

## Worksheet for Medical/Dental/Vision Expenses

Use this worksheet to estimate your reimbursement of “out-of-pocket” medical, dental and vision expenses for the year. Remember:

- You can include unreimbursed expenses for spouse and dependents.
  - This is only a partial list from the “List of Eligible Expenses.”
  - See IRS publication 502 “Medical and Dental Expenses” for specifics on what the IRS allows.
  - Focus on the kinds of expenses you and your family normally have or have scheduled for the upcoming year.
- Remember – you will not get a refund of unused money that remains in your account. It’s better to be slightly conservative when determining the total deduction amount.

|  |          |
|--|----------|
| Acupuncture  | \$ _____ |
| Chiropractic care  | \$ _____ |
| Contact lenses and solutions                             | \$ _____ |
| Co-insurance   | \$ _____ |
| Co-payments for office visits                            | \$ _____ |
| Co-payments for prescriptions                            | \$ _____ |
| Deductibles  | \$ _____ |
| Dental care expenses (routine)                           | \$ _____ |
| Dental care expenses (fillings/other services )          | \$ _____ |
| Eyeglasses and prescription sunglasses                   | \$ _____ |
| Fitness club membership if necessary for medical reasons | \$ _____ |
| Fitness equipment if necessary for medical reasons       | \$ _____ |
| Hearing Aids   | \$ _____ |
| Immunizations and inoculations                           | \$ _____ |
| Infertility treatment including in-vitro fertilization   | \$ _____ |
| Laser eye surgery  | \$ _____ |
| Orthodontic expenses                                     | \$ _____ |
| “Over the counter” eligible items                        | \$ _____ |
| Psychiatric treatment/counseling                         | \$ _____ |
| Other  | \$ _____ |
| Total expenses:  | \$ _____ |

### “Over the Counter” products for Section 125 Health Care Reimbursement Accounts

Drugs & Medicines sold "over the counter" such as aspirin, cold medicine, bacitracin etc.

are now eligible for reimbursement through your Section 125 Plan effective January 1, 2020.

### Not Eligible for reimbursement (partial list)

|                        |              |                           |                           |
|------------------------|--------------|---------------------------|---------------------------|
| Baby wipes & diapers   | Dental floss | Ear treatments            | Toothpaste                |
| Moisturizers & powders | Deodorants   | Mouthwash                 | Vitamins (general health) |
| Shampoo                | Soap         | Teeth whitening/bleaching |                           |

Call ABS at 1-877-732-8125 with any questions.

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