

FLEXIBLE SPENDING REIMBURSEMENT ACCOUNT WORKSHEET

You may find it helpful to review your out-of-pocket expenses for the past year by using this worksheet. Estimate your non-reimbursed health care expenses for the coming plan year.

	Expenses for Last Year	Estimated for Next Year
MEDICAL		
Deductibles, co-pays, and/or coinsurance plus out of pocket costs not paid by insurance	_____	_____
Other eligible health care expenses not paid by insurance	_____	_____
DENTAL		
Deductibles, co-pays and expenses not covered by insurance including orthodontia	_____	_____
VISION CARE	_____	_____
HEARING CARE	_____	_____
DEPENDENT DAY CARE EXPENSES	_____	_____
	Estimated expenses for coming year	_____

BE CONSERVATIVE!! Tax regulations require that unused balances in your account be forfeited.

Some examples of health care and dependent day care expenses that are and are not eligible for reimbursement are as follows:

Expenses That Are Eligible

All charges in excess of "reasonable and customary" charges
 Charges for "preexisting" conditions
 Prescription Drug Copay
 Dental & Orthodontia Services
 Vision Services and Products
 Over the Counter Medications
 If used to treat illness or injury
 Chiropractic Services
 Hearing Devices
 Orthopedic Fees
 Acupuncture Treatment
 Routine Physicals/Lab/X-ray
 Vitamins or Supplements by Prescription
 Or written referral from a Physician
 Experimental Medical Procedures
 Weight Loss Programs if prescribed by a doctor for a medical illness or condition
 Alcohol, Smoking Cessation and Drug Rehabilitation Programs
 Special Equipment for a Physical Problem
 Guide Dog expenses/Braille Books
 Television Audio Display for the deaf
 Lasik Eye Surgery

Expenses That Are Not Eligible

Marriage or Family Counseling
 Funeral Expenses
 Legal Fees
 Diaper Service
 Maternity Clothes
 Health Club Dues to maintain general health
 Vitamins
 Hot Tubs
 Life Insurance Premiums
 Premium Contribution to another Health Insurance Plan
 Massages, unless substantiated by a doctor stating they are medically necessary
 Anything Cosmetic in nature i.e. cosmetic surgery, teeth whitening
 Over the Counter Meds used for general health i.e. vitamins and supplements
 Weight Loss Programs for general health even if prescribed by a physician
 Herbal Supplements
 Private Schooling for a child 1st grade age and above
 Over Night Camps

Medical care refers to the diagnosis, cure, treatment, or prevention of disease or for the purpose of affecting any structure or function of the body.

Dependent day care expenses are those incurred to enable the employee (and spouse if applicable) to be gainfully employed. The spouse of a participant shall be considered gainfully employed if he/she is either earning income, a full time student, or is physically or mentally incapable of self care.

**Flexible Spending Account
Examples of Eligible Medical Expenses**

Your Health Care Reimbursement Flexible Spending Account lets you pay for medical care expenses not covered by your insurance plan with pre-tax dollars.

Eligible items must meet the definition of medical care under 213(d). Under this definition, "Medical care" means amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease or for the purpose of affecting any structure or function of the body. For example, the typical use of the item is to alleviate or treat personal injuries or sickness. Items that are merely beneficial to general health are not reimbursable. **The products and services listed below are examples of medical expenses eligible for payment under your Health Care Reimbursement FSA, to the extent that such services are not covered by your insurance plans.** This listing is not all-inclusive and additional expenses may qualify. The items listed below are subject to change in accordance with IRS regulations.

This document in no way represents your employer's Plan Document. Where there are inconsistencies, the Plan Document governs. Ask your Benefits Administrator or your tax consultant if you are unsure.

