

# FSA Worksheet

<b>ESTIMATED UNREIMBURSED HEALTH CARE EXPENSES</b>	<b>ANNUAL AMOUNT</b>			<b>ANNUAL AMOUNT</b>
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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 and 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)

Child care/day care centers \$ \_\_\_\_\_

Child care in home \_\_\_\_\_

After-school care \_\_\_\_\_

Preschool \_\_\_\_\_

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  
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.