

# 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 immunizations
- 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 physically handicapped 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.



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## Prescription expenses

All legally obtained prescriptions, including any prescribed over-the-counter 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

## Over-the-counter medications and treatments

Many over-the-counter (OTC) items are eligible for purchase with your account funds. However, due to Patient Protection and Affordable Care Act (PPACA) 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
- Fitness programs
- 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 mouth wash
- Vitamins taken to improve overall health

\* For a complete list and more detailed information, refer to IRS Publication 969, “Health Savings Accounts and Other Tax-Favored Health Plans,” which you can download from the IRS Web site, [irs.gov](http://irs.gov), or order by calling **800.TAX FORM**. This material is not intended to be tax or legal advice. The reader should consult with his or her own tax advisor to determine the tax implications of participating in a personal funding account discussed herein. Advice, if any, included in this material was not intended or written by Premera to be used, and it cannot be used, by any taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer.

\*\* 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.

Go to [premera.com](http://premera.com) or call **800.941.6121** for more information about how to use your Health Savings Account 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, or sex. 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, or sex, 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](mailto: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 auunaga fesoasoan, e fai fua e leai se totogi, mo oe,

Telefoni mai: 800-508-4722 (TTY: 711).

**ໂປດຊາບ:** ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. 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 llocano, 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.