



# Group Administrators, Ltd.

953 American Lane, Suite 100 • Schaumburg, IL 60173 • (847) 519-1880 • Fax (847) 519-1979

## CTA HRA COVERED EXPENSES

### HEALTH CARE EXPENSES ELIGIBLE FOR REIMBURSEMENT

Allowable health expenses **must** be submitted to medical, vision, prescription drug and/or dental coverage's before they can be considered under a Health Care Flexible Spending Account. Only the portion of the qualified expense that is not covered by any other coverage can be paid under a Health Care Flexible Spending Account. Qualified expenses include, but are not limited to:

- |   |  |
|---|--|
| Acupuncture   | HMO expenses   |
| Alcoholism Treatment  | Home Care  |
| Ambulance Costs   | Hospital Services  |
| Annual Physical Examination                                     | Infertility Treatment  |
| Artificial Limbs and Teeth                                      | In-Vitro Fertilization   |
| Birth Control Pills   | In Patient Therapy   |
| Body Scans  | Insulin Injections   |
| Braille Books and Magazines (the added costs of a regular book) | Insurance Premiums (Medicare Part B)   |
| Breast Pumps and supplies                                       | Laboratory Fees  |
| Breast reconstruction Surgery                                   | Lasik Eye Surgery (laser eye surgery)  |
| Capital Expenses  | Lamaze Classes (mother only)   |
| Car Controls for Handicapped                                    | Lead Based Paint Removal   |
| Chiropractic Care   | Severe Learning Disabilities (tuition of fees for special schools if severely handicapped)                             |
| Christian Science Practitioner                                  | Legal Abortions  |
| Contact Lens Solutions and Cleaners                             | Lifetime Care-Advanced Payments  |
| Contact Lenses  | Long-term Care   |
| Co-insurance  | Medical Information Plan   |
| Co-pays   | Mental Nervous Disorder  |
| Crutches  | Nursing Homes  |
| Deductibles   | Nursing Services (excluding well-care)   |
| Dental Bridges  | Obstetrical Expenses   |
| Dental Exams & Cleaning   | Operation if medically necessary   |
| Dental Fees   | Optometrist  |
| Dental Implants   | Organ Donor  |
| Dentures  | Orthodontic Treatment  |
| Diagnostic Tests  | Osteopath  |
| Drug and Alcoholism Treatment                                   | Over the Counter <u>Medicines and Drugs</u><br>(Accompanied with a physician's prescription)                           |
| Eye Examinations  | Over the Counter <u>Products</u> that are <u>not</u><br>Medicines or Drugs<br>(i.e. band aids, contact lens solutions) |
| Eyeglasses  | Oxygen   |
| Eye Surgery   | Periodontal Fees   |
| Fertility Enhancement   |  |
| Guide Dog (purchase, training and maintenance)                  |  |
| Health Institute  |  |
| Hearing Devices & Batteries                                     |  |
| Hearing Treatment   |  |

Pregnancy Test Kit  
Prescription Drugs  
Prosthesis  
Psychiatric Care  
Psychoanalysis  
Psychologist Fees  
Radial Keratotomy  
Smoking Cessation Programs  
Sterilization  
Surgery

Therapy  
Transplants of Organs  
Transportation for Medical Care  
Vaccinations  
Vasectomy  
Weight Loss Program  
Walkers  
Wheelchairs  
Wig  
X-ray