SIMPLYHRA | QUICK REFERENCE

CHOICE (ICHRA) Eligible Expenses Quick Reference

At-a-glance eligibility chart for premiums, IRC Section 213(d) expenses, dual-purpose items, and receipt rules -- Reviewed November 2026

Category	Eligibility Status	Key Rules & Common Examples
Individual Medical Premiums	**Eligible** (All CHOICE / ICHRA plans)	Monthly Marketplace (on-exchange), off-exchange individual major medical policies, Medicare Parts A+B or Part C, and Medigap premiums when allowed by the written plan.
Dental & Vision Premiums	**Plan-Dependent**	Eligible if included in the employer's written CHOICE (ICHRA) plan. Standalone dental or vision coverage alone does not qualify an employee for an ICHRA.
Out-of-Pocket Medical Care	**Plan-Dependent** (IRC Section 213(d))	Reimbursable only if the plan permits Section 213(d) expenses beyond premiums: doctor copays, deductibles, coinsurance, urgent care, ER, therapy, lab work, and imaging.
Prescriptions, Dental & Vision Care	**Plan-Dependent** (IRC Section 213(d))	Prescription drugs, insulin, eligible OTC drugs and menstrual products, dental cleanings/fillings/orthodontia, eye exams, glasses, contacts, and corrective surgery.
Dual-Purpose Items	**Documentation Required**	Weight-loss programs, ergonomic gear, orthopedic supports, or specialized supplements require a physician's Letter of Medical Necessity (LMN) diagnosing a specific condition.
Excluded Expenses	**Not Eligible**	Gym memberships, general toiletries, cosmetic surgery, short-term medical or health-sharing plans, expenses outside coverage months, and double-dipped claims.

Five-Point Itemized Receipt Checklist (IRS IRC Section 105(b))

Every medical reimbursement submission must show all five elements -- card authorizations without itemization will be rejected under audit standards:

1. **Patient name:** Employee or covered dependent listed under the policy.
2. **Provider or merchant:** Full legal or storefront name of clinic, doctor, or pharmacy.
3. **Service or item description:** Specific CPT/service label, Rx name, or product name.
4. **Date of service:** Date care occurred (must fall within an active CHOICE coverage month).
5. **Net dollar amount:** Patient responsibility amount after any carrier adjustments (cannot exceed available HRA balance).

No Double Dipping: An expense already paid by insurance, an FSA, an HSA, or another party cannot be reimbursed tax-free through your CHOICE (ICHRA) allowance.