



# SFMRA

YOUR ACCOUNT FOR HEALTH COSTS

## Your Guide to SF MRA Eligible Expenses

Get Reimbursed  
for a Wide Range  
of Health and  
Wellness Expenses





# SFMRA

YOUR ACCOUNT FOR HEALTH COSTS

## WELCOME TO SF MRA! Discover Eligible Expenses in This Guide

This guide includes a list of health care expenses and lets you know whether you can use the money in your Medical Reimbursement Account (MRA) to pay for the health care expense. Eligible health care expenses are health care costs that result from the diagnosis, care, treatment, improvement, or prevention of a disease or illness.

### Use Your SF MRA

The SF MRA program gives you access to money so you can get reimbursed for health insurance and other health and wellness expenses. The ultimate goal of the SF MRA program is to help you achieve and maintain your best health and wellness without worrying about how you're going to afford key health-related expenses.

### A Wide Range of Eligible Expenses

When people join SF MRA, they are pleasantly surprised to discover the wide range of services and products that are eligible for reimbursement. These include health insurance payments and deductibles, plus health products and wellness services. This guide gives you the full list of eligible expenses.

### About Your SF MRA Account

#### Who can access my SF MRA money?

You can use your SF MRA to get reimbursed for eligible health and wellness expenses. You get can get reimbursed for expenses for you, your spouse or domestic partner, and your children or dependents.

#### Who qualifies as a dependent?

You can use your SF MRA to pay for the eligible expenses of a qualifying child or relative. A qualifying child or relative includes your dependent that you claim on your tax return or your adult child(ren) up to age 26.

### How to Use This Guide

#### 1. Find the health care expense

#### 2. See if the expense is eligible for reimbursement

Each expense is in one of three categories:

- **Eligible** – This expense is eligible for reimbursement from your MRA
- **Potentially Eligible** – This expense may be eligible for reimbursement based on meeting certain requirements
- **Ineligible** – This expense is not eligible for reimbursement from your MRA

If the expense is “potentially eligible” for reimbursement, find out what additional requirements apply or additional documentation you need to provide.

For expenses designated as “Provider’s Statement Required,” the documentation needs to include: provider’s name; patient’s name; description of the medical condition; description of the treatment needed; length of time the treatment will be needed; and explanation of how the treatment will help the medical condition. We included a **Letter of Medical Necessity** on the last page of this guide if you need a form for your provider to complete.

If an expense is eligible, submit a claim. If approved, you’ll receive your reimbursement in 3-5 business days. Details are on the next page.

### Online Resources

Our website [sfmra.org](https://sfmra.org) gives you everything you need to use your SF MRA.

Sign up for HealthEquity/WageWorks online at [sfmra.org/onlineaccount](https://sfmra.org/onlineaccount) for added convenience.

## How to Get Reimbursed

### To get reimbursed, take these steps:

1. Make sure the expense is eligible for reimbursement
2. Keep the receipt or invoice
3. File an SF MRA claim and get reimbursed for approved expenses from the money in your SF MRA. There are 4 ways to get reimbursed, as detailed below

If you need a claim form, go to **[sfmra.org/submitclaim](https://sfmra.org/submitclaim)** to download a copy. If you need additional forms, call Customer Service at **1(877) 772-0415** and we'll mail a form to you.

**Note:** Receipts or invoices should include the following information:

- Provider's name
- Type of goods or services
- Date when goods or services was provided
- Amount (your portion of payment)
- Name of person receiving service (if applicable)

### There Are 4 Ways to Get Reimbursed



#### ONLINE

Register with our partner, HealthEquity/WageWorks. Go to **[sfmra.org/onlineaccount](https://sfmra.org/onlineaccount)**.

- Log in to your HealthEquity/WageWorks account
- Complete your claim form online and upload your receipt or invoice online



#### MAIL

- Get receipts or invoices for your eligible expenses
- Complete a claim form and sign the form
- Mail your completed claim form and receipt(s) or invoice(s) to this address:

**Claims Administrator**  
**PO Box 14857**  
**Lexington, KY 40512**



#### MOBILE APP

Download the free **“WageWorks EZ Receipts”** app from the Google Play Store or Apple App Store.

- Log in to your account through the app
- Complete the claim form on the app
- Upload images of your receipts or invoices
- Click on “Submit Claim” to send your claim



#### FAX

- Get receipts or invoices for your eligible expenses
- Complete a claim form and sign the form
- Fax your completed claim form and receipt(s) to **1(866) 599-3058**

**If your claim is approved, you'll receive payment by check. If you are enrolled in direct deposit, your funds will be available in your bank account in 3-5 business days.**

# Health Care Eligible Expense List

The following pages list eligible expenses in alphabetical order.

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>A</b>		
<b>AA, Alcoholism, Drug, or Substance Abuse Treatments</b> •Alcohol or substance abuse treatment center, including meals and lodging	Yes	
<b>Abortion</b>	Yes	
<b>Acne Treatment</b> •Acne medication •Acne peels •Cryosurgery •Dermabrasion •Laser Treatment	Yes	
<b>Activity Tracker</b> •Fitness tracker •Heart rate monitor •Pedometer •Smart watch	Yes	Eligible if purchased on or after 12/1/2019.  Data plans, accessories, and insurance for these products are not eligible for reimbursement.
<b>Acupuncture</b> •Acupuncture •Acupressure	Yes	
<b>Adoption Fees</b>	No	You may submit health care expenses for an adopted child once they become your qualified dependent, including health care expenses incurred during the adoption process, such as physical examinations.
<b>Affordable Care Act (ACA) Penalties</b>	No	Tax penalties for not complying with the individual mandate of the Affordable Care Act (also known as the ACA or “Obamacare”) are not eligible for reimbursement.
<b>Air Conditioner</b>	Potentially Eligible	Provider’s statement required.
<b>Air Purifier</b> •Including Air Filter	Yes	Eligible if purchased on or after 12/1/2019.
<b>Allergy Relief (Equipment and Supplies)</b> •Humidifier •Nebulizer •Removal of flooring •Special pillows, mattress covers, etc. to alleviate an allergic condition •Special vacuum cleaners •Vaporizer	Potentially Eligible	Provider’s statement required.

