Progesterone, Testosterone Hormones (for cosmetic reasons) |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|---|--|---|
| Headache Medicine | Whirlpool Baths | Propecia (for cosmetic reasons) |
| Health Screenings | Wig (for medical condition) | Rehabilitation Center (custodial care for permanent residence) |
| Hearing Aids and Batteries | You are now past this feature | Restylane Injections (for cosmetic reasons) |
| Heart Rate Monitors | Specialty Clothing & Shoes | Retention Fees |
| Heating Pads | Sensory Items | Retin-A (for effects of aging) |
| Hemorrhoid Treatment | Home modifications (with Capital Expense Form) | Rhinoplasty (for cosmetic reasons) |
| Home Diagnostic Kits, Tests, Devices | | Rogaine (for cosmetic reasons) |
| Home Health Care | | Shampoos and Soaps |
| Hospice Care/Palliative Care | | Skin Tag Removal (for cosmetic reasons) |
| Hospital Services | | Sperm Storage (for non-medical reasons) |
| Human Guide | | Stem Cell Harvesting or Storage (for non-medical reasons) |
| Humidifier (for medical care) | | Student Health Fee (fees/premium for program) |
| Immunizations | | Sunglasses (no vision correction) |
| Incontinence Products | | Sunscreen (lower than SPF 15) |
| Insect Bite Cream, Ointment | | Supplement (for general health) |
| Insulin | | Surgery (for cosmetic reasons) |
| Insurance Premiums (if you have an HSA) | | Surrogate Mother Fees (for medical expenses for the surrogate) |
| Investigational Surgery | | Surrogate Mother Fees (for search of surrogate) |
| Invisalign Orthodontics | | Swimming Lessons (non-medical) |
| Kenesio Tape | | Swimming Pool (for recreation) |
| Laboratory Fees | | Tanning Salon Visits or Equipment (for cosmetic reasons/appearance) |
| Lactation Aids and Supplies | | Tattoo Removal (for cosmetic reasons) |
| Lactation Consultant | | Telephone for Hearing Impaired (cost of phone in hospital/treatment center) |
| Lamaze Classes (related to childbirth) | | Television for Visually or Hearing Impaired (cost of TV in hospital/treatment center) |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|----------------------|---|
| Lap Band Surgery (for obesity treatment) | | Temporary Continuation of Coverage (TCC) Premiums (if you have a health care FSA) |
| LASIK, Laser Eye Surgery | | Therapy (marriage/family for non-medical reasons) |
| Laxatives | | Toiletries (Personal Hygiene) |
| Legal Fees (for fertility treatment) | | Toothbrushes |
| Legal Fees (to authorize treatment) | | Transportation (non-medical) |
| Lice Treatment and Removal (fees paid to specialist) | | Transportation Cost of Disabled Individual Commuting To and From Work |
| Lice Treatment and Removal (over-the-counter) | | Tri-Care Premiums (if you have a health care FSA) |
| Life Alert Emergency Medical Alert System | | Trips (for general health) |
| Lip Balm (SPF 15 or higher) | | Tummy Tuck |
| Liquid Adhesive Bandage for Small Cuts | | Ultrasound, Pre-Natal (non-medical request by patient) |
| Lodging and Trips (to receive medical care) | | Umbilical Cord Blood (harvesting/storage for non-medical reasons) |
| Long Term Care Insurance Premiums (if you have an HSA) | | Varicose Veins Treatment (for cosmetic reasons) |
| Long Term Care Services | | Veneers (for cosmetic reasons) |
| Long Term Disability (LTD) Insurance Premiums (if you have an HSA) | | Vision Discount Programs |
| Mask (personal protective equipment) | | Vitamin (for general health) |
| Mastectomy-Related Expenses | | Warranty |
| Maternity Aids | | Weight Loss Programs (for general health) |
| Maternity Charges | | Wig (styling or cleaning products) |
| Meals (for inpatient care) | | You are now past this feature |
| Medical Alert Bracelet, Necklace | | |
| Medical Care Outside U.S. | | |
| Medical Information Storage Plan | | |
| Medical Monitoring, Testing Devices | | |
| Medical Records | | |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|---|----------------------|-------------------------|
| Medical Services (payment for treatment of medical condition) | | |
| Medical Services (phone consultation) | | |
| Medical Services (virtual office visits) | | |
| Medicare Parts A, B and D (if you have an HSA) | | |
| Medicated Lip Product (for cold sore/fever blister) | | |
| Medicated Lip Product (lip balm SPF 15 or higher) | | |
| Medicine and Drugs from Other Countries (purchased and consumed in another country) | | |
| Medicine and Drugs, Over-the-Counter (OTC) | | |
| Medicine, Prescription | | |
| Mediscope | | |
| Menstrual Pain Reliever | | |
| Mentally Challenged, Special Home | | |
| Midwife | | |
| Migraine Relief (over-the-counter) | | |
| Mileage (primarily for medical care) | | |
| Monitor | | |
| Morning-After Contraception Pill | | |
| Motion Sickness | | |
| Mouth Guard | | |
| Nasal Aspirator | | |
| Nasal Sprays, Nasal Solutions | | |
| Nasal Strips | | |
| Natural Lens Replacement | | |
| Naturopathic Healers | | |
| Nebulizer | | |
| Neti Pot | | |
| Neurologist | | |
| Nicotine Gum and Patches | | |
