

## HEALTH CARE EXPENSES

Expenses include medical, prescription, hearing, dental, vision and over-the-counter health care products for you or your qualifying spouse or children. Qualifying expenses are those incurred for treatment of a current or imminent medical condition. Cosmetic related expenses are eligible only for treatment of birth defects, accidents and/or disease. For more information, visit [ASIFlex.com](https://www.asiflex.com) Useful Links to view “Eligible Expenses” and IRS Publication 502-Medical and Dental Expenses.

|                                                                     |                                                            |                                                                                               |                                                                                  |
|---------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Acne treatments                                                     | Eye exams & prescription eyeglasses                        | Midwife fees                                                                                  | Sanitizing wipes for COVID-19                                                    |
| Acupuncture                                                         | External pain relievers                                    | Mileage incurred to seek health care                                                          | Sleep aids & sleep apnea treatment                                               |
| Allergy medicines                                                   | Eye drops                                                  | Motion sickness aids & wristbands                                                             | Smoking cessation programs & medicines                                           |
| Antacids & acid controllers                                         | Eyeglass lens cleaners                                     | Nasal spray & strips                                                                          | Speech therapy                                                                   |
| Anti-fungal treatments                                              | Face masks for COVID-19                                    | Nicotine gum & patches                                                                        | Stomach & digestive aids                                                         |
| Anti-itch treatments                                                | Fertility enhancement & treatments*                        | Nursing services                                                                              | Substance abuse treatment if physician ordered for alcoholism or drug dependency |
| Antiparasitic & lice treatments                                     | Fever & pain relievers                                     | OB/GYN services (based on date of birth, does not include prepaid fees)                       | Sunglasses, prescription                                                         |
| Artificial limbs or teeth                                           | First aid kits, first aid treatments & supplies            | Occlusal guards                                                                               | Sunscreen 15+ SPF & broad spectrum                                               |
| Aspirin & baby aspirin                                              | Glucosamine supplements Guide dog; or service animal*      | Operations                                                                                    | Sports physicals                                                                 |
| Athletic braces & supports                                          | Hand sanitizers for COVID-19                               | Ophthalmologist fees                                                                          | Surgical fees                                                                    |
| Baby monitors, thermometers & nasal aspirators                      | Hearing exams, aids/devices & batteries                    | Optometrist fees                                                                              | Sterilization fees                                                               |
| Bandages, tape & gauze                                              | Heating pads & hot/cold packs                              | Oral pain relievers                                                                           | Telephone for disability or impairment                                           |
| Birth control and contraceptives                                    | Hemorrhoidal treatments                                    | Orthopedic & surgical supports such as splints, slings, back and neck supports & joint braces | Therapy for medical conditions                                                   |
| Blood pressure monitors                                             | Home diagnostic kits                                       | Orthotics such as insoles & arch supports                                                     | Thermometers                                                                     |
| Body scans                                                          | Home medical equipment                                     | Osteopath fees                                                                                | Transplants                                                                      |
| Braille books & magazines                                           | Hospital services                                          | Over-the-counter drugs & medicines                                                            | Travel expenses to seek health care                                              |
| Breast pumps & accessories                                          | Immunizations                                              | Over-the-counter health care products                                                         | Vaccinations                                                                     |
| Breast reconstruction                                               | Incontinence products, catheters & ostomy supplies         | Oxygen & equipment                                                                            | Vaporizers                                                                       |
| Callus & corn removers                                              | Infertility treatments*                                    | Pain relievers                                                                                | Vasectomy                                                                        |
| Chest rubs                                                          | Insulin & diabetic supplies                                | Physical examinations                                                                         | Vision care                                                                      |
| Children's cold & allergy medicines                                 | Laboratory & diagnostic fees                               | Physical therapy                                                                              | Vision correction surgery                                                        |
| Chiropractor fees                                                   | Lactation expenses                                         | Physician services                                                                            | Walking aids, canes, crutches & walkers                                          |
| Cold sore treatments                                                | Language training, e.g. for dyslexia*                      | Pill holders & cutters                                                                        | Wart removers                                                                    |
| Concierge medical care (amount billed for service, not annual fees) | Laser eye surgery                                          | Pregnancy & fertility test kits                                                               | Weight loss program for medical condition* (does not include diet foods)         |
| Contact lenses, solutions & cleaners                                | Laxatives                                                  | Prenatal vitamins                                                                             | Wheelchairs                                                                      |
| Copays, coinsurance & deductibles                                   | Learning disability treatments*                            | Prescription drugs & medicines                                                                | Wigs*                                                                            |
| Cough, cold & flu medicines                                         | Lip balm 15+ SPF & broad spectrum                          | Prosthesis                                                                                    | X-ray fees                                                                       |
| Dental treatments, fillings, crowns, bridges & implants             | Massage therapy*                                           | Psychiatric care fees                                                                         |                                                                                  |
| Dentures, adhesives & cleaners                                      | Medical conferences*                                       | Psychoanalysis fees                                                                           |                                                                                  |
| Diabetic supplies & test strips, etc.                               | Medical monitoring & testing devices                       | Psychologist fees                                                                             |                                                                                  |
| Diagnostic services & devices                                       | Menstrual care products, tampons, pad, cups & liners. etc. | Reading glasses                                                                               |                                                                                  |
| Diaper rash cream                                                   |                                                            | Sales tax, shipping & handling fees for medical supplies                                      |                                                                                  |
| Durable medical equipment                                           |                                                            |                                                                                               |                                                                                  |
| Ear drops & wax removers                                            |                                                            |                                                                                               |                                                                                  |