Dental Services	Other Medical Treatments or Procedures	Other Medical Equipment Supplies, and Services
✓ Crowns/Bridges	✓ Abortion (legal)	✓ Abdominal/Back Supports
✓ Dental Implants	✓ Acupuncture	✓ Acne Treatment
✓ Dental X-rays	✓ Alcoholism (inpatient treatment)	✓ Ambulance Services
✓ Dentures	✓ Drug Addiction	✓ Arches/Orthopedic Shoes
✓ Exams/Teeth Cleaning	✓ Hearing Exams	✓ Bactine, Calamine lotion
✓ Extractions	✓ Hospital Services	✓ Band-Aids, bandages, gauze pads
✓ Fillings	✓ Infertility	✓ Blood Pressure Monitoring devices
✓ Gum Treatment	✓ In-vitro Fertilization	✓ Braille Books and Magazines
✓ Occlusal Guard	✓ Lasik/Laser and Vision Correction	✓ Carpal Tunnel Wrist supports
✓ Oral Surgery	✓ Including prescription glasses	✓ Cold/hot packs for injuries
✓ Orthodontia/Braces	✓ Norplant Insertion or Removal	✓ Contact lens cleaning solution
✓ TMJ related expenses	✓ Patterning Exercises	✓ Contraceptives and Prescribed birth control
	✓ Physical Examination (if not employment related)	✓ Counseling
Insurance Related Items	✓ Physical /Occupational Therapy	✓ Crutches
✓ Copay Amounts	✓ Rolfing	✓ First aid cream
✓ Deductibles	✓ Smoking Cessation Programs	✓ First aid kits
✓ Pre-existing Condition Expenses (medical)	✓ Speech Therapy	✓ Guide Dog (for visually/hearing impaired person)
✓ Private Hospital Room Differential	✓ Sterilization	✓ Hearing Aids and Batteries
	✓ Transplants (including organ donor)	✓ Hospital Bed
Lab Exams/Tests	✓ Treatment for Handicapped	✓ Incontinence supplies
✓ Blood Tests	✓ Vaccinations/Immunizations	✓ Learning Disability (special school/teacher)
✓ Cardiographs	✓ Well Baby Care	✓ Liquid adhesive for small cuts
✓ Diagnostic		✓ Medic Alert Bracelet or Necklace
✓ Laboratory Fees	Over the Counter Drugs	✓ Muscle or joint pain products such as BenGay
✓ Metabolism Tests	✓ Allergy medicine	✓ Nasal Strips
✓ Spinal Fluid Tests	✓ Antacids	✓ Nicotine gum or patches for stop-smoking purposes
✓ Urine/Stool Analyses	✓ Anti-diarrhea medicine	✓ Ovulation Monitor
✓ X-rays	✓ Cold medicine	✓ Oxygen Equipment
	✓ Cough drops, throat lozenges, sinus medications, nasal sinus sprays	✓ Pregnancy test kits
Medications	✓ Diabetic Supplies	✓ Prosthesis
✓ Prescription Drugs	✓ Items that used to be a prescribed drug and now available over the counter	✓ Reading glasses
	✓ Laxatives	✓ Rubbing alcohol
Obstetric Services	✓ Menstrual cycle products for pain and cramp relief	✓ Special ointment or cream for sunburn
✓ Childbirth Classes (Lamaze)	✓ Motion sickness pills	✓ Splints/Casts
✓ Midwife Expenses	✓ Pain reliever	✓ Syringes
✓ OB/GYN Exams	✓ Pedialyte for ill child's dehydration	✓ Thermometers (ear or mouth)
✓ OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)	✓ Sleeping aids to treat occasional insomnia (note-if taken regularly will require medical practitioner's note)	✓ Transportation Expenses (essential to medical care) **
✓ Post-natal Treatment/Pre-natal Treatment	✓ Suppositories and creams for hemorrhoids	✓ Tuition Fee at Special School for Disabled Child
		✓ Visine and other such eye products
Practitioners		✓ Wart remover treatments
✓ Allergist		✓ Wheelchair
✓ Chiropractor		
✓ Christian Science		
✓ Dermatologist		
✓ Homeopath		
✓ Naturopath		
✓ Osteopath		
✓ Physician (licensed medical professional)		
✓ Psychiatrist / Psychologist		

** Reimbursed at government approved annual rate.

Over →

**Flexible Spending Account
Examples of Eligible Medical Expenses Continued**

Items that may be covered when accompanied by a medical practitioner's note must be used to treat a specific medical condition of limited duration.

