

FSA WORKSHEET

ESTIMATED UNREIMBURSED HEALTH CARE EXPENSES

	Annual Amount
Medical	
Deductibles	\$ _____
Coinsurance payments*	_____
Office visit co-payments	_____
Doctor's office visits	_____
Well-baby care	_____
Physicals/Annual checkups	_____
Pap smears	_____
Immunizations	_____
Prescription Drugs	_____
Contraceptives	_____
Over-the-counter Drugs (written doctor's prescription only)	_____
Over-the-counter Items (no Rx required (band aids, sunscreen)	_____
Laboratory tests	_____
Splints, supports, corrective devices	_____
Hearing devices	_____
Therapy treatments (medical reasons only)	_____
Other expenses (name)	_____
_____	_____
_____	_____
_____	_____

Dental

Deductibles	\$ _____
Coinsurance payments*	_____
Fillings/crowns/bridges	_____

Dental (Cont'd.)

X-rays	\$ _____
Cleaning	_____
Fluoride treatments	_____
Dentures	_____
Orthodontia	_____

Vision

Deductibles	_____
Coinsurance payments*	_____
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	_____
Preschool	_____
Care of other dependents	_____

TOTAL ANNUAL DEPENDENT DAY CARE EXPENSES

(Cannot exceed \$5,000 per calendar year if single or married filing joint return or \$2,500 per calendar year if married and filing separate tax returns, or earned income of employee or spouse, whichever is less.)

\$ _____

**Please keep in mind any coordination of benefits with another group plan which would reduce your out-of-pocket expenses.*

Eligible Expenses

Acupuncture
Alcoholism treatment
Ambulance
Artificial teeth
Birth control pills
Braille books and magazines
Breast pumps & supplies
Chiropractors
Coinsurance amounts and deductibles
Contact Lenses, solutions and cleaners
Crutches
Dental treatment*
Dermatologists*
Eyeglasses (prescription); vision exams
Guide dog or other animal aide
Hearing devices and batteries
Hospital services
Immunizations (including flu shots)
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)
Mental health care
Norplant insertion or removal
Nutritionist's expenses (medical necessity)
Occlusal guards to prevent teeth grinding
Office visit and urgent care visit co-pays
Orthodontia
Over-the-counter drugs (with doctor's written prescription dated prior to purchase only)
Oxygen
Pap smears
Physical therapy
Prescription drugs*
Prosthesis
Radial keratotomy
Smoking cessation programs
Sterilization
TMJ related treatments
Transplants
Travel expenses (mileage @ IRS-approved rate; air fare) medical care only
Wheelchair
Wigs (medical reasons only)
X-ray fees

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)
Exercise equipment, unless prescribed for a specific medical condition
Face lifts (see cosmetic procedures)
Fitness programs for general health
Funeral expenses
Hair transplant (see cosmetic procedures)
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 – but, yes if paid for meals at a hospital or similar institution when receiving inpatient care; no for Dependent Care
Non-prescription sunglasses (sunclips)
Nursing care for a normal, healthy baby
Nutritional supplements
Over-the-counter drugs (without doctor's written prescription)
Overnight camp (Dependent Care)
Premiums for group health coverage maintained through spouse's employer or individual insurance premiums
Rogaine (see cosmetic procedures)
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
Vitamins (over-the-counter)
Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

**unless strictly for cosmetic reasons*