

FSA Worksheet

ESTIMATED UNREIMBURSED HEALTH CARE EXPENSES	ANNUAL AMOUNT		ANNUAL AMOUNT
Medical		Dental (cont.)	
Deductibles	\$ _____	Fluoride treatments	\$ _____
Coinsurance payments*	_____	Dentures	_____
		Orthodontia <small>(Based upon expenses incurred for upcoming plan year)</small>	_____
The following types of <i>unreimbursed</i> medical care:			
Well-baby care	_____	Vision	\$ _____
Doctor's office visits	_____	Deductibles	_____
Physicals/annual checkups	_____	Coinsurance payments*	_____
Immunizations	_____	The following types of <i>unreimbursed</i> vision care:	
Prescription drugs	_____	Examinations	_____
Contraceptives	_____	Lenses	_____
Insulin	_____	Frames	_____
Laboratory tests	_____	Contact lenses and solutions	_____
Splints, supports, corrective devices	_____	Laser eye surgery	_____
Therapy treatments (medical reasons only)	_____		
Over-the-counter medicine	_____	Total Annual Unreimbursed Health Care Expenses (cannot exceed your plan's maximum.)	\$ _____
Other expenses	_____		
_____	_____		
_____	_____		

Dental		Estimated Dependent Day Care Expenses (necessary for you and your spouse to work)	ANNUAL AMOUNT
Deductibles	\$ _____	Child care/day care centers	\$ _____
Coinsurance payments*	_____	Child care in home	_____
The following types of <i>unreimbursed</i> dental care:		After-school care	_____
Fillings/crowns/bridges	_____	Preschool	_____
X-rays	_____	Care of other dependents	_____
Cleaning	_____		
*Remember any coordination of benefits with another group plan which may reduce your out-of-pocket expenses.		Total Annual Dependent Day Care Expenses (Cannot exceed \$5,000 per family, per calendar year, or earned income of employee or spouse, whichever is less.)	\$ _____

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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
 Lodging (\$50 per night; medical reasons)
 Massage therapy (medical necessity)
 Norplant insertion or removal
 Nursing services
 Nutritionist's expenses (medical necessity)
 Occlusal guards to prevent teeth grinding
 Orthodontia
 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 programs
 Sterilization
 TMJ related treatments
 Transplants
 Travel expenses (mileage; air fare) as long as for medical care
 Viagra
 Wheelchair
 Wigs (medical reasons only)
 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, unless prescribed by a physician for a specific medical condition
 Face lifts (see cosmetic procedures)
 Fitness programs for general health
 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
 Marriage counseling
 Maternity clothes
 Meals – yes, if paid for meals at a hospital or similar institution when receiving inpatient care; no, for Dependent care
 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
 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)
 Vision discount programs or warranty charges
 Weight loss programs and drugs (unless specific medical necessity)

**Unless strictly for cosmetic reasons*

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.