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Allergy Relief (Medicine and Shots)</b> <ul style="list-style-type: none"> <li>• Allergy shots</li> <li>• Nasal irrigation supplies (e.g. Neti Pot)</li> <li>• Over-the-counter allergy medication</li> <li>• Prescription allergy medication</li> <li>• Saline eye drops</li> <li>• Saline nasal aspirators or sprays</li> </ul>	Yes	
<b>Ambulance Services</b>	Yes	
<b>Anti-Itch Lotions and Creams</b>	Yes	
<b>Artificial Insemination</b> <ul style="list-style-type: none"> <li>• Fertility exams</li> <li>• Embryo replacement and storage</li> <li>• Egg donor: recipient's medical expenses</li> <li>• In-vitro fertilization</li> <li>• Sperm bank/semen storage for artificial insemination</li> <li>• Sperm implants due to sterility</li> <li>• Sperm washing</li> <li>• Surrogate pregnancy: donor's medical expenses, surrogate's medical expenses</li> </ul>	Yes	See also Fertility Treatments.
<b>Artificial Limb (prosthesis) or Teeth (dentures or implants)</b>	Yes	
<b>Asthma Medicines</b>	Yes	
<b>Audio Books</b> <ul style="list-style-type: none"> <li>• Books on tape</li> <li>• Books on CD</li> <li>• Books online or other digital formats</li> </ul>	Potentially Eligible	Documentation of a visual impairment or other disability that necessitates an audio/electronic version is required.
<b>Automobile</b> <ul style="list-style-type: none"> <li>• equipment such as hand controls, lifts, or ramps</li> <li>• Special-design vehicles</li> </ul>	Potentially Eligible	Provider's statement required.



HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>B</b>		
<b>Baby Formula</b>	Yes	
<b>Bike Share and Bike Share Membership</b> The cost of temporarily renting a bicycle including but not limited to the following companies: <ul style="list-style-type: none"> <li>• Bay Wheels</li> <li>• Jump</li> </ul>	Potentially Eligible	Provider's statement required.  Does not include the rental of electric scooter.  Eligible if purchased on or after 12/1/2019.
<b>Birth Control / Family Planning</b> <ul style="list-style-type: none"> <li>• Birth control pills, patches, or rings</li> <li>• Condoms</li> <li>• Diaphragm or IUD</li> <li>• Norplant or Depo-Provera</li> <li>• Ovulation kits</li> <li>• Spermicides</li> <li>• Tubal ligation</li> <li>• Vasectomy</li> </ul>	Yes	
<b>Blood Storage</b>	Yes	
<b>Body Scan</b> <ul style="list-style-type: none"> <li>• CT body scanning</li> <li>• Full body scanning</li> </ul>	Yes	
<b>Botox Treatment</b>	Potentially Eligible	Provider's statement required.  Botox used to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma is an eligible expense. Botox used for the treatment of migraines is an eligible expense.
<b>Braces and Other Orthodontics</b>	Yes	
<b>Braille Books and Magazines</b>	Yes	
<b>Breast Pump and Lactation Supplies</b> <ul style="list-style-type: none"> <li>• Breast pump</li> <li>• Breast pump accessories</li> <li>• Lactation creams/ointments</li> <li>• Lactation pads/shields</li> <li>• Storage bags/bottles</li> </ul>	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>C</b>		
<b>Capital Modification (House)</b> A capital modification is an expense incurred for the primary purpose of accommodating a personal residence to a disability. <ul style="list-style-type: none"> <li>•Constructing ramps</li> <li>•Widening doorways</li> <li>•Installing railing or support bars to bathrooms, stairways, etc.</li> <li>•Lowering or modifying kitchen or bathroom cabinets</li> <li>•Altering the location of, or modifying electrical outlets and fixtures</li> <li>•Installing porch lifts and other forms of lifts</li> <li>•Modifying fire alarms, smoke detectors, and other warning systems</li> <li>•Modifying hardware on doors</li> <li>•Grading of ground to provide access to the residence</li> <li>•Isolation of lead-based paint through wall covering (wallboard, paneling)</li> <li>•Removal of lead-based paint</li> </ul> <i>This list is not exhaustive.</i>	Potentially Eligible	Only reasonable costs incurred to accommodate a personal residence to the disability are eligible. Additional costs for personal reasons, such as architectural or aesthetic reasons, are not allowable as medical expenses.
<b>Childbirth-Related</b> <ul style="list-style-type: none"> <li>•Childbirth prep classes (Lamaze)</li> <li>•Midwife fees</li> <li>•Maternity girdles (for back pain) or special support hose (for leg circulation)</li> <li>•Home pregnancy tests</li> <li>•Ovulation kits</li> <li>•Doula fees</li> <li>•Lactation consultants</li> </ul>	Yes	
<b>Chiropractor Fees</b>	Yes	
<b>Christian Science Practitioners</b>	Yes	
<b>Church of Scientology Practitioners</b>	No	
<b>Circumcision</b>	Potentially Eligible	Fees for “ritual” circumcision performed by a non-health care provider (e.g., rabbi, mohel) are not eligible.
<b>Classes, Health-Related</b>	Potentially Eligible	Provider’s statement required.  The purpose of the training must be for the treatment of a medical condition and not for the promotion of general health.

