

# Eligible Expenses Guide

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## USE OF HSA AND FSA FUNDS



Use these tables to determine which products and services are considered qualified medical expenses under IRS rule. They also provide information on what supplementary documentation you may need to provide for your expenses or retain in case of an audit. See the last page for rules regarding documentation.

**Please see page 17 for a list detailing eligible Dependent Care FSA expenses.**

**HSA Funds**

Keep required documentation with your tax records.



Prescription required

**FSA Funds**







Submit required documentation with your manual claim or keep for your records if your expense was automatically reimbursed (or streamlined) from your health plan.










Doctor's directive, letter of medical necessity, or prescription required

Expense	HSA/FSA Eligibility	Supplementary Documentation*
Acne treatment	Yes, with prescription. Cosmetics, moisturizers, or other items that merely contain acne-fighting ingredients are not eligible.	
Acupuncture	Yes	
Adaptive equipment	Yes, if for a major disability, such as spinal cord injury or for assistance with activities of daily living. No, if for general comfort.	
Air conditioner	Generally, no.	
Airfare for travel to medical provider	Generally, no. There must be a medical reason the care had to be obtained from a location that necessitated air travel.	
Air purifier	Maybe. It must be recommended by a medical practitioner to treat a specific medical condition such as a severe allergy.	
Alcohol, alcohol swabs	Yes, with prescription.	
Alcoholism treatment	Yes. Amounts paid for in-patient treatment (including meals and lodging) at therapeutic center for alcohol addiction and outpatient therapy sessions will qualify. Transportation expenses associated with attending meetings of an Alcoholics Anonymous or similar group in the community also qualify.	
Allergy medicine	Yes, with prescription.	
Allergy treatment products; household improvements to treat allergies	Generally, no. If the product would be owned even without allergies, such as pillow or a vacuum cleaner, it won't be covered. However, an air purifier necessary to treat a specific medical condition might qualify. See Air purifier.	
Alternative healers, dietary substitutes, and medicines	Maybe. Non-traditional healing treatments provided by a licensed professional may be eligible if provided to treat a specific medical condition. The treatments must be legal, and the expenses do not qualify if the remedy is a food or substitute for food.	
Ambulance	Yes	
Analgesics	Yes, with prescription.	
Anesthesia	Yes, if used in conjunction with operations that are legal and eligible and are not cosmetic procedures.	
Annual retainer fee/concierge medicine	No	
Antacid	Yes, with prescription.	
Antibiotics (topical)	Yes, with prescription.	
Anti-diarrhea medicine	Yes, with prescription.	
Antifungal medicines	Yes, with prescription.	










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Antihistamine	Yes, with prescription.	
Anti-itch lotions and creams	Yes, with prescription.	
Antiseptic	Yes, with prescription.	
Arch and insole supports	Yes, with prescription, if used to treat injured or weakened body parts.	
Artificial insemination	Yes, with prescription.	
Artificial limbs	Yes	
Aspirin	Yes, with prescription.	
Asthma preparations	Yes, with prescription.	
Athlete's foot treatments	Yes, with prescription.	
Baby formula	Yes, if for a special formula to treat an illness or disorder. The difference in cost between the special formula and routine baby formula can be reimbursed.	
Babysitting and childcare	No. Babysitting, childcare, and nursing services for a normal, healthy baby do not qualify as medical care.	
Bandages, gauze, and dressings	Yes	
Bathtub rails, grips, and safety items	Yes	
Birth-control pills, procedures, and supplies	Yes, including condoms, ovulation kits, Norplant insertion or removal, and abortions.	
Birthing classes	Yes. (Parenting and newborn care classes do not qualify.)	
Blood pressure monitoring devices	Yes	
Blood storage	Generally, no. Temporary storage not to exceed six months may qualify under some circumstances, such as when the blood is stored for use during scheduled elective surgery.	
Blood sugar test kit and test strips	Yes	
Body scan, MRIs, and similar diagnostic technologies	Yes. Body scans employing MRIs and similar technologies are diagnostic services.	
Braille books and magazines	Yes, if for a person with visual impairment, but only amounts above the cost of regular printed material will qualify. Documentation of cost difference required.	









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Breast pumps and lactation devices	Yes, if the pump assists in lactation.	
Breast reconstruction surgery following mastectomy	Yes, to the extent that surgery was done following a mastectomy due to cancer. This is an exception to the general rules regarding cosmetic procedures.	
Calcium	Yes, with prescription.	
Cane, walking	Yes, if used to relieve sickness or disability.	
Car modifications	Yes, if for individuals who have physical disabilities. Expenses of operating the car do not qualify.	
Chelation therapy	Yes, if used to treat a medical condition such as lead poisoning.	
Chiropractors	Yes	
Cholesterol diagnostic test	Yes	
Circumcision	Yes	
COBRA premiums	HSA: Yes, COBRA premiums qualify for reimbursement. FSA: No, FSAs are prohibited from reimbursing COBRA premiums.	
Coinurance amounts and deductibles	Yes, if the underlying service or item qualifies.	
Cold/hot packs	Yes, if sold as medical supplies.	
Cold and flu medicine	Yes, with prescription.	
Cold sore remedy	Yes, with prescription.	
Colon cleansing	Yes, with doctor's directive.	
Commodes, bedside or portable	Yes	
Contact lenses, care, and products	Yes. Materials such as lenses, saline solution, and enzyme cleaner qualify, as well as lens storage cases.	
Contact lens or eyeglass replacement insurance (FSA and HSA only)	No. A fee paid to cover the insurance cost of replacement if the lens or glasses are lost or damaged would not qualify. In contrast, the cost of the replacement lens or glasses will qualify.	
Controlled substances in violation of federal law	No. If the substance violates federal law, such as the Controlled Substances Act. For instance, the expense would not qualify even if a state law allows its use with a physician's prescription, such as marijuana or laetrile prescribed to treat a specific medical condition).	
Copay amounts	Yes, if the underlying service or item qualifies.	
Cord blood storage	Generally, no. Temporary storage not to exceed six months may qualify under some circumstances, such as when the blood is stored for use during scheduled elective surgery.	
Corn and callous cushions and pads	Yes	
Cosmetic procedures	Generally, no. However, procedures necessary to ameliorate a deformity arising from congenital abnormality, personal injury from accident or trauma, or disfiguring disease may qualify. See Breast reconstruction surgery, for example.	








