

Health Savings Accounts

Eligible Expenses List



As the owner of your Health Savings Account (HSA), you're responsible for ensuring that the funds you use go toward eligible medical expenses. While neither your employer nor Via Benefits will request documentation from you, it's important to keep your own records. HSA funds used on qualified expenses are always tax free. Using HSA funds on ineligible expenses is taxable, and if done while under 65 will also incur a 20% penalty.

The IRS may ask for proof that your HSA funds were used appropriately. To be prepared, we recommend saving your receipts and maintaining clear records of all HSA transactions, especially if your expense requires a Letter of Medical Necessity and you need to verify your expenses during an audit.

Letter of Medical Necessity

A Letter of Medical Necessity (LOMN) is written by your licensed medical practitioner (e.g., MD, PA, DO, DC). It verifies that the services or items you're purchasing are for the diagnosis, treatment, mitigation, or prevention of a disease or medical condition. The letter provides certification that services and products used for both general good health and to treat a medical condition are eligible for reimbursement.

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|---|----------|--------------------------------------|--------------|
| Abdominal Supports | ● | | |
| Abortion | ● | | |
| Acne Treatment (by prescription) | | ● | |
| Acupuncture | ● | | |
| Adaptive Equipment (equipment designed to assist a disabled or elderly person perform daily activities independently) | | ● | |
| Adhesives (for small cuts) | ● | | |
| Air Conditioner or Air Purifier (when necessary for relief from difficulty in breathing) | | ● | |
| Alcoholism Treatment | ● | | |
| Allergy Medication | ● | | |
| Alternative Healers | | ● | |
| Ambulance | ● | | |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|--|----------|--------------------------------------|--------------|
| Anesthetist | ● | | |
| Antacids | ● | | |
| Antibiotic Ointments | ● | | |
| Anti-Diarrhea Medicine | ● | | |
| Antihistamines | ● | | |
| Anti-Itch Creams | ● | | |
| Appearance Improvements | | | ● |
| Application, Electronics | | ● | |
| Arch Supports | ● | | |
| Arthritis Gloves | ● | | |
| Artificial Limbs | ● | | |
| Artificial Teeth | ● | | |
| Asthma Treatment Delivery Devices | | ● | |
| Autoette (a three-wheel motor vehicle when used for relief of sickness/disability) | | ● | |
| Automobile Modifications | | ● | |
| Baby Sitting/Childcare | | | ● |
| Baldness Treatment | | ● | |
| Bandages, Elastics | ● | | |
| Batteries | | ● | |
| Behavioral Modification Programs | | ● | |
| Birth Control Pills (by prescription) | ● | | |
| Blood-Pressure Monitoring Devices | ● | | |
| Blood-Sugar Test Kits and Test Strips | ● | | |
| Blood Tests | ● | | |
| Blood Transfusions | ● | | |
| Body Scans | ● | | |
| Braces | ● | | |
| Braille Books and Magazines | ● | | |
| Breast Pumps | ● | | |
| Breast Reconstruction Surgery Following Mastectomy | ● | | |
| Calamine Lotion | ● | | |
| Calcium Supplements | | ● | |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|---|----------|--------------------------------------|--------------|
| Cancer Screenings | ● | | |
| Car Seats | | | ● |
| Cardiographs | ● | | |
| Carpal Tunnel Wrist Supports | ● | | |
| Chelation Therapy | ● | | |
| Childbirth Classes | | ● | |
| Chinese Herbal Practitioners | | ● | |
| Chiropractor | ● | | |
| Christian Science Practitioner | ● | | |
| Cholesterol Test Kits | ● | | |
| Circumcision | ● | | |
| Classes, Health-Related | | ● | |
| COBRA Premiums | ● | | |
| Coinsurance Amounts | ● | | |
| Cold Medicine | ● | | |
| Cold Sore Medicine | ● | | |
| Cold Therapy Packs | ● | | |
| Cologne or Perfume | | | ● |
| Compression Hose | | ● | |
| Condoms | ● | | |
| Contact Lenses, Materials, and Equipment | ● | | |
| Contraceptive Devices (by prescription) | ● | | |
| Controlled Substances (in violation of federal law) | | | ● |
| Copayments (copays) | ● | | |
| Convalescent Home (for medical treatment only) | | ● | |
| Cosmetic Procedures | | | ● |
| Cosmetics | | | ● |
| Cough Drops and Throat Lozenges | | ● | |
| Counseling | | ● | |
| CPAP Devices | ● | | |
| CPR Classes | | | ● |
| Crutches | ● | | |
| Day Camp | | | ● |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|---|----------|--------------------------------------|--------------|
| Decongestants | • | | |
| Deductibles | • | | |
| Dental Floss | | | • |
| Dental Treatment | • | | |
| Dental X-rays | • | | |
| Dentures | • | | |
| Deodorant | | | • |
| Dependent Care Expense | | | • |
| Dermatologist | • | | |
| Diabetic Socks | | • | |
| Diabetic Supplies | • | | |
| Diagnostic Fees | • | | |
| Diaper Rash Ointment/Creams | • | | |
| Diathermy (a form of heat therapy) | • | | |
| Diet Foods | | | • |
| Dietary Supplements | | • | |
| Digital Wellness Trackers (Fitbit, Apple Watch) | | • | |
| Direct Primary Care Fees (for more information, see page 10.) | • | | |
| Disabled Dependent Care Expenses | | • | |
| Disposable Masks | | • | |
| DNA Collection and Storage | | • | |
| Drug Addiction Therapy | • | | |
| Drug Testing Kits (for home use) | | | • |