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|---|---|---|
| ✓ Pills for persons who are lactose intolerant | ✓ Fiber supplements to treat a specific medical condition | ✓ Dietary or herbal medicines to treat a specific medical condition |
| ✓ Nasal sprays for snoring | ✓ Cosmetic Surgery-covered only when treating a congenital abnormality, a personal injury resulting from an accident or trauma or disfiguring disease | ✓ Sunscreen |
| ✓ Orthopedic shoes and inserts (for orthopedic shoes, you can only be reimbursed for the extra cost over buying non-orthopedic shoes) | ✓ Weight loss drugs to treat a specific disease | ✓ Prenatal vitamins |
| ✓ Capital Expenses | ✓ Medicated shampoos and soaps, unless prescribed by a medical practitioner for a specific scalp/skin infection | ✓ Support Hose |
| ✓ Equipment, supplies and materials relating to physical/mental handicaps. | | ✓ Wigs (hair loss due to disease) |
| ✓ Marriage Counseling | | ✓ Massage Therapy |
| | | ✓ Health Club monthly premium |
| | | ✓ Prescribed Medical and Exercise Equipment |
| | | ✓ Vitamins |

Claims substantiation: The participant must submit adequate claim substantiation. The receipt must state the name of the medicine or drug, the purchase date and the amount paid. Items must be purchased in reasonable quantities. (i.e. - cannot be for numerous bottles of aspirin). The participant must sign the reimbursement form indicating that the claim was for the individual, their spouse, or eligible dependent. Where a physician's note is required, it does not need to state the precise medical condition.

Items that are NOT eligible for reimbursement under a Health Care Spending Account:

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|---|---|--------------------------------------|
| ✓ Toothpaste or toothbrushes (electric or otherwise), even if a dentist recommends treating a condition | ✓ Suntan lotion | ✓ Toiletries |
| ✓ Burial Expenses | ✓ Cosmetics | ✓ Dietary supplements |
| ✓ Illegal operations, treatments and medications | ✓ Ear Piercing | ✓ Items paid or payable by insurance |
| | ✓ Maternity Clothes | ✓ Premiums for group health coverage |
| | ✓ Dental bleaching or any other teeth whitening | ✓ Personal hygiene products |

Orthodontic Claim Processing for FSA

The IRS recognizes reimbursement of expenses based on dates of service not on date of payment.

As orthodontia takes place over time, service dates are based on a monthly allowance and can only be applied to the months in the appropriate plan year as they occur. Full reimbursement of the expense cannot be made 'up front' even though some Orthodontists offer discounts for payment in full.

In order to figure the correct reimbursement allowance, please see the following formula example:

Total case rate:	\$ 4,000.00
Less total insurance liability	-\$ 1,500.00
Equals Patient responsibility	\$ 2,500.00
Less banding fee	-\$ 700.00 (Reimbursable)
Equals Contract remainder	\$ 1,800.00
Divided by months of treatment	÷ 18
Monthly reimbursement allowance	\$ 100.00 (Reimbursable monthly as requested)

Orthodontia: For orthodontic expenses, please submit a copy of the Truth in Lending Statement, orthodontia contract or financial agreement with your initial submission itemizing the treatment period, down payment, monthly payment amounts and the amount covered by insurance, if any. **NOTE: The plan cannot reimburse for future service or for the portion of treatment occurring in another plan year.**

Healthcare expenses that qualify for reimbursement

- Acupuncture
- Alcoholism, Smoking-cessation, Drug Abuse treatments and programs
- Ambulance
- Artificial limbs/teeth
- Chiropractors
- Christian Science practitioner's fees
- Contact lenses and solutions
- Copayments
- Crutches
- Deductibles
- Dental fees (cosmetic procedures not eligible)
- Dentures
- Diagnostic fees
- Drug and medical supplies
- Eyeglasses prescribed by your doctor
- Eye examination fees
- Eye surgery (cataracts, LASIK, etc.)
- Guide dogs, braille books
- Hearing devices and batteries
- Home health care
- Hospital bills
- Insulin/diabetic supplies
- Laboratory fees
- Medical services and treatments
- Obstetrical expenses
- Oral surgery
- Orthodontic fees incurred during the plan year
- Orthopedic devices
- Over-the-counter medications or supplies used to treat a medical illness or injury
- Oxygen
- Physician fees (cosmetic procedures not eligible)
- Prescriptions
- Psychiatric care
- Psychologist's fees
- Routine physicals and other non-diagnostic
- Services or treatments
- Surgical fees
- Weight-loss medications and programs to treat a specific illness. A doctor's letter of medical necessity required.
- Wheelchair
- X-rays

Expenses that do not qualify for reimbursement

Anything cosmetic in nature – surgery, procedures, and/or medications

Dental bleaching/teeth whitening

Diaper services

Funeral expenses

Hair restoration

Health club or gym memberships to maintain general health

Hot Tubs

Maternity clothes

Marriage and family counseling

Over night camps