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<b>Cosmetics</b>	No. Cosmetics are articles used primarily for personal purposes, such as cleansing, beautifying, promoting attractiveness, or altering the appearance. Examples include skin moisturizers, perfumes, lipsticks, fingernail polishes, makeup, shampoos, hair colors, toothpastes, and deodorants.	
<b>Cough medicines</b>	Yes, with prescription.	
<b>Counseling</b>	Maybe. If it is provided to treat a medical or mental condition and rendered by a licensed provider, then yes. Life coaching, career counseling, and marriage counseling don't qualify.	
<b>CPAP devices</b>	Yes	
<b>Crutches</b>	Yes, whether purchased or rented.	
<b>Decongestants</b>	Yes, with prescription.	
<b>Deductibles</b>	Yes, if the underlying service or item qualifies.	
<b>Defibrillators</b>	Yes	
<b>Dental insurance premiums</b>	No	
<b>Dental treatments</b>	Yes. Includes fees for x-rays, fillings, braces, extractions, dentures, crowns, and more, but not teeth whitening or other cosmetic dentistry.	
<b>Denture adhesives</b>	Yes	
<b>Dentures</b>	Yes	
<b>Dependent day care expenses</b>	No, not even if the dependent care (such as hiring a babysitter) is paid for so that a covered person can receive medical care.	
<b>Dermatologists</b>	Yes, if for medical treatment.	
<b>Diabetic supplies</b>	Yes	
<b>Diagnostic items and services</b>	Yes. Includes a wide variety of procedures to determine the presence of a disease or dysfunction of the body, such as tests to detect heart attack, stroke, diabetes, osteoporosis, thyroid conditions, and cancer.	
<b>Diaper rash ointments and creams</b>	Yes, with prescription.	
<b>Diapers or diaper service</b>	Generally, no. Regular diapers or diaper services for newborns do not qualify. Diapers or diaper services that are used to relieve the effects of a diagnosed medical condition do qualify (see incontinence diapers).	
<b>Diarrhea medicine</b>	Yes, with prescription.	
<b>Dietary supplements</b>	Generally, no. The cost of dietary supplements, nutritional supplements, vitamins, herbal supplements, and natural medicines do not qualify if they are merely beneficial for general health, such as one-a-day vitamins, or used as meal replacement. They might qualify if recommended by a medical practitioner to treat a specific medical condition (for example, 1,000 mg of vitamin B-12 daily to treat a specific vitamin deficiency).	
<b>Diet foods</b>	No. Costs of special foods to treat a specific disease (such as obesity) do not qualify. Thus, the costs of food associated with a weight-loss program, such as special prepackaged meals, would not qualify, since they just meet normal nutritional needs.	
<b>DNA collection and storage</b>	Generally, no. Temporary storage not to exceed six months may qualify under some circumstances, such as when the DNA is collected as part of the diagnosis, treatment, or prevention of an existing or imminent medical condition.	
<b>Doulas</b>	Yes, if the doula is a licensed healthcare professional rendering medical care.	

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<b>Drug addiction treatment</b>	Yes. Amounts paid for in-patient treatment (including meals and lodging), at therapeutic center for drug addiction and outpatient therapy sessions will qualify. Transportation associated with attending meetings of a Narcotics Anonymous or similar group in the community also qualify.	
<b>Drug overdose, treatment of</b>	Yes	
<b>Drugs</b>	Yes, if used to treat a specific medical condition. Expenditures for drugs that are for cosmetic purposes or are illegally procured do not qualify.	
<b>Ear drops and medications</b>	Yes, with prescription.	
<b>Ear plugs</b>	Generally, no, unless recommended by a medical practitioner for a specific medical condition (for example, to protect surgically implanted ear tubes).	
<b>Ear wax removal product</b>	Yes, with prescription.	
<b>Egg donor fees</b>	Yes. Amounts paid for the egg donor fee, agency fee, egg donor's medical and psychological testing, and the legal fees for preparation of the egg donor contract qualify.	
<b>Eggs and embryos, storage fees</b>	Generally, no. Temporary storage not to exceed six months may qualify, under some circumstances, such as when the eggs and embryos are collected as part of a fertility program for immediate conception. Storage fees for undefined future conception aren't considered medical care.	
<b>Electrolysis or hair removal</b>	No	
<b>Exercise equipment, programs, and gym or health club memberships</b>	Generally, no. Only if required to treat an illness (such as obesity) or illness diagnosed by a physician. The purpose of the expense must be to treat the disease rather than to promote general health. When treatment is no longer needed for the condition, the fees would no longer qualify.	
<b>Eye drops</b>	Yes, with prescription.	
<b>Eye examinations</b>	Yes	
<b>Eye patch</b>	Yes	
<b>Eye surgery</b>	Yes	
<b>Eyeglasses and materials</b>	Yes	
<b>Eyeglass materials</b>	Yes, including materials needed for using the eyeglasses, such as eyeglass frame cleaners.	
<b>Face creams and moisturizers</b>	No	
<b>Feminine hygiene products, such as tampons and pads</b>	No. These are ordinarily considered as being used to maintain general health. See Toiletries and cosmetics.	
<b>Fertility treatments</b>	Yes. Examples are in vitro fertilization (IVF), including temporary storage of eggs or sperm; surgery, including an operation to reverse prior surgery preventing someone from having children; shots; treatments; and GIFT (gamete intrafallopian transfer). Expenses paid to or for an in vitro surrogate do not qualify. When the treatments are paid for up front at the time of the first visit, reimbursement must be apportioned as services are provided during the treatment plan.	
<b>Fiber supplements</b>	No, if taken daily as a supplement to a normal diet. But fiber supplements would qualify if used to treat a diagnosed medical condition (such as irritable bowel syndrome) until the condition is alleviated.	
<b>Finance charges</b>	No	

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First aid cream	Yes, with prescription.	
First aid kits	Yes	
Flu shots	Yes	
Fluoridation or pills	Yes, with prescription, if recommended by a dentist to prevent tooth decay.	
Funeral expenses	No	
Gauze pads	Yes	
Genetic testing	Maybe. To the extent that testing is done to determine possible defects (such as the possible defects of an unborn child if the mother is over age 35). Testing done just to determine the sex of the fetus does not qualify.	
Glucosamine/chondroitin	Yes	
Glucose monitoring equipment	Yes. Also see Blood sugar test kits and test strips.	
Guide dog, other service animal	Yes, if the expense is for buying, training, and caring for an animal used by a disabled person. Veterinary fees for such animals also qualify as medical care.	
Hair loss treatment	Generally, no, unless treating hair loss due to a specific medical condition.	
Hair removal and transplants	No	
Hand sanitizer	No	
Healthcare plan premiums	HSA: Only in limited cases. Generally, an HSA cannot reimburse payments for health insurance premiums (neither the account holder nor his or her spouse can pay for high-deductible health plan (HDHP) coverage or other health coverage from the HSA. An HSA can reimburse post-tax expenses for coverage under any of the following: COBRA coverage; a qualified long-term care insurance contract; any health plan maintained while the individual is receiving unemployment compensation under federal or state law; or, for those age 65 or older (whether or not they are entitled to Medicare), any deductible health insurance, such as retiree medical coverage other than a Medicare supplemental policy. Note: Long-term care insurance premium reimbursements that exceed certain limits will be treated as taxable and may be subject to an additional excise tax. FSA: No.	
Health screenings	Yes	
Hearing aids and batteries	Yes	
Heart rate monitor	Yes	
Hemorrhoid treatments	Yes, with prescription.	
Herbal supplements	Maybe. Examples include: echinacea, ginkgo biloba, milk thistle, soy, St. John's wort, turmeric, valerian	
Home diagnostic kits	Yes. Testing kits such as blood pressure monitors, cholesterol screening, HIV tests, and pregnancy tests will qualify.	
Home modification expenses (such as wheelchair ramps and the like)	Maybe. Improvements or special equipment added to a home may qualify if the primary purpose of the expenditure is medical care. How much of the expense would qualify depends on the extent to which the expense permanently improves the property and whether others besides the person with the medical condition will benefit.	
Homeopathic care	Yes, for care rendered by a licensed healthcare professional providing care for the treatment of a specific illness or disorder.	