| Non-Prescription Drugs, Medicines | | |
| Norplant insertion or removal | | |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|----------------------|-------------------------|
| NSAIDS (over-the-counter) | | |
| Nursing services provided at home | | |
| Nursing Supplies | | |
| Obstetrical Care | | |
| Occlusal Guard | | |
| Occupational Therapy | | |
| Oncologist | | |
| Operation (for medical care) | | |
| Ophthalmologist | | |
| Optometrist | | |
| Organ Donor Expenses (paid by donor) | | |
| Organ Donor/Recipient Expenses (paid by recipient) | | |
| Orthodontia | | |
| Orthokeratology | | |
| Orthotics | | |
| OSHA Handling Fees for Bio-Hazards Waste Disposal. | | |
| Osteopath | | |
| Ostomy, Colostomy Supplies | | |
| OTC (over-the-counter) | | |
| Out-of-Network Provider | | |
| Over-the-Counter (OTC) Drugs and Medicines | | |
| Over-the-Counter (OTC) Supplies | | |
| Ovulation Monitor | | |
| Oxygen | | |
| Pain Relievers (Over-the-counter) | | |
| Parking Fees (primarily for medical care) | | |
| Particulate Respirator Mask | | |
| Patterning Exercises | | |
| Peak Flow Meter | | |
| Pediculicide/Lice Treatment | | |
| Personal Protective Equipment (PPE) | | |
| PET Scan | | |
| Petroleum Jelly | | |
| Phone Consultation with Doctor | | |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|---|---------------|------------------|
| Physical exam | | |
| Physical Therapy | | |
| Pill Cutters, Pill Box, Pill Sorters and Pill Organizers | | |
| Post Mastectomy Clothing | | |
| Pre-Existing Condition | | |
| Pregnancy and Delivery Charges | | |
| Pregnancy Charges Paid Monthly per Contract | | |
| Pregnancy Items | | |
| Pregnancy Termination | | |
| Pregnancy Tests | | |
| Premiums (if you have an HSA) Post-tax non-employer paid medical insurance premiums | | |
| Prenatal Vitamins | | |
| Prescription Drugs, Medicines | | |
| Preventative Care Screenings | | |
| Preventive Care Services | | |
| Private Hospital Room | | |
| Prosthesis | | |
| Psychiatric Services and Care | | |
| Psychoanalysis | | |
| Psychologist | | |
| Psychotherapist | | |
| Psychotherapy | | |
| Pulse Oximeter | | |
| Radial Keratotomy | | |
| Reading Glasses | | |
| Reasonable & Customary (R&C) | | |
| Respite Care | | |
| Safety Glasses (Prescription) | | |
| Sales Tax | | |
| Sanitizing wipes | | |
| Screening Tests | | |
| Seeing-eye Dog, Service Animal | | |
| Services Not Covered by Insurance | | |
| Sharps Container | | |
| Shipping and Handling | | |
| Sinus Medication | | |
| Sitz Bath | | |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|---------------|------------------|
| Sleep Deprivation Treatment | | |
| Smoking Cessation Program and Medication | | |
| Smoking Cessation Program and Medication (over-the-counter) | | |
| Somnoplasty | | |
| Specialized Medical Equipment or Services | | |
| Speech Therapy | | |
| Spermicide | | |
| Sterilization Procedure or Reversal | | |
| Stop-Smoking Program | | |
| Student Health Fee (cost of medical care) | | |
| Substance Abuse Treatment | | |
| Subway Fare (primarily for medical care) | | |
| Sunburn Cream, Ointment | | |
| Sunglasses (with prescription) | | |
| Sunscreen (SPF 15 or higher) | | |
| Support Hose | | |
| Suppositories | | |
| Surgery (for medical care) | | |
| Surrogate Mother Fees (for medical expenses, if member is surrogate) | | |
| Taxes on Medical Services and Products | | |
| Taxi Fare (primarily for medical care) | | |
| Teething, Toothache Remedies | | |
| Telephone Consultation Fee | | |
| Telephone for Hearing Impaired (fees for enhancing/repairing a phone) | | |
| Television for Visually or Hearing Impaired (cost to modify TV or buy new) | | |
| Temporary Continuation of Coverage (TCC) Premiums (if you have an HSA) | | |
| Therapy (for medical condition) | | |
| Thermacare Heat Wraps | | |

| ELIGIBLE ITEMS | LOMN REQUIRED | INELIGIBLE ITEMS |
|--|---------------|------------------|
| Thermography | | |
| Thermometer | | |
| Throat Lozenges | | |
| Toll Fees (primarily for medical care) | | |
| Topical Analgesics (Muscles and Arthritis) | | |
| Topical Steroids | | |
| Train Fare (primarily for medical care) | | |
| Transplant | | |
| Transportation (for medical care) | | |
| Tri-Care Premiums (if you have an HSA) | | |
| Trips (to receive medical care) | | |
| Tubal Ligation, Tubal Ligation Reversal | | |
| Ultrasound | | |
| Ultrasound, Pre-Natal (to monitor growth/condition) | | |
| Urinalysis | | |
| Usual, Customary and Reasonable (UCR), Charges Above | | |
| Vaccinations | | |
| Vaporizer, Humidifier | | |
| Vasectomy, Vasectomy Reversal | | |
| Veneers (non-cosmetic) | | |
| Veterinary Fees (for guide dog/animal) | | |
| Vision Correction | | |
| Walker | | |
| Wart Removal Treatment | | |
| Weight Loss Drugs, Medicines (prescribed) | | |
| Well Baby, Well Child Care | | |
| Wellness Scan | | |
| Wheelchair, Walker | | |
| Work Related Physical Examination for the Employee | | |
| X-Ray | | |
| Yeast Infection Medication | | |