## DEPENDENT CARE EXPENSES

Child or adult day care services while you and your spouse (if married) are working. For more information, visit [ASIFlex.com](https://www.asiflex.com) Useful Links to view Eligible Expenses and IRS Publication 503-Child and Dependent Care Expenses.

|                                        |                                        |                        |
|----------------------------------------|----------------------------------------|------------------------|
| Adult, elder or senior day care center | Child day care center                  | Nursery school         |
| Au pair services                       | Day camp expenses (not overnight camp) | Registration fees      |
| Babysitting services                   | Late pick-up fees                      | Sick child care center |
| Before- or after-school care           | Nanny services                         |                        |

\* Some items may require additional documentation such as a letter of medical necessity from your health care provider, or additional information for capital expenditures or specialized items. Visit [ASIFlex.com](https://www.asiflex.com) Useful Links to view Eligible Expenses and IRS Publication 502-Medical and Dental Expenses.

# Expense Worksheet



Use this worksheet to estimate your expenses and plan only for recurring and predictable expenses, or for planned surgery or treatments you will incur during the plan year.

## Health Care Worksheet

| Medical                      | Amount          |
|------------------------------|-----------------|
| Copays, deductibles          | \$ _____        |
| Physician visits             | \$ _____        |
| Prescription & OTC medicines | \$ _____        |
| Over-the-Counter items       | \$ _____        |
| Diabetic supplies            | \$ _____        |
| Chiropractic treatments      | \$ _____        |
| Hearing exams                | \$ _____        |
| Hearing aids & batteries     | \$ _____        |
| Mileage                      | \$ _____        |
|                              |                 |
| Dental                       |                 |
| Fillings                     | \$ _____        |
| Crowns                       | \$ _____        |
| Bridges                      | \$ _____        |
| Dentures & cleaners          | \$ _____        |
| Oral surgery                 | \$ _____        |
| Orthodontia                  | \$ _____        |
| Mileage                      | \$ _____        |
|                              |                 |
| Vision                       |                 |
| Prescription eyeglasses      | \$ _____        |
| Prescription sunglasses      | \$ _____        |
| Reading glasses              | \$ _____        |
| Contact lenses               | \$ _____        |
| Contact cleaners             | \$ _____        |
| Laser eye surgery            | \$ _____        |
| Mileage                      | \$ _____        |
|                              |                 |
| <b>TOTAL</b>                 | <b>\$ _____</b> |

## Dependent Care Worksheet

| Month        | Amount          |
|--------------|-----------------|
| Month 1      | \$ _____        |
| Month 2      | \$ _____        |
| Month 3      | \$ _____        |
| Month 4      | \$ _____        |
| Month 5      | \$ _____        |
| Month 6      | \$ _____        |
| Month 7      | \$ _____        |
| Month 8      | \$ _____        |
| Month 9      | \$ _____        |
| Month 10     | \$ _____        |
| Month 11     | \$ _____        |
| Month 12     | \$ _____        |
|              |                 |
| <b>TOTAL</b> | <b>\$ _____</b> |



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