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Expense	HSA/FSA Eligibility	Supplementary Documentation*
Homeopathic medicines	Yes, with prescription, for treatment of a specific illness or disorder.	
Hormone replacement therapy (HRT)	Yes, with prescription if used primarily for medical care (for example, to treat menopausal symptoms such as hot flashes, and night sweats); no, if primarily for maintaining general health.	
Hospital services	Yes. Expenses of inpatient care at a hospital or similar institution qualify if the main reason for being there is to get eligible medical care.	
Hot/cold packs	Yes, if sold as medical supplies.	
Household help	No, even if a medical practitioner recommends such help, unless the expenses qualify as nursing services. See Nursing services.	
Humidifier	Maybe. It must be recommended by a medical practitioner to treat a specific medical condition such as a severe allergy.	
Hydrogen peroxide	Yes, with prescription.	
Hypnosis	Yes, for the treatment of a specific illness or disorder if performed by a professional.	
Illegal operations and treatments	No. See Controlled substances.	
Incontinence diapers and supplies (adult)	Yes	
Insect bite creams and ointments	Yes, with prescription.	
Insulin	Yes. Also, equipment needed to inject the insulin, such as syringes or insulin pumps, qualifies as a medical expense.	
Intellectual and developmental disability, special home for	Maybe. The cost of keeping a person with an intellectual or developmental disability in a special home (not a relative's home) on a psychiatrist's recommendation to help that person adjust from life in a mental hospital to community living may qualify. Also see Schools and education, residential.	
Laboratory fees	Yes	
Lactation consultant	Generally, yes. If a woman is having lactation problems and cannot breastfeed her child, then the expense of a lactation consultant helping to overcome this dysfunction might qualify.	
Lactose intolerance medication	Yes, with prescription.	
Language training	Yes, if for a child with dyslexia or a disability. School fees for regular schooling don't qualify.	
Laser eye surgery; Lasik	Yes	
Late appointment fees	No	
Laxatives	Yes, with prescription.	
Learning disability, instructional fees	Generally, yes. If prescribed by a physician, tuition fees paid to a special school and tutoring fees paid to a specially trained teacher for a child who has severe learning disabilities caused by mental or physical impairments (such as nervous system disorders) qualify. Also see Schools and education, special.	

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Expense	HSA/FSA Eligibility	Supplementary Documentation*
<b>Legal fees, general</b>	Generally, no. Legal fees for management of a guardianship estate for conducting the affairs of a person being treated or other fees that aren't necessary for medical care and do not qualify as medical care. Legal fees that are necessary to authorize treatment for mental or physical illness will qualify.	
<b>Lice treatment</b>	Yes, with prescription.	
<b>Lifetime care, advance payments</b>	No. Fees or advance payments made to a retirement home or continued care facility are not eligible expenses.	
<b>Lodging at a hospital or similar institution</b>	Yes. Expenses of inpatient care (plus meals) at a hospital or similar institution qualify if the main reason for being there is to get medical care.	
<b>Lodging not at a hospital or similar institution</b>	Yes, up to \$50 per night per person if these conditions are met: (1) the lodging is primarily for and essential to medical care; (2) the medical care is provided by a physician in a licensed hospital or medical care facility related to (or equivalent to) a licensed hospital; (3) the lodging isn't lavish or extravagant; and (4) there is no significant element of personal pleasure, recreation, or vacation in the travel. Expenses for food and beverages are not eligible.	
<b>Lodging of a companion</b>	Yes, if accompanying a patient for medical reasons and all of the conditions described under Lodging not at a hospital are also met. If both parents are traveling with a sick child, up to \$100 may qualify (\$50 for each person). Meals for the companion are not eligible.	
<b>Lodging while attending a medical conference</b>	No	
<b>Magnetic therapy wraps</b>	Yes, if for medical treatment.	
<b>Magnifying glasses</b>	Yes	
<b>Makeup</b>	No	
<b>Marriage and family counseling</b>	No	
<b>Massage therapy</b>	Generally, no. The cost of a massage just to improve general health doesn't qualify. However, if the massage therapy was recommended by a physician to treat a specific injury or trauma, then it would qualify.	
<b>Mastectomy-related special bras</b>	Yes	
<b>Maternity clothes</b>	No	
<b>Mattresses</b>	Only unique mattresses specifically described and prescribed by a physician to treat a specific medical condition will be considered.	
<b>Medical alert bracelet or necklace</b>	Yes	
<b>Medical conference admission, transportation, meals, and the like</b>	Yes. Expenses for admission and transportation to a medical conference qualify if the conference relates to a chronic disease suffered by a covered person and if the conference is primarily for and essential to the person in need of medical care. Most of the time at the conference must be spent attending sessions on medical information. The expenses of meals and lodging while attending the conference don't qualify.	
<b>Medical monitoring and testing devices</b>	Yes. Examples of such devices are blood pressure monitors, syringes, glucose kits, and the like.	
<b>Medical newsletter</b>	No. Although a newsletter may discuss current information about treatments for a specific medical condition, the newsletter itself does not directly treat the condition.	
<b>Medical records charges</b>	Yes. For example, the fee associated with copying or transferring medical records to a new medical practitioner or for storing and maintaining medical records electronically will qualify.	
<b>Medical services</b>	Yes. This is a very broad category and includes expenditures for legal medical services recommended by physicians, surgeons, specialists, and other medical practitioners.	