| Drugs (prescription) | • | | |
| Durable Medical Equipment | • | | |
| Dyslexia Treatment | | • | |
| Ear Piercing | | | • |
| Ear Plugs | | • | |
| Ear Wax Removal Drops | • | | |
| Eczema Treatments | • | | |
| Egg and Embryo Storage Fees | | • | |
| Egg Donor Fees | | • | |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|--|----------|--------------------------------------|--------------|
| Elastic Hosiery (prescription) | • | | |
| Electrolysis/ Hair Removal | | | • |
| Eye Exams | • | | |
| Eyeglasses | • | | |
| Exercise Programs | | • | |
| Expectorants | • | | |
| Face Creams | | | • |
| Face Lifts | | | • |
| Fees Paid to Health Institute Prescribed by a Doctor | • | | |
| Feminine Hygiene Products | • | | |
| Fiber Supplements | | • | |
| FICA and FUTA Tax Paid for Medical Care Service | • | | |
| First Aid Creams | • | | |
| First Aid Kits | • | | |
| Fitness Programs | | • | |
| Fluoridation Unit | • | | |
| Foam Rollers (used for recovery from injury or pain) | | • | |
| Founder's Fee | | | • |
| Funeral Expenses | | | • |
| Gambling Problem Treatment | | • | |
| Gauze Pads | • | | |
| Glucose-Monitoring Equipment | • | | |
| Guide Dog | • | | |
| Gum Treatment | • | | |
| Gym Memberships | | • | |
| Gynecologist | • | | |
| Hair Colorants | | | • |
| Hair Removal and Transplants | | | • |
| Hand Lotion | | | • |
| Healing Services | • | | |
| Hearing Aids and Batteries | • | | |
| Heating Pads | • | | |
| Home Exercise Equipment | | • | |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|---|----------|--------------------------------------|--------------|
| Home Health Care | | • | |
| Hormone Replacement Therapy | | • | |
| Hospital Bills | • | | |
| Household Help | | | • |
| Humidifiers | | • | |
| Hydrotherapy | • | | |
| Hypnosis | | • | |
| Illegal Operations and Treatments | | | • |
| In Vitro Fertilization (IVF) | | • | |
| Inclinators (a machine to help people and things move between floors) | | • | |
| Incontinence Supplies | • | | |
| Infant Formula | | • | |
| Insect Repellent | | • | |
| Insulin Treatment | • | | |
| Insurance Premiums (see information on page nine) | | | |
| Lab Tests | • | | |
| Lamaze Classes | | • | |
| Laser Eye Surgery | • | | |
| Late Fees | | | • |
| Lead Paint Removal | | • | |
| Learning Disability Instructional Fees | | • | |
| Legal Fees (in connection with fertility treatment) | | • | |
| Lice Treatment | | • | |
| Lipsticks | | | • |
| Lip Balm with SPF 15+ | • | | |
| Lodging (away from home for outpatient care) | • | | |
| Marijuana (in violation of federal law) | | | • |
| Massage Therapy | | • | |
| Mastectomy-Related Special Bras | • | | |
| Medical Alert Bracelet or Necklace | • | | |
| Medical Information Plan Fees (costs for retrieval, storage, or transfer of medical records) | • | | |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|--|----------|--------------------------------------|--------------|
| Medical Monitoring and Testing Devices | ● | | |
| Medical Records Charges | ● | | |
| Metabolism Tests | ● | | |
| Missed Appointment Fees | | | ● |
| Moisturizers | | | ● |
| Morning-After Contraceptive Pills | ● | | |
| Motion Sickness Pills | ● | | |
| Motion Sickness Wristbands | ● | | |
| Nasal Strips or Sprays | | ● | |
| Naturopathic Healers | | ● | |
| Neurologist | ● | | |
| Nicotine Medications and Nasal Sprays | ● | | |
| Norplant Insertion or Removal | ● | | |
| Nursing (including board and meals) | | ● | |
| Obstetrician | ● | | |
| Occlusal Guards to Prevent Teeth Grinding | ● | | |
| Occupational Therapy | | ● | |
| Online or Telephone Consultation (with medical practitioner) | ● | | |
| Operating Room Costs | ● | | |
| Ophthalmologist | ● | | |
| Optometrist | ● | | |
| Oral Surgery | ● | | |
| Organ Transplant (including donor's expenses) | ● | | |
| Orthodontia | ● | | |
| Orthopedic Shoes | ● | | |
| Orthopedist | ● | | |
| Osteopath | ● | | |
| Oxygen and Oxygen Equipment | ● | | |
| Pain Relievers | ● | | |
| Pediatrician | ● | | |
| Personal Protective Equipment | ● | | |
| Personal Sauna | | ● | |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|--------------------------------------|----------|--------------------------------------|--------------|
| Physical Therapy | ● | | |
| Physiotherapist | ● | | |
| Podiatrist | ● | | |
| Postnatal Treatment | ● | | |
| Practical Nurse for Medical Services | ● | | |
| Pregnancy Test Kits | ● | | |
| Prenatal Care | ● | | |
| Pre-Payments | | | ● |
| Prescription Medicines | ● | | |
| Preventative Care Screenings | ● | | |
| Probiotics | | ● | |
| Prosthesis | ● | | |
| Psychiatrist | ● | | |
| Psychologist | ● | | |
| Psychotherapy | | ● | |
| Radium Therapy | ● | | |
| Reading Glasses | ● | | |
| Recliner Chairs | | | ● |
| Registered Nurse | ● | | |
| Rehydration Solutions | ● | | |
| Rubbing Alcohol | ● | | |
| Safety Glasses | | | ● |
| Screening Tests | ● | | |
| Shampoos | | | ● |
| Sinus Medications and Nasal Sprays | ● | | |
| Sleep Aids | ● | | |
| Sleep Masks | ● | | |
| Special School Costs for Handicapped | | ● | |
| Speech Therapy | ● | | |
| Spinal Fluid Test | ● | | |
| Splints | ● | | |
| Sterilization | ● | | |
| Stop-Smoking Programs | ● | | |