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Coinsurance</b> • The portion of a medical bill exceeding the deductible that is shared with the health insurer.	Yes	
<b>Cold and Flu Medicine</b> (e.g. Dayquil, Nyquil, Sudafed, Theraflu, Triaminic, Tylenol Cold and Flu)	Yes	
<b>Cold Sore/Fever Blister Treatment</b>	Yes	
<b>Colonic Cleansing/Wash</b> • Colon hydrotherapy	Potentially Eligible	Provider's statement required.
<b>Concierge (Boutique) Fees</b>	Yes	Membership or retainer fees to a provider foreligible health care services.
<b>Condoms</b>	Yes	
<b>Contact Lenses and Contact Lens Cleaner</b>	Yes	
<b>Contraceptive Products</b>	Yes	See Birth Control / Family Planning.
<b>Copayments</b>	Yes	See Insurance Co-Pays.
<b>Cosmetic Products</b> • Face soaps • Creams • Makeup • Perfumes • Hair removal	No	
<b>Cosmetic Surgery and Procedures</b> • Blepharoplasty • Botox or Collagen injections • Breast reconstruction surgery • Dental veneers, bonding, tooth whitening/bleaching • Facelifts • Sclerotherapy  <i>This list is not exhaustive.</i>	Potentially Eligible	Provider's statement required.  A cosmetic surgery or procedure can be an eligible expense if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma.
<b>Counseling</b> • Psychotherapy and psychoanalysis • Sex therapy • Bereavement and grief counseling • Telephone counseling • Marriage counseling	Yes	
<b>Cough Relief, Cough Medicine, and Cough Drops</b>	Yes	



HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>COVID</b> <ul style="list-style-type: none"> <li>• COVID Antigen and PCR tests</li> <li>• Face masks</li> <li>• Rapid COVID test</li> </ul>	Yes	
<b>Crutches</b>	Yes	
<b>D</b>		
<b>Dancing or Swimming Lessons, etc.</b>	No	
<b>Decongestants</b> (e.g. Claritin-D, Neo-Synephrine, Sudafed)	Yes	
<b>Deductibles</b>	Yes	See Insurance Deductibles.
<b>Dehydration/Rehydration</b> (e.g. Pedialyte)	Yes	
<b>Dental Care and Prevention</b> <ul style="list-style-type: none"> <li>• Bonding and sealants for dentures</li> <li>• Braces or other orthodontics</li> <li>• Cleaning</li> <li>• Crowns</li> <li>• Dentures</li> <li>• Extractions</li> <li>• Filings</li> <li>• Medicated toothpaste</li> <li>• Occlusal guard</li> <li>• Porcelain veneers (if not cosmetic)</li> <li>• Sealants (non-denture)</li> <li>• X-rays</li> </ul> <i>This list is not exhaustive.</i>	Yes	
<b>Dental Products</b> <ul style="list-style-type: none"> <li>• Dental Floss</li> <li>• Non-medicated toothpaste</li> <li>• Teeth whitening kits</li> <li>• Toothbrushes</li> </ul>	No	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Dental Treatment – Cosmetic</b> <ul style="list-style-type: none"> <li>•Teeth whitening or bleaching</li> <li>•Porcelain veneers</li> </ul> <i>This list is not exhaustive.</i>	Potentially Eligible	Provider's statement required.  A cosmetic surgery or procedure can be an eligible expense if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma.
<b>Dentist Fees</b> <ul style="list-style-type: none"> <li>•General/Family Dentist</li> <li>•Oral Surgeon</li> <li>•Orthodontist</li> <li>•Endodontist</li> <li>•Periodontist</li> </ul> <i>This list is not exhaustive.</i>	Yes	
<b>Diabetic Supplies</b> <ul style="list-style-type: none"> <li>•Sterile cotton balls</li> <li>•Alcohol prep swabs</li> <li>•Glucose tablets</li> <li>•Glucometer and test strips</li> <li>•Insulin</li> <li>•Needles (lancets)</li> <li>•Syringes</li> <li>•Glucagon emergency kit</li> <li>•Ketone urine test strips</li> <li>•Training classes</li> </ul>	Yes	
<b>Diapers or Diaper Service</b>	Potentially Eligible	Diapers for disabled individual, other than a newborn, are eligible, but only if needed to relieve the effects of a particular disease.
<b>Disabled Dependent Care Expenses</b>	Potentially Eligible	Provider's statement required.  Eligible if purchased on or after 12/1/2019.

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Doctor Fees</b> <ul style="list-style-type: none"> <li>•Anesthesiologist</li> <li>•Chiropractors</li> <li>•Chiropractor</li> <li>•Christian Science Practitioner</li> <li>•Dermatologist</li> <li>•Gynecologist</li> <li>•Naturopath</li> <li>•Neurologist</li> <li>•Obstetrician</li> <li>•Oculist</li> <li>•Oncologist</li> <li>•Ophthalmologist</li> <li>•Optician</li> <li>•Optometrist</li> <li>•Orthopedist</li> <li>•Osteopath</li> <li>•Otorhinolaryngologist</li> <li>•Pediatrician</li> <li>•Physician</li> <li>•Podiatrist</li> <li>•Psychiatrist</li> <li>•Physiotherapist</li> <li>•A physical without diagnosis or not covered by insurance</li> <li>•Consultations</li> <li>•Transfer of medical records</li> <li>•Any expense a doctor may charge to write a provider's statement</li> </ul> <p><i>This list is not exhaustive.</i></p>	Yes	<p>Fees include the portion of the expense not paid for by other health insurance (the “out-of-pocket” portion).</p> <p>Late fees, finance fees, fees for missed appointments, etc., are not eligible medical expenses.</p>
<b>Drugs/Medicines – Prescriptions</b>	Potentially Eligible	Expenses must involve prescription drugs/ medicines that could be legally provided within the U.S.