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Medicated lip balm	Yes, with prescription.	
Menstrual pain relievers	Yes, with prescription.	
Midwives	Yes	
Mileage when driving to medical provider	Yes, up to the IRS-designated medical mileage rate.	
Missed appointment fees	No	
Motion sickness bands and supplies	Yes	
Motion sickness medicines	Yes, with prescription.	
Mouthwash	No, even if a dentist recommends it to treat a medical condition like gingivitis. See Toiletries and cosmetics.	
Nasal allergy sprays	Yes, with prescription.	
Nasal moistening sprays and products (saline-based)	Yes	
Nasal strips	Yes	
Naturopathic healers, dietary substitutes, and drugs	Maybe. Non-traditional healing treatments provided by a licensed professional may be eligible if provided to treat a specific medical condition. The treatments must be legal, and the expenses do not qualify if the remedy is a food or substitute for food that the person would normally consume in order to meet nutritional requirements.	
Nicotine gum or patches	Yes, with prescription.	
Nursing services for a baby	Yes	
Nursing services provided by nurse or other attendant, including home care	Yes, wages, employment taxes, and other amounts paid for nursing will qualify, whether provided in the participant's home or another facility. The attendant doesn't have to be a nurse as long as the services are of a kind generally performed by a nurse, such as giving medication or changing dressings, as well as bathing and grooming. If the person providing nursing services also provides household and personal services, the amounts must be accounted for separately and the non-nursing services would not be eligible.	
Nutritional supplements	Maybe, if used to treat a specifically diagnosed medical condition. Not if the expense is for general health.	
Nutritionists	Maybe, if the treatment relates to a specifically diagnosed medical condition. Not if the expense is for general health.	
Obstetrical expenses	Yes	
Occlusal guards to prevent teeth grinding	Yes	
Occupational therapy	Yes, if the treatment relates to or alleviates a medical condition.	
Optometrist	Yes	
Oral pain relief medicine	Yes, with prescription.	






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<b>Orthodontia, including braces</b>	Generally yes. When an orthodontic treatment plan is prepaid or paid in fixed installments, the reimbursements can be tied to the payment cycle and do not need to be apportioned as services are provided during the treatment plan.	
<b>Orthopedic inserts</b>	Yes	
<b>Orthopedic shoes</b>	Maybe. It must be recommended by a medical practitioner to treat a specific medical condition.	
<b>Orthotics</b>	Yes	
<b>Osteopath fees</b>	Yes	
<b>Ovulation monitor</b>	Yes	
<b>Oxygen and oxygen equipment</b>	Yes	
<b>Pain reliever</b>	Yes, with prescription.	
<b>Parking fees while receiving medical care</b>	Yes	
<b>Pediatrician</b>	Yes	
<b>Personal trainer fees</b>	Generally, no. Only if required to treat an illness (such as obesity or rehabilitation after back surgery) diagnosed by a physician. The purpose of the expense must be to treat the disease rather than to promote general health. When treatment is no longer needed, the fees would no longer qualify.	
<b>Physical exams</b>	Yes	
<b>Physical therapy</b>	Yes	
<b>Porcelain veneers</b>	No, considered cosmetic.	
<b>Pregnancy test kits</b>	Yes	
<b>Prenatal vitamins</b>	Yes	
<b>Prepayments</b>	Generally, no. Prepayments for services or items that have not yet been incurred or obtained are not reimbursable. The two exceptions are for orthodontia and for labor and delivery charges. When an orthodontic treatment plan or delivery expense is prepaid or paid in fixed installments, the reimbursements can be tied to the payment cycle and do not need to be apportioned as services are provided during the treatment plan.	
<b>Prescription drugs</b>	Yes, if used to treat a specific medical condition. Expenditures for drugs that are for cosmetic purposes or are illegally procured (such as imported from Canada) do not qualify.	
<b>Prescription drug discount programs</b>	No. If an individual pays a fee to get a card that provides for a discount on all drugs, the fee would not qualify. In contrast, the cost of a prescribed drug generally will qualify.	
<b>Preventive care screenings</b>	Yes, if the tests are designed to assess symptoms of a medical diagnosis, including clinic and home testing kits for blood pressure, glaucoma, cataracts, hearing, cholesterol, and the like.	
<b>Probiotics</b>	Generally, no. The costs just to improve general health don't qualify. However, if the probiotic was recommended by physician to treat a specific medical condition, then it would qualify.	
<b>Prosthesis</b>	Yes	
<b>Psychiatric care</b>	Yes	
<b>Psychoanalysis</b>	Yes	
<b>Psychologist</b>	Yes	

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Radial keratotomy	Yes. Corneal ring segments (removable plastic half-rings that correct vision) would also qualify. See Laser eye surgery and Vision correction procedures.	
Reading glasses	Yes	
Rogaine	Generally, no. Potentially qualifying expense if recommended by a medical practitioner for a specific medical condition.	
Safety glasses	Generally, no. Non-prescription safety glasses would generally not qualify unless recommended by a physician to alleviate an eye condition.	
Sales tax	Yes. Sales tax on medical services and products would qualify.	
Schools and education, residential	Generally, no. Certain payments made to a residential school or program to treat individuals for behavioral, emotional, and/or addictive conditions qualify if the primary purpose of the program is medical care; educational services can be an incidental but not primary component.	
Schools and education, special	Maybe. Payments made to a special school for a person with intellectual, developmental, or physical disabilities qualify if the main reason for using the school is its resources for relieving the disability. This includes teaching Braille to a person with a visual impairment, teaching lip reading to someone with a hearing impairment, and giving remedial language training to correct a condition caused by a birth defect. Meals, lodging, and ordinary education supplied by the special school are only treated as medical care if the child is at the school primarily for relieving the disability. If the child is at the school simply to benefit from the courses and disciplinary methods, the expenses won't qualify.	
Seasonal affective disorder (SAD) light	Yes, with prescription.	
Shipping and handling fees	Yes. Shipping and handling on medical services and products would qualify.	
Shower chairs	Yes, if required on account of a disability.	
Sinus medication	Yes, with prescription.	
Skin moisturizer	No	
Sleeping aid	Yes, with prescription.	
Smoking cessation medicines	Yes, with prescription.	
Smoking cessation programs	Yes	
Sore throat pain relief	Yes, with prescription.	
Special education	Generally, no. Costs for classes designed to have a beneficial effect on the child's attitude would not qualify. Expenses paid on a doctor's recommendation to treat learning disabilities caused by mental or physical impairments would qualify as long as any ordinary education received is incidental to the special education provided.	
Special foods	No. Costs of special foods to treat a specific disease do not qualify. Thus, the costs of food associated with a gluten-free or salt-free diet would not qualify, since they just meet normal nutritional needs.	
Speech therapy	Yes	
Sperm storage fees	Generally, no. Temporary storage not to exceed six months may qualify under some circumstances, such as where the sperm is collected as part of a fertility program for immediate conception. Storage fees for undefined future conception aren't considered to be for medical care.	






