

# FSA WORKSHEET

## ESTIMATED UNREIMBURSED HEALTH CARE EXPENSES

	Annual Amount		Annual Amount
<b>Medical</b>		<b>Dental (Cont'd.)</b>	
Deductibles	\$ _____	X-rays	\$ _____
Coinsurance payments*	_____	Cleaning	_____
Office visit co-payments	_____	Fluoride treatments	_____
Doctor's office visits	_____	Dentures	_____
Well-baby care	_____	Orthodontia	_____
Physicals/Annual checkups	_____		
Pap smears	_____	<b>Vision</b>	
Immunizations	_____	Deductibles	_____
Prescription Drugs	_____	Coinsurance payments*	_____
Contraceptives	_____	Examinations	_____
Over-the-counter Drugs	_____	Lenses	_____
(prescription only eff. 1/1/11)	_____	Frames	_____
Laboratory tests	_____	Contact Lenses & Solutions	_____
Splints, supports, corrective devices	_____	Laser Eye Surgery	_____
Hearing devices	_____		
Therapy treatments (medical reasons only)	_____	<b>TOTAL ANNUAL UNREIMBURSED HEALTH CARE EXPENSES</b>	\$ _____
Other expenses (name)	_____	(Cannot exceed your plan's maximum.)	
_____	_____	<b>ESTIMATED DEPENDENT DAY CARE EXPENSES</b> (necessary for you and your spouse to work)	<b>Annual Amount</b>
_____	_____	Child care/Day care centers	\$ _____
_____	_____	Child care in home	_____
		After-school care	_____
		Preschool	_____
		Care of other dependents	_____
<b>Dental</b>		<b>TOTAL ANNUAL DEPENDENT DAY CARE EXPENSES</b>	\$ _____
Deductibles	\$ _____	(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.)	
Coinsurance payments*	_____		
Fillings/crowns/bridges	_____		

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

## ***Eligible Expenses***

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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)  
Norplant insertion or removal  
Nutritionist's expenses (medical necessity)  
Occlusal guards to prevent teeth grinding  
Orthodontia  
Over-the-counter drugs (with doctor's written prescription only eff. 1/1/11)  
Oxygen  
Pap smears  
Physical therapy  
Prescription drugs\*  
Prosthesis  
Psychiatric care  
Psychologist  
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***

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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 eff. 1/1/11)  
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*