

# FSA Worksheet

## Estimated Unreimbursed Health Care Expenses

Annual Amount

Annual Amount

### 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 \_\_\_\_\_  
 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) **Annual Amount**

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.) \$ \_\_\_\_\_

\*Remember any coordination of benefits with another group plan which may reduce your out-of-pocket expenses.

\* Beginning January 1, 2011, over-the-counter medicines or drugs will not be eligible for reimbursement under Health Flexible Spending Accounts (FSA) or Health Reimbursement Arrangements (HRA) without a doctor's Prescription.



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# Know Your Health Care FSA/HRA Eligible Expenses

## Maximize the Value of Your Reimbursement Account

Your Health Care Flexible Spending Account (FSA) and/or Health Reimbursement Arrangement (HRA) dollars can be used for a variety of out-of-pocket health care expenses. The following is based on a list of eligible and ineligible expenses created by the IRS.

### Eligible Expenses

#### BABY/CHILD TO AGE 13

- Lactation consultant\*
- Lead-based paint removal
- Special formula\*
- Tuition: Special school/teacher for disability or learning disability\*
- Well baby/well child care

#### DENTAL

- Dental x-rays
- Dentures and bridges
- Exams and teeth cleaning
- Extractions and fillings
- Oral surgery
- Orthodontia
- Periodontal services

#### EYES

- Eye exams
- Eyeglasses and contact lenses
- Laser eye surgeries
- Prescription sunglasses
- Radial keratotomy

#### HEARING

- Hearing aids and batteries
- Hearing exams

#### LAB EXAMS/TESTS

- Blood tests and metabolism tests
- Body scans
- Cardiograms
- Laboratory fees
- X-rays

#### MEDICAL EQUIPMENT/SUPPLIES

- Air purification equipment\*
- Arches and orthotic inserts
- Contraceptive devices
- Crutches, walkers, wheel chairs
- Exercise equipment\*
- Hospital beds\*
- Mattresses\*
- Medic alert bracelet or necklace
- Nebulizers
- Orthopedic Shoes\*
- Oxygen\*
- Post-mastectomy clothing
- Prosthetics
- Syringes
- Wigs\*

#### MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and drug/substance abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility enhancement and treatment
- Hair loss treatment\*
- Hospital services
- Immunization
- In vitro fertilization
- Physical examination (not employment-related)
- Reconstructive surgery (due to a congenital defect, accident, or medical treatment)
- Service animals
- Sterilization/sterilization reversal
- Transplants (including organ donor)
- Transportation\*

#### MEDICATIONS

- Insulin
- Prescription drugs

#### OBSTETRICS

- Doulas\*
- Lamaze class
- OB/GYN cxams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre and postnatal treatments

#### PRACTITIONERS

- Allergist
- Chiropractor
- Christian science practitioner
- Dermatologist
- Homeopath
- Naturopath\*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or psychologist

#### THERAPY

- Alcohol and drug addiction
- Counseling (not marital or career)
- Exercise programs\*
- Hypnosis
- Massage\*
- Occupational
- Physical
- Smoking cessation programs\*
- Speech
- Weight loss programs\*

#### HRA ELIGIBLE

- Insurance premiums
- Long-term care premiums

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (\*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.



# Know Your Health Care FSA/HRA Ineligible Expenses

The IRS does not allow the following expenses to be reimbursed under Health Care FSAs or HRAs, as they are not prescribed by a physician for a specific ailment.

## Ineligible Expenses

- Contact lens or eyeglass insurance
- Cosmetic surgery/procedures
- Electrolysis
- Insurance premiums and interest (FSA ineligible only)
- Long-term care premiums (FSA ineligible only)
- Marriage or career counseling
- Personal trainers
- Sunscreen (SPF less than 30)
- Swimming lessons

*Note: This list is not meant to be all-inclusive.*

Please Note: The IRS does NOT allow Over-the-Counter (OTC) medicines or drugs to be purchased with Health Care FSA or HRA funds unless accompanied by a prescription and the prescription is filled by a pharmacist. If you have an OTC prescription, you can use your benefits card for these purchases.

## Ineligible Over-the-Counter Medicines and Drugs (unless prescribed in accordance with state laws)

- Acid controllers
- Acne medications
- Allergy & sinus
- Antibiotic products
- Antifungal (foot)
- Antiparasitic treatments
- Antiseptics & wound cleansers
- Anti-diarrheals
- Anti-gas
- Anti-itch & insect bite
- Baby rash ointments & creams
- Baby teething pain
- Cold sore remedies
- Contraceptives
- Cough, cold & flu
- Denture pain relief
- Digestive aids
- Ear care
- Eye care
- Feminine antifungal & anti-itch
- Fiber laxatives (bulk forming)
- First aid burn remedies
- Foot care treatment
- Hemorrhoidal preps
- Homeopathic remedies
- Incontinence protection & treatment products
- Laxatives (non-fiber)
- Medicated nasal sprays, drops & inhalers
- Medicated respiratory treatments & vapor products
- Motion sickness
- Oral remedies or treatments
- Pain relief (includes aspirin)
- Skin treatments
- Sleep aids & sedatives
- Smoking deterrents
- Stomach remedies
- Unmedicated nasal sprays, drops & inhalers
- Unmedicated vapor products

OTC items that are not medicines or drugs remain eligible for purchase with FSAs and HRAs. You can use your benefits card for these items.

## Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- **Baby Electrolytes and Dehydration**  
Pedialyte, Enfalyte
- **Contraceptives**  
Unmedicated condoms
- **Denture Adhesives, Repair and Cleansers**  
PoliGrip, Benzodent, Plate Weld, Efferdent
- **Diabetes Testing and Aids**  
Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products
- **Diagnostic Products**  
Thermometers, blood pressure monitors, cholesterol testing
- **Ear Care**  
Unmedicated ear drops, syringes,
- **Elastics/Athletic Treatments**  
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts
- **Eye Care**  
Contact lens care
- **Family Planning**  
Pregnancy and ovulation kits
- **First Aid Dressings and Supplies**  
Band Aid, 3M Nexcare, non-sport tapes
- **Foot Care Treatment**  
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles
- **Glucosamine &/or Chondroitin**  
Osteo Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements
- **Hearing Aid/Medical Batteries**
- **Home Health Care** (limited segments)  
Ostomy, walking aids, decubitis/pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, splints & casts, hydrocollators, nebulizers, electrotherapy products, catheters, unmedicated wound care, wheel chairs
- **Incontinence Products**  
Attends, Depend, GoodNites for juvenile incontinence, Prevail
- **Prenatal Vitamins**  
Stuart Prenatal, Nature's Bounty Prenatal Vitamins
- **Reading Glasses and Maintenance Accessories**