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<b>Stem cell, harvesting and/or storage of</b>	Maybe, if there is a specific and imminent medical condition that the stem cells are intended to treat. For example, the cost of harvesting and temporary storage of stem cells because a newborn has a birth defect and the stem cells would be needed in the near future might be allowable. But collection and storage indefinitely, just in case an item might be needed, is not medical care. "Temporary" means it is stored and used within the same plan year. See DNA collection and storage, Prepayments, and Umbilical cord, freezing and storing of.	
<b>Sterilization procedures</b>	Yes	
<b>Sterilization reversal</b>	Yes	
<b>Student health fee</b>	No, if the fee is simply the cost of belonging to the program, such fees are analogous to health plan premiums and don't qualify.	
<b>Substance abuse treatment</b>	Yes. Amounts paid for in-patient treatment (including meals and lodging), at therapeutic center for drug addiction and outpatient therapy sessions will qualify. Transportation expenses associated with attending meetings of a Narcotics Anonymous or similar group in the community would also qualify if attending due to a physician's advice that membership is necessary to treat alcoholism.	
<b>Sunburn creams and ointments</b>	Yes	
<b>Sunglasses</b>	Yes, if they are prescription sunglasses. Allowable amounts include the expenses of eye examinations and eyeglasses and lenses needed for medical reasons. Non-prescription sunglasses or sunglass clip-ons would generally not qualify unless recommended by a physician to alleviate an eye condition.	
<b>Sunscreen</b>	Yes, if SPF 15+, containing UVA and UVB protection.	
<b>Suntan lotion</b>	No	
<b>Supports, splints, and braces</b>	Yes	
<b>Surgery and operations</b>	Yes, if legal and non-cosmetic.	
<b>Surrogate expenses</b>	Generally no, even if they are for medical care of the surrogate or her unborn child. The procedure must be performed upon the participant, his or her spouse, or dependent in order to be medical care.	
<b>Syringes</b>	Yes	
<b>Taxi fare to medical provider</b>	Yes	
<b>Teething medication</b>	Yes, with prescription.	
<b>Teeth whitening</b>	No, if tooth discoloration is simply the result of aging and the whitening is done for cosmetic purposes. If tooth discoloration was caused by disease, birth defect, or injury, expenses for teeth whitening may qualify.	
<b>Telephone for persons with hearing impairment</b>	Yes, for the expenses of buying and repairing special telephone equipment for a person with hearing impairment.	
<b>Therapy</b>	Yes, if provided for medical care (and not just for the general improvement of mental health, relief of stress, or personal enjoyment).	
<b>Thermometers and fever strips</b>	Yes	
<b>Toiletries and cosmetics</b>	No. A toiletry is an article or preparation that is used in the process of dressing and grooming oneself. Examples include toothpaste, shaving cream or lotion, and cologne.	
<b>Tooth extraction</b>	Yes	
<b>Toothache relievers</b>	Yes, with prescription.	

\*Supplementary documentation required in addition to standard IRS-required documentation. This list is based upon IRS guidance and Publication 502. This list is subject to change. For the most complete and current information on required documentation and list of expenses, consult IRS Publication 502.

Expense	HSA/FSA Eligibility	Supplementary Documentation*
<b>Toothbrushes and toothpaste</b>	No, even if a dentist recommends a special kind (such as electric or battery-powered ones) to treat a medical condition like gingivitis. Toothbrushes and toothpaste are used primarily to maintain general health—a person would still use one even without the medical condition.	
<b>Transplants</b>	Yes. Includes surgical, hospital, and laboratory services; also includes transportation expenses for organ donors.	
<b>Transportation expenses for person to receive medical care</b>	Yes, if the expenses are primarily for and essential to medical care. These include car expenses, bus, taxi, train, plane, and ferry fares, as well as ambulance services. Instead of actual car expenses, a standard mileage rate (restated each year) for use of a car to obtain medical care is allowed. Parking fees and tolls can also qualify.	
<b>Transportation of someone other than the person receiving medical care</b>	Yes, in some limited cases. Transportation expenses of the following persons will qualify: (1) parent who must go with a child who needs medical care; (2) nurse or other person who gives injections, medications, or other treatment required by a patient who is traveling to get medical care and is unable to travel alone; and (3) individual who travels to visit a dependent who is mentally ill, if such visits are recommended as part of treatment. See Transportation expenses for person to receive medical care.	
<b>Truss, hernia belt</b>	Yes	
<b>Tuition for special needs program</b>	Yes, if the primary purpose is for medical care. Includes reading program for dyslexia.	
<b>Ultrasound, prenatal</b>	Yes	
<b>Umbilical cord, freezing and storing of</b>	Generally, no. Temporary storage not to exceed six months may qualify if there is a specific medical condition that the umbilical cord is intended to treat. For example, the cost of storing cord blood when a newborn has a birth defect and when the cord blood would be needed in the near future might qualify. Collection and storage indefinitely, just in case it is needed, is not medical care.	
<b>Usual and customary charges, excess</b>	Yes. Medical expenses in excess of a health plan's usual, customary, and reasonable charges qualify if the underlying expense is for medical care.	
<b>Vaccines</b>	Yes. Vaccinations to prevent disease (such as tetanus or well-baby shots) or as recommended for overseas travel will qualify, even if no medical condition has been diagnosed.	
<b>Varicose veins, treatment of</b>	Generally no, if the procedure merely improves appearance and doesn't meaningfully promote the proper function of the body or prevent or treat illness or disease.	
<b>Vasectomy</b>	Yes	
<b>Vasectomy reversal</b>	Yes	
<b>Veterinary fees</b>	Yes, if the veterinary fees are incurred for the care of a guide dog or other service animal used by a person with a disability. Otherwise, no.	
<b>Vision care, including vision correction procedures</b>	Yes	
<b>Vision discount programs</b>	No. A fee paid to get a card that provides for a discount on vision services and equipment would not qualify. In contrast, the cost of the actual medical treatment, such as the eye exam, generally will qualify.	
<b>Vision plan premiums</b>	No. FSAs are prohibited from reimbursing health care premiums, and they are not eligible expenses under an HSA.	
<b>Vitamins</b>	No, if they are used to maintain general health. Under narrow circumstances, vitamins might qualify if recommended by a medical practitioner for a specific medical condition (for example, a prescribed daily dosage of vitamin B-12 to treat a specific vitamin deficiency).	
<b>Vitamins, prenatal</b>	Yes	
<b>Walkers</b>	Yes	

\*Supplementary documentation required in addition to standard IRS-required documentation. This list is based upon IRS guidance and Publication 502. This list is subject to change. For the most complete and current information on required documentation and list of expenses, consult IRS Publication 502.

Expense	HSA/FSA Eligibility	Supplementary Documentation*
Warranties	No, they are considered health plan premiums. In contrast, the cost of the underlying medical supply may qualify.	
Wart remover treatments	Yes, with prescription.	
Weight loss drugs	Yes, with prescription.	
Weight loss procedures or surgery	Yes, if legal and non-cosmetic.	
Weight loss programs	Yes, if the weight-loss program is recommended by a physician to treat an existing disease (such as obesity, heart disease, or diabetes) and is not simply to improve general health. However, the costs of food associated with a weight-loss program would not qualify, since it just meets normal nutritional needs.	
Well baby/well child care	Yes	
Wheelchair	Yes	
Wigs	Maybe, if the wig is for a patient who has lost all of his or her hair from disease or treatment, such as chemotherapy or radiation.	
Witch hazel	Yes, with prescription.	
X-ray fees	Yes	

\*Supplementary documentation required in addition to standard IRS-required documentation. This list is based upon IRS guidance and Publication 502. This list is subject to change. For the most complete and current information on required documentation and list of expenses, consult IRS Publication 502.