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Drugs/Medicines – Over-the-Counter</b> <ul style="list-style-type: none"> <li>•Anti-Itch Lotions and Creams</li> <li>•Asthma Medicines</li> <li>•Cold Sore/Fever Blister Treatment</li> <li>•Cold and Flu Remedies</li> <li>•Contraceptive Products</li> <li>•Cough Medicine and Relief</li> <li>•Decongestants</li> <li>•Dehydration/Rehydration</li> <li>•Diaper Rash</li> <li>•Eye Drops</li> <li>•Hand Sanitizer</li> <li>•Hemorrhoidal Preparations</li> <li>•Migraine Relief</li> <li>•Motion Sickness</li> <li>•Sinus Products</li> <li>•Smoking Cessation</li> <li>•Sunburn Relief</li> <li>•Sunscreen</li> <li>•Teething/Toothache Relief</li> <li>•Topical Steroids</li> <li>•Wart Removal</li> </ul> <p><i>This list is not exhaustive.</i></p>	Yes	
<b>Drug Addiction Treatment</b>	Yes	
<b>E</b>		
<b>Electrolysis or Hair Removal</b>	Potentially Eligible	Provider's statement required.  Electrolysis or hair removal can be an eligible expense but only if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma.
<b>Exercise Equipment and Programs</b> <ul style="list-style-type: none"> <li>•Exercise videos</li> <li>•Exercise DVDs</li> </ul>	Potentially Eligible	Provider's statement required.  The exercise equipment and program must treat a medical condition diagnosed by a health care provider (e.g., obesity, diabetes, high blood pressure). The cost of a weight loss program to improve your general health and appearance is not an eligible expense.  See also Weight Loss Program.
<b>Eye Drops</b>	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Eyeglasses and Eye Care</b> <ul style="list-style-type: none"> <li>• Eye examinations</li> <li>• Contact lens, fitting fee, replacement lens</li> <li>• Contact lens solutions</li> <li>• Reading glasses</li> <li>• Prescription glasses, prescription sports goggles, prescription sunglasses, scuba masks or safety glasses</li> <li>• Artificial eye and polish</li> <li>• LASIK/laser surgery, radial keratotomy, or other vision correction surgery</li> <li>• Vision insurance premiums</li> </ul>	Yes	The following items are not eligible: <ul style="list-style-type: none"> <li>• Eyeglass or other vision-related warranties</li> <li>• Non-prescription sunglasses</li> <li>• Non-prescription cosmetic contact lenses</li> <li>• Clip-on sunglasses</li> </ul>
<b>F</b>		
<b>Face Masks (for respiratory protection)</b>	Yes	
<b>Facility Fees</b> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing home</li> <li>• Rehabilitation facility</li> <li>• Home for mentally or physically disabled</li> </ul>	Yes	
<b>Feminine Hygiene</b> <ul style="list-style-type: none"> <li>• Maxi pads</li> <li>• Menstrual cups</li> <li>• Tampons</li> </ul>	Yes	
<b>Fertility Treatments</b> <ul style="list-style-type: none"> <li>• Artificial insemination</li> <li>• Fertility exams</li> <li>• Embryo replacement and storage</li> <li>• Egg donor: donor's medical expenses, recipient's medical expenses</li> <li>• In-vitro fertilization</li> <li>• Sperm bank/semen storage for artificial insemination</li> <li>• Sperm implants due to sterility</li> <li>• Sperm washing</li> <li>• Surrogate pregnancy: donor's medical expenses, surrogate's medical expenses</li> <li>• Reverse vasectomy</li> <li>• Reverse tubal ligation</li> </ul>	Yes	
<b>Fiber Supplements</b>	Yes	
<b>First Aid Supplies/Wound Care</b> (e.g. Band-Aids, Neosporin)	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Fitness Tracking Device</b> <ul style="list-style-type: none"> <li>• Heart rate monitor</li> <li>• Pedometer</li> <li>• Smart watch</li> </ul>	Yes	Eligible if purchased on or after 12/1/2019.  Data plans, accessories, and insurance for these products are not eligible for reimbursement.
<b>Fluoride Treatments</b> (e.g., fluoride rinses)	Yes	
<b>Food Supplements</b> (e.g. Ensure, Pediasure)	Yes	
<b>Founder's Fee/Lifetime Care Advance Payments</b>	Potentially Eligible	Provider's statement required.  Eligible if purchased on or after 12/1/2019.
<b>Funeral Expenses</b>	No	
<b>G</b>		
<b>Gender Re-Assignment</b> <ul style="list-style-type: none"> <li>• Surgery</li> <li>• Counseling</li> <li>• Hormone therapy</li> </ul>	Yes	
<b>Genetic Counseling and Testing (for a medical condition)</b>	Yes	Eligible if purchased on or after 12/1/2019.
<b>Guide Dogs</b> <ul style="list-style-type: none"> <li>• Cost of the animal</li> <li>• Care of the animal</li> </ul>	Potentially Eligible	Provider's statement required.
<b>Gym Fees</b> <ul style="list-style-type: none"> <li>• Gym Membership Fees</li> <li>• Fitness Class</li> <li>• Trainer Fees</li> <li>• Yoga Class</li> </ul>	Potentially Eligible	Provider's statement required.  Amounts paid for gym fees for your general health not related to a particular medical condition are not eligible expenses.
<b>H</b>		
<b>Hair Loss Treatment</b>	Potentially Eligible	Provider's statement required.  Hair loss treatment can be an eligible expense if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma. Treatment for hair loss that occurs as a normal part of aging or inherited or genetic baldness, or for cosmetic purposes, would not be covered.  See also Wigs or Toupees.



HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Hair Transplant</b>	Potentially Eligible	<p>Provider's statement required.</p> <p>Surgical hair transplants can be an eligible expense if it is necessary to improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma. Treatment for hair loss that occurs as a normal part of aging or inherited or genetic baldness, or for cosmetic purposes, would not be covered.</p> <p>See also Wigs or Toupees.</p>
<b>Health Club Dues</b>	Potentially Eligible	<p>Provider's statement required.</p> <p>Amounts paid for health club dues or steam baths for your general health or to relieve physical or mental discomfort not related to a particular medical condition are not eligible expenses.</p>
<b>Health Expenses Incurred Outside of the United States</b>	Potentially Eligible	<p>Provider's statement required.</p> <p>Expenses must involve medical care or drugs/medicines that could be legally provided within the U.S.</p>
<b>Health Institute Fees</b>	Potentially Eligible	<p>Provider's statement required.</p> <p>Health institute fees are the expenses associated with attending health-related courses, retreats, workshops, room &amp; board, and wellness coaching.</p> <p>Eligible if purchased on or after 12/1/2019.</p>
<b>Health Insurance Premiums</b>	Yes	See Insurance Premiums.
<b>Health Screenings or Routine Medical Exams</b> (e.g. VDRL, cholesterol, diabetes glucose, blood pressure)	Yes	
<b>Healthy San Francisco Participant Fees</b>	Yes	
<b>Hearing Aids</b> <ul style="list-style-type: none"> <li>• Purchase price and maintenance cost for hearing aid</li> <li>• Batteries needed to operate the hearing aid</li> <li>• Television or telephone adapter for the deaf</li> <li>• Lip reading lessons</li> <li>• Hearing exams</li> </ul>	Yes	The cost of the television or telephone would not be eligible. An eligible expense would only include special modifications needed for a disabled person to use the television or telephone.
<b>Hearing Exams</b>	Yes	
<b>Heart Monitors</b>	Potentially Eligible	<p>Provider's statement required.</p> <p>Monitors tracking heart rate during exercise for general purposes not eligible.</p>

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Hemorrhoidal Preparations</b>	Yes	
<b>Hippotherapy</b> Therapeutic horseback riding	Potentially Eligible	Provider's statement required.  Recreational horseback riding is not an eligible expense.
<b>Home for Mentally Disabled Persons</b>	Yes	The cost of keeping a mentally disabled person in a special home, not the home of a relative, on the recommendation of a psychiatrist to help the person adjust from life in a mental hospital to community living.
<b>Hospital Services/Fees</b> • Private room fees • Hospital kits (water pitcher, razor, toothbrush, lotion, etc.)	Yes	
<b>House Modification</b>	Potentially Eligible	See Capital Modification.
<b>Household Help</b> • Cleaning services • Cook/chef • Personal assistant • Driver • Gardener	No	Certain expenses paid to an attendant providing nursing type service may be eligible. See Nursing Services.
<b>Human Chorionic Gonadotropin (HCG) Injections</b>	Potentially Eligible	Provider's statement required.  HCG injections may be eligible for infertility treatment or to test for tumors, but not for general weight loss or steroid enhancement unrelated to a medical condition.
<b>Hypnosis</b>	Potentially Eligible	Provider's statement required.  Hypnosis may qualify if performed by a licensed professional to treat a medical condition (e.g., smoking cessation or weight loss due to a diagnosed medical condition). Hypnosis does not qualify if performed for personal well-being, such as general stress relief.
<b>I</b>		
<b>Incontinence Supplies</b>	Yes	
<b>Insurance Co-Pays</b>	Yes	The flat dollar amounts paid for medical services by the program participant.
<b>Insurance Deductibles</b>	Yes	The portion of a medical claim that is not covered by a health insurance provider and must be paid by the program participant.

