



# Medical Care Expense Worksheet (FSA)

**Medical Flexible Spending Accounts (FSAs)** are qualified benefits under Internal Revenue Code (IRC) Section 125. A Medical FSA can help you pay for eligible out-of-pocket medical costs while increasing your spendable income.

## HOW IT WORKS

When you participate in a Medical FSA, you elect to have a specified number of tax-free dollars deducted from your gross earnings before taxes are calculated. Many out-of-pocket expenses for medical services provided to you, your spouse or your dependents may be eligible for payment from your Medical FSA.

Eligibility of expenses is governed by Internal Revenue Service (IRS) regulations and your plan. In general, eligible expenses include those that are not fully covered by a health care plan and are prescribed by a physician or other licensed professional. The expenses must be primarily to prevent, treat, diagnose or mitigate a physical or mental defect or illness. Be sure to check your Plan Highlights to determine whether eligible expenses are limited under your plan. Adequate documentation that verifies the eligibility of an expense must be obtained from the provider.

Because of the “use-or-lose” rule (described in your Summary Plan Description\*), it is important for you to plan carefully.

### MEDICAL

- \$ Acupuncture
- \$ Alcohol/drug treatment
- \$ Ambulance
- \$ Anesthesia
- \$ Artificial limbs
- \$ Braille books/magazines
- \$ Chiropractor fees
- \$ Crutches, wheelchairs
- \$ Emergency room visits
- \$ Health care equipment
- \$ Hearing aids/batteries
- \$ Hearing exams
- \$ Hospital bills
- \$ Immunizations
- \$ Insulin & diabetic supplies
- \$ Medical parking/tolls
- \$ Mileage to/from provider\*\*
- \$ OB/GYN exams
- \$ Office visits

- \$ Osteopath fees
- \$ OTC drugs & medicines
- \$ OTC medical supplies
- \$ Oxygen
- \$ Pap smears
- \$ Physical therapy
- \$ Physician fees
- \$ Prescription drugs
- \$ Private hospital room
- \$ Private nurses
- \$ Psychiatric Care
- \$ Psychological Care
- \$ Routine checkups
- \$ Special school, handicapped
- \$ Surgery
- \$ Telephone for hearing impaired
- \$ Vaccinations
- \$ Wellness/ baby care
- \$ X-rays

### DENTAL

- \$ Crowns, bridges
- \$ Dental cleanings/exams
- \$ Dentures
- \$ Extractions/fillings
- \$ Fluoride treatments
- \$ Occlusal guards
- \$ Oral surgery/X-rays
- \$ Orthodontia (braces)
- \$ Root canal/therapy

### VISION

- \$ Contact lens supplies
- \$ Corrective eye wear
- \$ Corrective eye surgery
- \$ Eye exams
- \$ Prescription lenses
- \$ Prescription sunglasses

**\$ TOTAL PLAN YEAR ESTIMATE      \$ TOTAL PLAN YEAR TAX SAVINGS (X 35%)**

\*The Employer maintains a Plan Document; if anything in this document conflicts with the Plan Document, then the Plan Document controls.

\*\*The mileage rate for services provided are set by the IRS each year.