| Expense | Eligible | Letter of Medical Necessity required | Not Eligible |
|---|----------|--------------------------------------|--------------|
| Sunscreen SPF 15+ | ● | | |
| Suppositories and Creams for Hemorrhoids | ● | | |
| Surgeon | ● | | |
| Tanning Salons and Equipment | | | ● |
| Teeth Whitening | | | ● |
| Telephone or TV Equipment to Assist the Hard-of-Hearing | ● | | |
| Therapy Equipment | ● | | |
| Thermometers | ● | | |
| Toiletries | | | ● |
| Toothache/Teething Pain Relievers | ● | | |
| Toothbrushes and Toothpaste | | | ● |
| Transportation Expenses (relative to healthcare) | ● | | |
| Ultra-Violet Ray Treatment | ● | | |
| Vaccines | ● | | |
| Vasectomy | ● | | |
| Veneers | | | ● |
| Vitamins (if prescribed) | ● | | |
| Walkers | ● | | |
| Wart Removal Medication | ● | | |
| Weighted Blankets | | ● | |
| Wheelchair | ● | | |
| White Noise Machines | | ● | |
| X-rays | ● | | |
| Yeast Infection Medications | ● | | |

Insurance Premiums

Insurance premiums are qualified medical expenses if they are for any of the following:

- **Long-term care insurance** The premiums for long-term care insurance that you can treat as qualified medical expenses are subject to limits based on age and are adjusted annually. Details can be found in the Instructions for Schedule A (Form 1040) on the IRS website.
- **Health insurance premium (pre-65) payments** can be paid for with your HSA funds if you are enrolled in COBRA or receiving unemployment compensation. These payments can also apply to your spouse or any dependent who qualifies.
- **Medicare premium payments** can be paid with your HSA funds, but you cannot use them for a Medicare Supplement Policy (Medigap). The account holder must be eligible for Medicare to pay Medicare premiums for a Medicare-eligible spouse or dependent.

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Direct Primary Care Service Arrangements

Direct Primary Care Service Arrangements (DPCSAs) are agreements where a primary care doctor offers medical services for a set fee paid regularly. These arrangements are only eligible to be paid from your HSA if they exclude procedures requiring general anesthesia, prescription drugs except vaccines, and non-ambulatory lab services.

If the monthly cost exceeds \$150/individual or \$300/family, the fees can still be paid from your HSA; however, you are not eligible to contribute to an HSA.

The IRS has implemented the monthly cost limitation for the purpose of determining your eligibility to contribute only, and these amounts are subject to change annually.