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Insurance Premiums</b> <ul style="list-style-type: none"> <li>• Any medical, dental or vision insurance premium (HMO, DMO, PPO, etc.)</li> <li>• Long-term care insurance premium</li> <li>• Medicare (parts A, B &amp; D)</li> <li>• Life insurance</li> <li>• Disability insurance premiums</li> <li>• Student health fees</li> <li>• COBRA premiums</li> </ul>	Yes	
<b>J</b>		
<b>Joint Supplements</b>	Yes	
<b>L</b>		
<b>Laboratory Fees</b> <ul style="list-style-type: none"> <li>• Blood tests</li> <li>• Cardiographs</li> <li>• Cholesterol test</li> <li>• Genetic testing</li> <li>• Laboratory handling fees</li> <li>• Metabolism test</li> <li>• Pap smears</li> <li>• Shipping and transport fees</li> <li>• Spinal test</li> <li>• Stool exams</li> <li>• Storage fees for blood taken for surgery in the near future (not long-term storage)</li> <li>• Thyroid profile</li> <li>• Urinalysis</li> <li>• X-ray exams</li> </ul> <p><i>This list is not exhaustive.</i></p>	Yes	
<b>Lactose Intolerance Supplements</b>	Yes	
<b>Lead-based Paint</b> <ul style="list-style-type: none"> <li>• Removal of paint</li> <li>• Covering of paint</li> </ul>	Potentially Eligible	Provider's statement required.  The cost of repainting the scraped area is not an eligible expense.
<b>Learning Disability Treatments</b>	Potentially Eligible	Provider's statement required.  Eligible if purchased on or after 12/1/2019.
<b>Legal Fees for Medical Care Authorizing Treatment for Mental Illness</b>	Yes	Fees related to guardianship or estate management are not eligible expenses.
<b>Lice Treatment</b>	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Lodging (Hospital or Similar Institution)</b> <ul style="list-style-type: none"> <li>• Hospital</li> <li>• Nursing home</li> <li>• Rehabilitation facility</li> </ul>	Yes	Lodging at a hospital or similar institution is an eligible expense if the primary reason for being there is to receive medical care.
<b>Lodging (Non-Hospital)</b> <ul style="list-style-type: none"> <li>• Hotel</li> <li>• Motel</li> </ul>	Potentially Eligible	<p>The cost of lodging not provided in a hospital or similar institution while away from home is an eligible medical expense if:</p> <ul style="list-style-type: none"> <li>• the lodging occurred at the same time as the medical treatment;</li> <li>• the lodging is primarily for and essential to medical care;</li> <li>• medical care is provided by a doctor in a licensed hospital or medical care facility equivalent of, a licensed hospital;</li> <li>• the lodging is not lavish or extravagant under the circumstances; and</li> <li>• there is no significant element of personal pleasure, recreation, or vacation in the travel away from home</li> </ul>
<b>M</b>		
<b>Marijuana</b>	No	Payments for medications or treatments illegal in the United States are ineligible for reimbursements. State law does not supersede federal law (e.g., California marijuana dispensaries).
<b>Mastectomy-related supplies</b> <ul style="list-style-type: none"> <li>• Breast form cover</li> <li>• Breast forms</li> <li>• Removable liquid adhesive</li> <li>• Special Bra for mastectomy</li> </ul>	Yes	Eligible if purchased on or after 12/1/2019.
<b>Maternity</b> <ul style="list-style-type: none"> <li>• Childbirth prep classes (Lamaze)</li> <li>• New parent/Newborn childcare classes</li> <li>• Midwife fees</li> <li>• Maternity girdles (for back pain) or special support hose (for leg circulation)</li> <li>• Home pregnancy tests</li> <li>• Ovulation kits</li> <li>• Doula fees</li> <li>• Lactation consultants</li> </ul>	Yes	
<b>Mattress</b>	Potentially Eligible	Provider's statement required.

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Meals</b> <ul style="list-style-type: none"> <li>•Hospital</li> <li>•Nursing home</li> <li>•Rehabilitation facility</li> </ul>	Yes	Meals at a hospital or similar institution are eligible expenses if the main reason for being there is to receive medical care.
<b>Medical Alert</b> <ul style="list-style-type: none"> <li>•Medical alert bracelet</li> <li>•Medical alert systems</li> </ul>	Yes	
<b>Medical Conferences</b>	Potentially Eligible	Provider's statement required.
<b>Medical Information</b> <ul style="list-style-type: none"> <li>•Electronic maintenance of medical plan info</li> <li>•Fees to transfer records due to a change in physicians</li> </ul>	Yes	
<b>Medical Supplies</b> <ul style="list-style-type: none"> <li>•Back braces or supports</li> <li>•Bandages</li> <li>•Blood pressure kit</li> <li>•Cholesterol testing kit</li> <li>•Corn-removal treatments or pads</li> <li>•CPAP and supplies (for sleep apnea)</li> <li>•Defibrillator</li> <li>•Diagnostic devices</li> <li>•Diabetic supplies</li> <li>•Educational materials related to a diagnosed illness</li> <li>•First aid kit</li> <li>•Glucose kit</li> <li>•Heating pad/pack, ice pack</li> <li>•Inclinor</li> <li>•Orthopedic shoe inserts, or orthotics</li> <li>•Orthopedic shoes</li> <li>•Physician's scales</li> <li>•Surgical stockings</li> <li>•Thermometers</li> <li>•Truss</li> <li>•Wheelchairs, walkers, canes, crutches</li> </ul> <p><i>This list is not exhaustive.</i></p>	Yes	
<b>Mental Health Services</b>	Yes	See Therapy.
<b>Migraine Relief</b> (e.g. Advil Migraine, Motrin Migraine, Excedrin)	Yes	
<b>Motion Sickness</b> (e.g. Dramamine, Marezine)	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>N</b>		
<b>Nursing Home</b>	Yes	
<b>Nursing Services</b> <ul style="list-style-type: none"> <li>• Wages and other fees paid for nursing services</li> <li>• Extra rent or utility expenses for a participant to move into a larger residence with extra space (bedroom) for a nurse or private attendant</li> </ul>	Yes	
<b>Nutritional Supplements</b> <ul style="list-style-type: none"> <li>• Vitamins</li> <li>• Minerals</li> </ul>	Yes	
<b>Nutritional Supplements</b> <ul style="list-style-type: none"> <li>• Body Building Supplements</li> <li>• Protein Bar</li> <li>• Protein Shakes</li> </ul>	Potentially Eligible	Provider's statement required.  Eligible if purchased on or after 12/1/2019.
<b>O</b>		
<b>Optician/Optometrist Fees</b>	Yes	
<b>Orthodontics</b>	Yes	
<b>Over-the-Counter Drugs</b>	Yes	See Drugs/Medicines – Over-the-Counter.
<b>Over-the-Counter Hormone Therapy</b>	Yes	
<b>Oxygen</b> <ul style="list-style-type: none"> <li>• Oxygen tanks</li> <li>• Oxygen equipment</li> </ul>	Yes	
<b>P</b>		
<b>Pain Relief</b> e.g. Advil, Aleve, Aspirin, Ibuprofen, Motrin, Naprosyn, Naproxen	Yes	
<b>Pedometer</b>	Yes	Eligible if purchased on or after 12/1/2019.
<b>Penile Implants</b>	Potentially Eligible	Provider's statement required.  A penile implant is an eligible expense only if impotence is due to organic causes such as trauma, post-prostatectomy, or diabetes.
<b>Personal Care Service</b> <ul style="list-style-type: none"> <li>• Adult Day Care</li> <li>• Emergency Response Systems</li> <li>• Home Health Care</li> <li>• Homemaker Services</li> <li>• Long-Term Care</li> <li>• Maintenance Care</li> <li>• Personal Care</li> <li>• Transportation Services</li> </ul>	Potentially Eligible	Provider's statement required.  Eligible if purchased on or after 12/1/2019.



HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Personal Hygiene Products</b> <ul style="list-style-type: none"> <li>•Toothpaste, toothbrush, mouthwash, floss</li> <li>•Deodorant</li> <li>•Shampoo, conditioner, hair spray</li> <li>•Bath soap, hand soap</li> <li>•Shaving cream</li> </ul>	No	
<b>Pest Control</b> <ul style="list-style-type: none"> <li>•Rodent Control</li> <li>•Cockroach Control</li> </ul>	Potentially Eligible	Provider's statement required.  Eligible if purchased on or after 12/1/2019.
<b>Prescription Drugs</b>	Yes	Prescription drugs are an eligible expense if prescribed by a doctor and legally purchased in the United States.
<b>Prescription Drug Additives</b> <ul style="list-style-type: none"> <li>•Additives used to improve the taste of medicine</li> </ul>	No	
<b>Prosthesis</b>	Yes	
<b>Psychiatric Care</b>	Yes	
<b>Psychoanalysis</b>	Yes	
<b>Psychologist</b>	Yes	
<b>R</b>		
<b>Radiology Fees</b> <ul style="list-style-type: none"> <li>•X-Rays</li> <li>•CT Scan</li> <li>•MRI</li> </ul> <i>This list is not exhaustive.</i>	Yes	
<b>Radon Mitigation</b>	Yes	
<b>Rehydration Products</b> (e.g. Pedialyte)	Yes	
<b>S</b>		
<b>Sales Tax or Shipping &amp; Handling</b>	Yes	Costs for sales or state-mandated taxes and shipping or handling fees associated with an eligible expense; e.g., shipping and handling fees for lab work and other specimens, donors, etc.
<b>Service Animals for Disabled Persons</b> <ul style="list-style-type: none"> <li>•Cost of the animal</li> <li>•Care of the animal</li> </ul>	Potentially Eligible	Provider's statement required.
<b>Sinus Products</b> <ul style="list-style-type: none"> <li>•(e.g. 4-Way, Vicks, Allergy Buster)</li> </ul>	Yes	
<b>Sleeping Aids</b> (e.g. Unisom)	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Smoke Detector for Disabled Persons</b>	Yes	
<b>Smoking Cessation</b> (e.g. Commit, Nicoderm CQ, Nicorette, Nicotrol)	Yes	
<b>Snoring Cessation Aids</b>	Yes	
<b>Special Education for Disabled Persons</b> • Tuition • Lodging • Meals • Tutoring fees	Potentially Eligible	Provider's statement required.  The cost of a school for a mentally impaired or physically disabled person is an eligible expense if the primary reason is to treat or relieve the disability. (e.g., school for the visually impaired; lip reading to the hearing impaired; or remedial language training to correct a condition caused by a birth defect). The cost of a boarding school while recuperating from an illness is not an eligible expense.
<b>Special Foods/Diet</b> (e.g. Sugar free, Fat free, Gluten free, Diabetic, Low cholesterol)	No	See Weight Loss Products for separate eligibility rules.
<b>Speech Therapy</b>	Yes	
<b>Sterilization/Sterilization Reversal</b> • Vasectomy • Tubal ligation	Yes	
<b>Stop-Smoking Program or Tools</b>	Yes	
<b>Sunburn Relief</b>	Yes	
<b>Sunscreen</b>	Yes	
<b>Surrogate Pregnancy</b> • Donor's medical expenses • Surrogate's medical expenses	Yes	
<b>Swimming Pools or Whirlpools</b>	Potentially Eligible	Provider's statement required.
<b>Surgery, Non-Cosmetic</b>	Yes	
<b>Sun-Protective Clothing</b>	Potentially Eligible	Provider's statement required.  Sun-protective clothing used for general health or personal reasons is not eligible.
<b>T</b>		
<b>Tanning Bed</b>	Potentially Eligible	Provider's statement required.
<b>Telehealth, Telemedicine</b> • Medical consultation via electronic communication technology such as live video, text message, email	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Telephone for Disabled Persons</b> <ul style="list-style-type: none"> <li>•Purchase price of special equipment</li> <li>•Repair of special equipment</li> </ul>	Yes	The cost of the telephone is not eligible. An eligible expense would only include special modifications needed for a disabled person to use the telephone.
<b>Therapy</b> <ul style="list-style-type: none"> <li>•Chemotherapy</li> <li>•Chiropractor fees</li> <li>•Genetic Counseling</li> <li>•Hydrotherapy</li> <li>•Hypnotherapy</li> <li>•Marriage counseling</li> <li>•Massage therapy</li> <li>•Occupational therapy</li> <li>•Physical therapy</li> <li>•Radiation therapy</li> <li>•Somatic Therapy including Feldenkrais and Alexander technique</li> <li>•Speech therapy</li> <li>•Telephone counseling</li> </ul>	Yes	
<b>Toothache/Teething Relief</b>	Yes	
<b>Topical Steroids</b> (e.g. Hydrocortisone)	Yes	
<b>Transcutaneous Electrical Nerve Stimulation (TENS) Unit</b>	Yes	
<b>Transplants, Organ or Tissue</b> <ul style="list-style-type: none"> <li>•Surgical, hospital, laboratory, and transportation fees</li> <li>•Cost to transfer medical records in order to find organ donors</li> </ul>	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>Transportation for Medical Care</b> <ul style="list-style-type: none"> <li>• Mileage and gas for personal automobile</li> <li>• Plane fare</li> <li>• Transportation fare (including bus, subway, train, ferry or bike share)</li> <li>• Transportation for companion if accompanying a patient who is unable to travel alone</li> <li>• Transportation for regular visits to see a mentally ill dependent if visits are recommended as part of the treatment</li> <li>• Transportation to alcohol or drug rehabilitation meetings</li> <li>• Transportation to pharmacy to purchase eligible expenses</li> <li>• Transportation to provider for medical treatment</li> </ul>	Potentially Eligible	<p>Transportation expenses may be reimbursed when the transportation is primarily for, and essential to, medical care. Documentation must accompany the claim to support its relation to medical care.</p> <p>For reimbursement for mileage for personal automobile, the following information must be included with the request:</p> <ul style="list-style-type: none"> <li>• Dates of travel</li> <li>• Number of miles traveled</li> <li>• Provider's name</li> <li>• Provider's address</li> <li>• Receipt or invoice for medical services corresponding to dates of travel</li> </ul> <p>The mileage reimbursement rate is determined by the IRS, which is subject to change. The current IRS mileage rate may be found on the IRS website at <b>irs.gov</b>.</p> <p>For reimbursement for plane, train, taxi, ride-sharing (e.g. Uber, Lyft), metro/subway, ferry, or bus fare, the following information must be included with the request:</p> <ul style="list-style-type: none"> <li>• Dates of travel</li> <li>• Provider's name</li> <li>• Provider's address</li> <li>• Receipt or invoice for medical services corresponding to dates of travel</li> <li>• For international travel or travel outside your home state: Provider's statement required</li> </ul> <p>The following are not eligible transportation expenses:</p> <ul style="list-style-type: none"> <li>• General repair, maintenance, depreciation, or insurance expenses for personal automobile</li> <li>• Transportation to and from work</li> <li>• Travel to another city if the primary purpose for the travel is not related to medical care, such as a vacation or trip to visit relatives.</li> </ul> <p>See Ambulance Services for separate eligibility rules.</p>
<b>Tuition Fees</b>	Potentially Eligible	<p>See Special Education for Disabled.</p> <p>Tuition fees paid to a private school as a personal preference over public schooling for general education are not eligible medical expenses.</p>
<b>U</b>		
<b>Umbilical Cord Storage</b>	Yes	