## Expenses that may be reimbursed under a Dependent Care FSA

Dependent Care Account funds cover care costs for your eligible dependents while you are at work or looking for work. Use this table to determine eligibility for dependent care related items. Please note that payments in advance are not eligible, and children must be under the age of 13. Special rules may apply for the care of a person with a disability.

**Dependent Care FSA Funds**—Submit required documentation with your manual claim.

Expense	Dependent Care FSA Eligibility
After-school care	Yes, if used to enable the employee and spouse to be gainfully employed.
Assisted living, custodial care, and elder care	Generally no, unless expenses are attributable to well-being and protection, the person in custody is a qualifying individual, and the qualifying individual (other than a qualifying child under age 13) still spends at least eight hours each day in the employee's household. Elder day care attributable to well-being and protection will often qualify, but around-the-clock care in a nursing home will not.
Au pair	Yes. In addition, an upfront fee paid to employ an au pair may qualify if it must be paid in order to obtain care, but it would be prorated over the duration of the agreement.
Babysitter, employee's child under age 19	No, if babysitter is under age 19 and is the child or stepchild of the employee or is otherwise claimed as a dependent by the employee or spouse.
Babysitter, not employee's child under age 19	Yes, if used to enable the employee and spouse to be gainfully employed.
Before-school care	Yes, if used to enable the employee and spouse to be gainfully employed.
Boarding school	No
Camp (overnight)	No



Expense	Dependent Care FSA Eligibility
Clothing	No, if charged separately from dependent care expense. Small amounts may be eligible if incidental to and inseparable from the dependent care expense.
Day camp	Yes
Day care center	Yes
Educational services	No, expenses for educational purposes are not covered.
Entertainment	No, if charged separately from dependent care expense. Small amounts may be eligible if incidental to and inseparable from the dependent care expense.
Extended day care	Yes
Extra-curricular/special activities	No, if charged separately from dependent care expense. Small amounts may be eligible if incidental to and inseparable from the dependent care expense.
Family day care (childcare provided in the home of the provider)	Yes
FICA and FUTA taxes of day care provider	Yes, provided that the overall expenses of the care provider qualify.
Food	No, if charged separately from dependent care expense. Small amounts may be eligible if incidental to and inseparable from the dependent care expense.
Home care (childcare provided in the home of the employee)	Yes
Housecleaning services	No
Incidental expenses	No, if charged separately from dependent care expenses. May be eligible if incidental to and inseparable from the dependent care expense. This includes charges for special activities, food and snacks, and more.
Kindergarten	No. Such expenses are primarily educational in nature, regardless of half- or full-day, private or public school, state-mandated or voluntary.
Late payment fee	No
Late pick-up fee	Yes, if fee is charged to take care of the qualifying individual when the individual was picked up late.
Nanny	Yes
Nursery school	Yes
Nursing home	No
Placement fees for finding a dependent care provider	Yes, if required in order to obtain eligible care, but it would be prorated over the duration of the agreement.
Prepaid fees	No. Prepayments for dependent care services that have not yet been incurred are not reimbursable. Can be reimbursed after the services are rendered.
Preschool	Yes
Recreation	No, if charged separately from dependent care expense. Small amounts may be eligible if incidental to and inseparable from the dependent care expense.
Registration fees	Yes, if required in order to obtain eligible care, but it would be prorated over the duration of the agreement.
Sick child facility	Generally yes, when the expenses are incurred to enable the employee and spouse to go to work when the child is ill; in other words, the primary purpose is still for childcare, not medical care.
Sick employee (care for dependent when sick employee stays home)	No
Summer day camp	Yes
Transportation expenses	No, if charged separately from dependent care expense. Small amounts may be eligible if incidental to and inseparable from the dependent care expense.
Tuition	No, expenses for educational purposes are not covered.
Tutor	No, expenses for educational purposes are not covered.

This list is based upon IRS guidance and Publication 503. This list is subject to change. For the most complete and current information on required documentation and list of expenses, consult IRS Publication 503.

# Eligible Expenses Guide

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## USE OF HSA AND FSA FUNDS

Hundreds of expenses are eligible for HSA and FSA funds, including prescriptions, doctor office copays, healthcare plan deductibles, coinsurance, dental, and vision. Funds can even be used for eligible expenses for your spouse or eligible dependents.

Since these accounts are tax-advantaged, the IRS has very specific rules regarding how the funds may be used. In order to comply with IRS requirements and to qualify for reimbursement, you must keep or submit certain records about expenses you paid out of these accounts.

### Documentation

Both HSA and FSA withdrawals require documentation that must include: patient name, description of service or product, date of service or purchase, provider/merchant name, and amount charged or paid. Non-itemized cash register tapes, credit card receipts, and canceled checks alone are not adequate documentation.

To comply with IRS rules, records must sufficiently show that:

- The distributions were exclusively to pay or reimburse qualified medical expenses
- The qualified medical expenses had not been previously paid or reimbursed from another source

For some expense types, supplementary documentation from your healthcare provider is required. These documents include doctors' directives, letters of medical necessity, and prescriptions. The items that require this supplementary documentation are noted in the right-hand column on the previous pages.

### HSA Funds

HSA withdrawals and expenditures do not need to be reviewed and approved. However, documentation such as receipts and Explanation of Benefits (EOB) statements should be saved for tax purposes. Do not send these records with your tax return. Keep them with your tax records in case you are ever audited by the IRS.

### FSA Funds

FSA withdrawals and expenditures must be reviewed and approved. Many expenditures automatically reimbursed (or streamlined) from the health plan are approved as an eligible expense; however, some charges cannot be approved automatically and require supporting documentation. Manually submitted claims require supporting documentation, including receipts and EOB statements.

## Discrimination is Against the Law

Premera Blue Cross 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 or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - 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 800-842-5357

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 Avenue 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>.

## Getting Help in Other Languages

**This Notice has Important Information.** This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

### አማርኛ (Amharic):

ይህ ማስታወቂያ አስፈላጊ መረጃ ይዟል። ይህ ማስታወቂያ ስለ ማመልከቻዎ ወይም የ Premera Blue Cross ሽፋን አስፈላጊ መረጃ ሊኖረው ይችላል። በዚህ ማስታወቂያ ውስጥ ቁልፍ ቀኖች ሊኖሩ ይችላሉ። የጤና ሽፋንዎን ለመጠበቅና በአስፋፈል እርዳታ ለማግኘት በተውሰኑ የጊዜ ገደቦች እርምጃ መውሰድ ይገባዎት ይሆናል። ይህን መረጃ እንዲያገኙ እና ያለምንም ከፍተኛ በጽንቃቃ እርዳታ እንዲያገኙ መብት አለዎት። በስልክ ቁጥር 800-722-1471 (TTY: 800-842-5357) ይደውሉ።

**العربية (Arabic):**  
يحتوي هذا الإشعار معلومات هامة. قد يحوي هذا الإشعار معلومات مهمة بخصوص طلبك أو التغطية التي تريد الحصول عليها من خلال Premera Blue Cross. قد تكون هناك تواريخ مهمة في هذا الإشعار. وقد تحتاج لاتخاذ إجراء في تواريخ معينة للحفاظ على تغطيتك الصحية أو المساعدة في دفع التكاليف. يحق لك الحصول على هذه المعلومات والمساعدة بلغتك دون تكبد أية تكلفة. اتصل بـ 800-722-1471 (TTY: 800-842-5357)

### 中文 (Chinese):

**本通知有重要的訊息。**本通知可能有關於您透過 Premera Blue Cross 提交的申請或保險的重要訊息。本通知內可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357)。

### Oromoo (Cushite):

**Beeksisi kun odeeffannoo barbaachisaa qaba.** Beeksisi kun sagantaa yookan karaa Premera Blue Cross tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qabaachuu danda'a. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggamuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa 800-722-1471 (TTY: 800-842-5357) tii bilbilaa.

