

FSA Worksheet

ESTIMATED UNREIMBURSED HEALTH CARE EXPENSES

ANNUAL AMOUNT

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Medical

Deductibles \$ _____
 Coinsurance payments* _____

The following types of *unreimbursed* medical care:

Well-baby care _____
 Doctor's Office Visits _____
 Physicals/Annual checkups _____
 Immunizations _____
 Prescription drugs _____
 Contraceptives _____
 Insulin _____
 Laboratory tests _____
 Splints, supports, corrective devices _____
 Therapy treatments (medical reasons only) _____
 Over-the-Counter Medicine _____
 Other Expenses _____

Dental

Deductibles \$ _____
 Coinsurance payments* _____

The following types of *unreimbursed* dental care:

Fillings/crowns/bridges _____
 X-rays _____
 Cleaning _____

***Remember any coordination of benefits with another group plan which may reduce your out-of-pocket expenses.**

Dental (cont.)

Fluoride treatments \$ _____
 Dentures _____
 Orthodontia (Based upon expenses incurred for upcoming plan year) _____

Vision

Deductibles \$ _____
 Coinsurance payments* _____

The following types of *unreimbursed* vision care:

Examinations _____
 Lenses _____
 Frames _____
 Contact Lenses & solutions _____
 Laser eye surgery _____

Total Annual Unreimbursed Health Care Expenses (cannot exceed your plan's maximum.)

\$ _____

Estimated Dependent Day Care Expenses (necessary for you and your spouse to work)

ANNUAL AMOUNT

Child care/Day care centers \$ _____
 Child care in home _____
 After-school care _____
 Pre-school _____
 Care of other dependents _____

Total Annual Dependent Care Expenses (cannot exceed \$5,000 per family per calendar year, or earned income of employee or spouse, whichever is less.)

\$ _____



Examples of Eligible Expenses

Acupuncture **
Alcoholism treatment
Ambulance
Artificial limbs
Artificial teeth
Birth control pills
Braille books and magazines
Breast reconstruction surgery after mastectomy
Chiropractors **
Coinsurance amounts and deductibles
Contact lenses, solutions and cleaners
Crutches
Dental treatment*
Dermatologists*
Eyeglasses (prescription); including prescription sunglasses, vision exams
Hearing devices and batteries
Hospital services
Immunizations
Infertility treatments
Insulin
Laboratory/diagnostic fees
Language training for child with dyslexia or disabled child
Laser eye surgery
Learning disability
Massage therapy **
Norplant insertion or removal
Occlusal guards to prevent teeth grinding
Orthodontia (contact Infinisource for needed documentation)
Over-the-counter medicine
Oxygen
Pap smears
Physical therapy **
Pregnancy test—over-the-counter
Prescription drugs
Prosthesis
Psychiatric care
Psychologist
Radial keratotomy
Seeing-eye dog
Smoking cessation products
Sterilization
TMJ related treatments
Viagra
Wheelchair
X-ray fees

Examples of Ineligible Expenses

Burial expenses
Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
Dancing lessons
Diapers or diaper service
Ear piercing
Electrolysis (see cosmetic procedures above)
Exercise equipment
Face lifts (see cosmetic procedures)
Feminine Hygiene Products
Fitness programs
Funeral expenses
Hair transplant (see cosmetic procedures above)
Health club dues
Holistic or natural remedies
Illegal operations and treatments
Items paid or payable by insurance
Items you intend to claim as a credit for federal tax purposes
Lay-a-way of any type
Marriage counseling
Maternity clothes
Meals
Naturopathic drugs
Non-prescription sunglasses (sunclips)
Nursing care for a normal, healthy baby
Overnight camp (Dependent Care)
Over-the-counter vitamins and dietary supplements
Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
Pre-payments of any type
Rogaine (see cosmetic procedures above)
Safety glasses (unless prescription)
Swimming lessons
Tanning salons and equipment
Teeth whitening or bleaching (even if as a result of a congenital defect)
Toothbrushes (even if recommended of a dentist)
Vision discount programs or warranty charges
Weight loss programs and drugs (unless specific medical necessity)

**Unless strictly for cosmetic reasons*

*** Letter of medical necessity from a licensed physician required*

Allowable expenses must be considered "medical care." The definition of "medical care" would need to include amounts paid "for the diagnosis, cure, mitigation, treatment or prevention of disease, or for the purpose of affecting any structure or function of the body."

Medical care must be "for the diagnosis, cure, mitigation, treatment or prevention of disease." "Diagnosis" means using any procedure to find out whether an individual has a disease or dysfunction. Hearing, vision and blood tests are examples of diagnostic tests. "Cure" means a medical treatment or drug used to restore health such as using chemotherapy to cure cancer. For care to be "mitigation", it must make a medical condition less harsh or severe, such as a wheelchair if the participant has multiple sclerosis or a seeing-eye dog for a blind person. "Prevent" requires that the care involve the prevention of possible disease, illness or defect.

Expenses are to be "confined strictly to expenses incurred for the prevention or alleviation of a physical or mental defect or illness." The following are specific examples the IRS provides to satisfy this requirement: (1) X-rays; (2) hospital services; (3) medicine and drugs; (4) nursing services; (5) ambulance service; (6) artificial teeth and limbs.