

UA Local 467 Extended Reserve Health Reimbursement Arrangement Medical & Dental Reimbursable Expenses (Limited to IRS Allowances)

The IRS defines eligible healthcare expenses as amounts paid for the diagnosis, cure, mitigation, or treatment of a disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate a physical or mental condition or illness. This list is not all-inclusive.

ELIGIBLE EXPENSES AND OTC ITEMS

DENTAL SERVICES

Dental X-Rays
Dentures
Exams/Teeth Cleaning
Extractions
Fillings
Gum Treatment
Oral Surgery
Orthodontia/Braces

MEDICAL TREATMENTS & PROCEDURES

Acupuncture
Alcoholism and Drug Addiction (inpatient treatment)
Hearing Exams
Hospital Services
Infertility
In Vitro Fertilization
Norplant Insertion or Removal
Physical Examination (not employment-related)
Physical Therapy
Reconstructive Surgery (medically necessary)
Speech Therapy
Sterilization
Transplants (including organ donor)
Vaccinations/Immunizations
Vasectomy and Vasectomy Reversal
Weight Loss Programs (as prescribed by your doctor)
Well Baby Care

OBSTETRIC SERVICES

Lamaze Class (Child Rearing Classes Excluded)
Midwife Expenses
OB/GYN Exams
OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
Pre and Postnatal Treatments

LAB EXAMS & TESTS

Blood Tests
X-Rays
Cardiographs
Laboratory Fees
Metabolism Tests
Urine/Stool Analysis

VISION SERVICES

Eye Examinations
Eyeglasses
Contact Lenses
Laser Eye Surgeries
Artificial Eyes
Prescription Sunglasses
Radial Keratotomy/LASIK

MEDICATION

Insulin
Prescribed Birth Control and Vitamins
Prescription Drugs

PRACTITIONERS

Allergist
Chiropractor
Christian Science
Dermatologist
Homeopath
Naturopath
Osteopath
Physician
Psychiatrist
Psychologist

MEDICAL EQUIPMENT, SUPPLIES, & SERVICES

Abdominal/Back Supports
Ambulance Services
Arches/Orthopedic Shoes
Contraceptive, Prescribed
Counseling
Crutches
Hearing Devices & Batteries
Hospital Bed
Learning Disability (Special School/Teacher)
Medic Alert Bracelet or Necklace
Oxygen Equipment
Prescribed Medical and Exercise Equipment
Prosthesis
Splints/Casts or Support Hose (if medically necessary)
Syringes
Transportation Expenses (essential to medical care)
Tuition Fee at Special School for Disabled Child
Weight Loss Drugs (to treat specific disease)
Wheelchair
Wigs (hair loss due to disease)



ELIGIBLE OTC MEDICAL SUPPLIES & MEDICINES: Require prescriptions and/or itemized receipt.

Acne Medications	Hearing Aid Batteries
Adult Incontinence Products (e.g. Depends)	Heat Wraps (e.g. ThermaCare)
Allergy & Sinus Medications (Benadryl, Claritin, Sudafed)	Heating Pads, Hot Water Bottles
Anti-Fungal Medications (Lotramin AF)	Insulin & Diabetic Supplies
Anti-Itch Medications (Caladryl, Cortizone)	Lactose Intolerance Pills
Birth Control Products (e.g. Prophyllactics)	Medicine Dropper/Spoon
Cold Sore Medications	Motion Sickness Devices
Contact Lens Solutions	Nasal Sprays for Congestion (e.g. Afrin)
Cough, Cold, & Flu Medications	Pain Relievers (e.g. Aspirin, Excedrin, Tylenol, Advil, Motrin)
Decongestants	Pre-Natal Vitamins
Denture Adhesives	Sleeping Aids
Diaper Rash Ointments	Supports/Braces (e.g. ankle, knee, wrist, therapeutic glove)
Ear Supplies (e.g. Ear Plugs)	Suppositories
First Aid Supplies (e.g. Band-Aids)	Toothache Relievers (e.g. Orajel)
Gastrointestinal Aids (Antacids, Anti-Diarrhea Medicines, Laxatives - Non-Fiber, Nausea Medications)	Topical Ointments for Gingivitis
Health Monitors (e.g. Blood Pressure, Cholesterol, HIV, Thermometers)	Wart Remover Medications
	Yeast Infection Creams (e.g. Monistat)

This is not a complete list. It is intended to provide Plan participants with examples of OTC items that may be eligible.

DUAL-PURPOSE ITEMS: Require certification of medical necessity and/or itemized receipt.

Calcium Supplements	Hormone Therapy
Fiber Supplements	Joint Supplements
Foot Insoles	Nasal Strips & Snore Relief (e.g. Breathe Right)
Herbal Medicines	Vaporizers/Humidifiers
Homeopathic Remedies	Vitamins/Minerals/Supplements

To be reimbursed for these expenses, a completed claim form must be submitted to Navia Benefits Solutions along with one of the following:

- A customer receipt identifying the name of the person for whom the prescription applies, the date and amount of the purchase, and an Rx number; or
- A customer receipt that reflects the date and the amount of the purchase, along with a copy of the prescription.

INELIGIBLE EXPENSES & INELIGIBLE OTC ITEMS: The IRS does not allow the following expenses to be reimbursed. This list is not all-inclusive.

Baby Diapers	Marriage Counseling
Child Care Expenses	Maternity Clothes
Contact Lens or Eyeglass Insurance	Mouthwashes
Cosmetic Surgery/Procedures	Over the Counter Medications
Cosmetics	Personal Trainers or Exercise Equipment
Dancing/Exercise/Fitness Programs	Shampoos
Deodorants	Soaps
Diaper Service	Sport Energy Liquids, Bars, etc.
Electrolysis	Stay Awake Aids (e.g. No Doz)
Face Creams	Suntan Lotions
Feminine Hygiene Products	Swimming Lessons
Hair Loss Medication	Teeth Whitening Products
Hair Removal Products	Teeth Whitening/Bleaching
Hair Transplant	Toiletries
Health Club Dues	Tooth Brush
Insect Repellants	Toothpaste
Lip Balms (e.g. Chapstick, Blistex)	Vitamins or Nutritional Supplements
Lotions/Moisteners	Wrinkle Reducers