### Français (French):

**Cet avis a d'importantes informations.** Cet avis peut avoir d'importantes informations sur votre demande ou la couverture par l'intermédiaire de Premera Blue Cross. Le présent avis peut contenir des dates clés. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. Appelez le 800-722-1471 (TTY: 800-842-5357).

### Kreyòl ayisyen (Creole):

**Avi sila a gen Enfòmasyon Enpòtan ladann.** Avi sila a kapab genyen enfòmasyon enpòtan konsènan aplikasyon w lan oswa konsènan kouvèti asirans lan atravè Premera Blue Cross. Kapab genyen dat ki enpòtan nan avi sila a. Ou ka gen pou pran kèk aksyon avan sèten dat limit pou ka kenbe kouvèti asirans sante w la oswa pou yo ka ede w avèk depans yo. Se dwa w pou resevwa enfòmasyon sa a ak asistans nan lang ou pale a, san ou pa gen pou peye pou sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

### Deutsche (German):

**Diese Benachrichtigung enthält wichtige Informationen.** Diese Benachrichtigung enthält unter Umständen wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch Premera Blue Cross. Suchen Sie nach eventuellen wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter 800-722-1471 (TTY: 800-842-5357).

### Hmoob (Hmong):

**Tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb.** Tej zaum tsab ntawv tshaj xo no muaj cov ntshiab lus tseem ceeb txog koj daim ntawv thov kev pab los yog koj qhov kev pab cuam los ntawm Premera Blue Cross. Tej zaum muaj cov hnub tseem ceeb uas sau rau hauv daim ntawv no. Tej zaum koj kuj yuav tau ua qee yam uas peb kom koj ua tsis pub dhau cov caij nyoog uas teev tseg rau hauv daim ntawv no mas koj thiaj yuav tau txais kev pab cuam kho mob los yog kev pab them tej nqi kho mob ntawd. Koj muaj cai kom lawv muab cov ntshiab lus no uas tau muab sau ua koj hom lus pub dawb rau koj. Hu rau 800-722-1471 (TTY: 800-842-5357).

### Iloko (Ilocano):

**Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasion.** Daytoy a pakdaar mabalin nga adda ket naglaon iti napateg nga impormasion maipanggep iti aplikasyonyo wenno coverage babaen iti Premera Blue Cross. Daytoy ket mabalin dagiti importante a petsa iti daytoy a pakdaar. Mabalin nga adda rumbeng nga aramidenyo nga addang sakbay dagiti partikular a naituding nga aldaw tapno mapagtalinaedyo ti coverage ti salun-atyo wenno tulong kadagiti gastos. Adda karbenganyo a mangala iti daytoy nga impormasion ken tulong iti bukodyo a pagsasao nga awan ti bayadanyo. Tumawag iti numero nga 800-722-1471 (TTY: 800-842-5357).

### Italiano (Italian):

**Questo avviso contiene informazioni importanti.** Questo avviso può contenere informazioni importanti sulla tua domanda o copertura attraverso Premera Blue Cross. Potrebbero esserci date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama 800-722-1471 (TTY: 800-842-5357).

**日本語 (Japanese):**  
**この通知には重要な情報が含まれています。** この通知には、Premera Blue Cross の申請または補償範囲に関する重要な情報が含まれている場合があります。この通知に記載されている可能性がある重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。800-722-1471 (TTY: 800-842-5357)までお電話ください。

**한국어 (Korean):**  
**본 통지서에는 중요한 정보가 들어 있습니다.** 즉 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross 를 통한 커버리지에 관한 정보를 포함하고 있을 수 있습니다. 본 통지서에는 핵심이 되는 날짜들이 있을 수 있습니다. 귀하는 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357) 로 전화하십시오.

**ລາວ (Lao):**  
**ແຈ້ງການນີ້ມີຂໍ້ມູນສໍາຄັນ.** ແຈ້ງການນີ້ອາດຈະມີຂໍ້ມູນສໍາຄັນກ່ຽວກັບຄໍາຮ້ອງສະໝັກ ຫຼື ຄວາມຄຸ້ມຄອງປະກັນໄພຂອງທ່ານຜ່ານ Premera Blue Cross. ອາດຈະມີວັນທີສໍາຄັນໃນແຈ້ງການນີ້. ທ່ານອາດຈະຈຳເປັນຕ້ອງດໍາເນີນການຕາມກຳນົດເວລາສະເພາະເພື່ອຮັກສາຄວາມຄຸ້ມຄອງປະກັນສະຊະພາບ ຫຼື ຄວາມຊ່ວຍເຫຼືອເລື່ອງຄ່າໃຊ້ຈ່າຍຂອງທ່ານໄດ້. ທ່ານມີສິດໄດ້ຮັບຂໍ້ມູນນີ້ ແລະ ຄວາມຊ່ວຍເຫຼືອເປັນພາສາຂອງທ່ານໃດໆບໍ່ເສຍຄ່າ. ໃຫ້ໂທຫາ 800-722-1471 (TTY: 800-842-5357).

**ភាសាខ្មែរ (Khmer):**  
**សេចក្តីជូនដំណឹងនេះមានព័ត៌មានយ៉ាងសំខាន់។** សេចក្តីជូនដំណឹងនេះប្រហែលជាមានព័ត៌មានយ៉ាងសំខាន់អំពីទម្រង់បែបបទ ឬការរ៉ាប់រងរបស់អ្នកកាមរយ: Premera Blue Cross ។ ប្រហែលជាមាន កាលបរិច្ឆេទសំខាន់នៅក្នុងសេចក្តីជូនដំណឹងនេះ។ អ្នកប្រហែលជាក្រូវការបញ្ចេញសមត្ថភាព ដល់កំណត់ថ្លៃជាតំណាងធានា ដើម្បីនឹងរក្សាទុកការធានារ៉ាប់រងសុខភាពរបស់អ្នក ឬប្រាក់ដន្ទុយចេញផ្លូវ។ អ្នកមានសិទ្ធិទទួលព័ត៌មាននេះ និងជំនួយនៅក្នុងភាសារបស់អ្នកដោយមិនអស់លុយឡើយ។ សូមទូរស័ព្ទ 800-722-1471 (TTY: 800-842-5357)។

