

Health Savings Account eligible expenses

Use your Health Savings Account (HSA) funds to pay for hundreds of IRS-approved health expenses and some health insurance deductibles and coinsurance. You may also use your HSA funds to pay for eligible expenses from your spouse or tax dependents. These expenses include:

Medical expenses

Doctor visits, laboratory tests, medical equipment, and hospital services. Examples include:

Provider visits and care

- Acupuncture
- Chiropractic care
- Fertility treatment
- Nursing services

Diagnostic and preventive care

- Flu shot and vaccinations
- Laboratory fees
- Medical testing device
- Obstetrical expenses
- Physical exam

Hospital services and visits

- Ambulance
- Anesthesia
- Hospital room and board
- Organ transplant

Programs and treatments

- Alcoholism treatment
- Drug addiction treatment
- Insulin
- Oxygen
- Physical therapy
- Psychiatric care
- Smoking cessation program
- Surgery
- Weight loss program for obesity treatment (if prescribed by a physician)

Medical equipment, support, and transportation

- Artificial limb
- Automobile modifications for a disabled person
- Blood pressure monitoring device
- Braille books and magazines (above the cost of regular printed material)
- Crutches
- Guide dog or other animal aid
- Hearing aids
- Transportation for medical care
- Wheelchair

Dental expenses

Non-cosmetic dental treatments. Examples include:

- Crowns
- Dentures
- Diagnostic services
- Fillings
- Orthodontia (not for cosmetic reasons)
- Teeth cleaning
- Tooth extraction

Vision expenses

Eye doctor appointments and vision correction materials. Examples include:

- Contact lenses, eye glasses, and related materials
- Eye drops
- Eye examinations
- Laser eye surgery

NOTE: You can only use funds up to the current balance in your account.

Prescription expenses

All legally obtained prescriptions, including any prescribed over-the-counter (OTC) medications. Examples include:

Allergy preventions/treatments
Antacids and acid reducers
Birth control pills
Cold and flu medicines
Cold sore remedies
Decongestants
Oral pain relievers
Orthopedic shoe inserts
Pain and fever relievers
Sinus medications
Snoring cessation aids
Vitamins, herbal, and fiber supplements
Weight loss and dietary supplements

OTC medications and treatments

Many (OTC) items are eligible for purchase with your account funds. However, due to Affordable Care Act (ACA) regulations, most OTC drugs and medications are not eligible for reimbursement unless accompanied by a prescription. Other items that can be used for medical reasons or general health purposes are considered “dual purpose” and are eligible only with a doctor’s directive or letter of medical necessity.

Dual purpose items

Dietary and weight loss supplements
Fiber supplements
Orthopedic shoes and inserts
Snoring cessation aids
Denture adhesives
Vitamins and herbal supplements

Eligible without a prescription

Insulin, testing, and other non-medicinal health items are available without a prescription, letter of medical necessity, or doctor’s directive. Examples include:

Bandages
Braces and supports
Catheters
Contact lens supplies and solutions
Denture adhesives
Diagnostic tests and monitors
Family planning items
First aid supplies
Insulin and diabetic supplies
Non-athletic elastic bandages and wraps
Ostomy products
Reading glasses
Wheelchairs, walkers, and canes

Ineligible HSA expenses

Expenses merely beneficial to general health or for cosmetic reasons are not qualified.

Examples include:

Cosmetic surgery
Cosmetics
Deodorant
Exercise equipment
Funeral expenses
Hair transplants
Household help
Illegal operations and treatments
Insurance premiums*
Maternity clothes
Moisturizers and wrinkle creams
Teeth whitening services and products
Toothpaste, toothbrushes, and mouthwash
Vitamins taken to improve overall health

*Some health insurance premiums are considered eligible expenses. Call **800-941-6121** for more information. Examples include: COBRA premiums, long term care insurance premiums, retiree medical insurance premiums.

FIND OUT ABOUT YOUR HSA

Go to premera.com or call 800-941-6121 for more information about how to use your HSA funds.

Discrimination is Against the Law

Premera Blue Cross Blue Shield of Alaska (Premera) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-508-4722 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-508-4722 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-508-4722 (TTY: 711) 번으로 전화해 주십시오.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 800-508-4722 (TTY: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-508-4722 (телетайп: 711).

注意: 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-508-4722 (TTY : 711)。

MO LOU SILAFIA: Afai e te tautala Gagana fa'a Sāmoa, o loo iai auaunaga fesoasoan, e fai fua e leai se togoti, mo oe, Telefoni mai: 800-508-4722 (TTY: 711).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີຢູ່ສຳລັບທ່ານ. ໂທ 800-508-4722 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。800-508-4722 (TTY:711) まで、お電話にてご連絡ください。

PAKDAAR: Nu saritaem ti Ilocano, ti serbisyo para ti baddang ti lengguahe nga awanan bayadna, ket sidadaan para kenyam. Awagan ti 800-508-4722 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-508-4722 (TTY: 711).

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки.

Телефонуйте за номером 800-508-4722 (телетайп: 711).

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 800-508-4722 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-508-4722 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-508-4722 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-508-4722 (رقم هاتف الصم والبكم: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 800-508-4722 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-508-4722 (ATS : 711).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-508-4722 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-508-4722 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-508-4722 (TTY: 711) تماس بگیرید.