HEALTH CARE EXPENSE TYPE	ELIGIBLE FOR REIMBURSEMENT	SPECIAL REQUIREMENTS
<b>V</b>		
<b>Vacations</b>	No	
<b>Vaccinations</b>	Yes	
<b>Vitamins and Minerals</b>	Yes	
<b>W</b>		
<b>Wart Removal</b> <ul style="list-style-type: none"> <li>•Wart removal treatment performed in a provider's office</li> <li>•Over-the-counter wart removal treatments (e.g. Compound W)</li> </ul>	Yes	
<b>Water Bed</b>	Potentially Eligible	Provider's statement required.
<b>Weight Loss Products</b>	Potentially Eligible	Provider's statement required.  Any weight loss product purchased for purposes of improving one's general health (without obesity or medical condition), and food or beverage products purchased for weight control or reduction are not eligible.
<b>Weight Loss Program</b>	Potentially Eligible	Provider's statement required.  The weight loss program must treat a medical condition diagnosed by a health care provider (e.g., obesity, diabetes, high blood pressure). Only program fees are eligible. The cost of food for use in weight loss treatment programs is not an eligible expense. The cost of a weight loss program to improve your general health and appearance is not an eligible expense.
<b>Wheelchair</b> <ul style="list-style-type: none"> <li>•Purchase price of wheelchair</li> <li>•Operating cost of wheelchair</li> <li>•Wheelchair cushions</li> </ul>	Yes	
<b>Wigs or Toupees</b>	Potentially Eligible	Provider's statement required.  A wig or toupee can be an eligible expense if it is necessary to treat a medical condition or improve a deformity that arises from, or is directly related to, a birth defect, a disfiguring disease or an injury resulting from an accident or trauma. Treatment for hair loss that occurs as a normal part of aging or inherited or genetic baldness, or for cosmetic purposes, would not be covered.
<b>X</b>		
<b>X-Ray Fees</b>	Yes	

# Letter of Medical Necessity

Your medical care provider must complete a Letter of Medical Necessity in its entirety for any service or product that falls under the category of “Maybe Expense” or “Ineligible Expense” per IRC Sec 213 (d) (1) if your provider believes the service or purchase is medically necessary for you or your eligible dependent(s). You may obtain a list of eligible and ineligible expenses, as well as a Claim Form, online at [www.HealthEquity.com/WageWorks](http://www.HealthEquity.com/WageWorks).

TO BE FILLED OUT BY MEMBER	
Patient Name	
Member Name	
Member Employer	
Last 4 digits of Member ID or Social Security #	

TO BE FILLED OUT BY LICENSED PRACTITIONER	
Medical Condition	
Describe recommended treatment (frequency and dosage)	
Duration of the treatment <b>(Required)</b>	
Start date	End date
<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
<input type="checkbox"/> Chronic Condition/Lifelong Treatment	

I certify that this service or product is medically necessary to treat the specific medical condition described above and is not in any way for general health or for cosmetic purposes.

Print Name of Licensed Practitioner
Signature of Licensed Practitioner
Date

**NOTE:** In order for the expense referred to on this Letter of Medical Necessity to be reimbursed, you must attach the detailed receipt or Explanation of Benefits from your Medical Insurance Provider and complete a Claim Form (**certain expenses may require additional documentation**). Documentation must include the date of service, the services rendered or product purchased, and the person for whom the services were rendered and the amount charged. These documents are required with each claim filed.