**ਪੰਜਾਬੀ (Punjabi):**  
**ਇਸ ਨੋਟਿਸ ਵਿਚ ਖਾਸ ਜਾਣਕਾਰੀ ਹੈ.** ਇਸ ਨੋਟਿਸ ਵਿਚ Premera Blue Cross ਵਲੋਂ ਤੁਹਾਡੀ ਕਵਰੇਜ ਅਤੇ ਅਰਜ਼ੀ ਬਾਰੇ ਮਹੱਤਵਪੂਰਨ ਜਾਣਕਾਰੀ ਹੋ ਸਕਦੀ ਹੈ . ਇਸ ਨੋਟਿਸ ਜਵਚ ਖਾਸ ਤਾਰੀਖਾਂ ਹੋ ਸਕਦੀਆਂ ਹਨ. ਜੇਕਰ ਤੁਸੀਂ ਜਸਹਤ ਕਵਰੇਜ ਰਿਖਦੀ ਹੋਵੋ ਜਾਂ ਓਸ ਦੀ ਲਾਗਤ ਜਵਿੱਚ ਮਦਦ ਦੇ ਇਛੁਕ ਹੋ ਤਾਂ ਤੁਹਾਨੂੰ ਅੰਤਮ ਤਾਰੀਖ ਤੋਂ ਪਹਿਲਾਂ ਝੁੱਝ ਖਾਸ ਕਰਮ ਚੁੱਕਣ ਦੀ ਲੋੜ ਹੋ ਸਕਦੀ ਹੈ .ਤੁਹਾਨੂੰ ਮੁੜਤ ਵਿੱਚ ਤੇ ਅਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ ,ਕਾਲ 800-722-1471 (TTY: 800-842-5357).

**فارسی (Farsi):**  
این اعلامیه حاوی اطلاعات مهم میباشد. این اعلامیه ممکن است حاوی اطلاعات مهم درباره فرم تقاضا و یا پوشش بیمه ای شما از طریق Premera Blue Cross باشد. به تاریخ های مهم در این اعلامیه توجه نمایید. شما ممکن است برای حفظ پوشش بیمه تان یا کمک در پرداخت هزینه های درمانی تان، به تاریخ های مشخصی برای انجام کارهای خاصی احتیاج داشته باشید. شما حق این را دارید که این اطلاعات و کمک را به زبان خود به طور رایگان دریافت نمایید. برای کسب اطلاعات با شماره 800-722-1471 (کاربران TTY با شماره 800-842-5357) تماس بگیرید.

**Polskie (Polish):**  
**To ogłoszenie może zawierać ważne informacje.** To ogłoszenie może zawierać ważne informacje odnośnie Państwa wniosku lub zakresu świadczeń poprzez Premera Blue Cross. Prosimy zwrócić uwagę na kluczowe daty, które mogą być zawarte w tym ogłoszeniu aby nie przekroczyć terminów w przypadku utrzymania polisy ubezpieczeniowej lub pomocy związanej z kosztami. Macie Państwo prawo do bezpłatnej informacji we własnym języku. Zadzwońcie pod 800-722-1471 (TTY: 800-842-5357).

**Português (Portuguese):**  
**Este aviso contém informações importantes.** Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. Talvez seja necessário que você tome providências dentro de determinados prazos para manter sua cobertura de saúde ou ajuda de custos. Você tem o direito de obter esta informação e ajuda em seu idioma e sem custos. Ligue para 800-722-1471 (TTY: 800-842-5357).

**Română (Romanian):**  
**Prezenta notificare conține informații importante.** Această notificare poate conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin Premera Blue Cross. Pot exista date cheie în această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la 800-722-1471 (TTY: 800-842-5357).

**Русский (Russian):**  
**Настоящее уведомление содержит важную информацию.** Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

**Fa'asamoa (Samoan):**  
**Atonu ua iai i lenei fa'asilasilaga ni fa'amatalaga e sili ona taua e tatau ona e malamalama i ai.** O lenei fa'asilasilaga o se fesoasoani e fa'amatala atili i ai i le tulaga o le polokalame, Premera Blue Cross, ua e tau fia maua atu i ai. Fa'amolemole, ia e iloilo fa'alelei i aso fa'apitoa olo'o iai i lenei fa'asilasilaga taua. Masalo o le'a iai ni feau e tatau ona e faia ao le'i aulia le aso ua fa'ua i lenei fa'asilasilaga ina ia e iai pea ma maua fesoasoani mai ai i le polokalame a le Malo olo'o e iai i ai. Olo'o iai iate oe le aia tatau e maua atu i lenei fa'asilasilaga ma lenei fa'matalaga i legagana e te malamalama i ai aunoa ma se togiga tupe. Vili atu i le telefoni 800-722-1471 (TTY: 800-842-5357).

**Español (Spanish):**  
**Este Aviso contiene información importante.** Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

**Tagalog (Tagalog):**  
**Ang Paunawa na ito ay naglalaman ng mahalagang impormasyon.** Ang paunawa na ito ay maaaring naglalaman ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaaring may mga mahalagang petsa dito sa paunawa. Maaring mangailangan ka na magsagawa ng hakbang sa ilang mga itinakdang panahon upang mapanatili ang iyong pagsakop sa kalusugan o tulong na walang gastos. May karapatan ka na makakuha ng ganitong impormasyon at tulong sa iyong wika ng walang gastos. Tumawag sa 800-722-1471 (TTY: 800-842-5357).

**ไทย (Thai):**  
ประกาศนี้มีข้อมูลสำคัญ ประกาศนี้อาจมีข้อมูลที่สำคัญเกี่ยวกับการสมัครหรือขอเขตประกันสุขภาพของคุณผ่าน Premera Blue Cross และอาจมีกำหนดการในประกาศนี้ คุณอาจจะต้องดำเนินการภายในกำหนดระยะเวลาที่แน่นอนเพื่อรักษาการประกันสุขภาพของคุณหรือการช่วยเหลือที่มีค่าใช้จ่าย คุณมีสิทธิที่จะได้รับข้อมูลและความช่วยเหลือในภาษาของคุณโดยไม่มีค่าใช้จ่าย โทร 800-722-1471 (TTY: 800-842-5357)

**Український (Ukrainian):**  
**Це повідомлення містить важливу інформацію.** Це повідомлення може містити важливу інформацію про Ваше звернення щодо страховального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону 800-722-1471 (TTY: 800-842-5357).

**Tiếng Việt (Vietnamese):**  
**Thông báo này cung cấp thông tin quan trọng.** Thông báo này có thông tin quan trọng về đơn xin tham gia hoặc hợp đồng bảo hiểm của quý vị qua chương trình Premera Blue Cross. Xin xem ngày quan trọng trong thông báo này. Quý vị có thể phải phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số 800-722-1471 (TTY: 800-842-5357).