



# HEALTH CARE EXPENSE PLANNING WORKSHEET

This worksheet will help you determine the dollar amount you will spend for medical, dental, vision and hearing expenses during the upcoming plan year. **Don't forget that expenses for any of your tax dependents are eligible for your employer's FSA program, even if they aren't on your employer's medical insurance programs.** An expense calculator is also available at [www.asiflex.com](http://www.asiflex.com), and a detailed list of eligible expenses is available on the reverse side of this worksheet and at [www.asiflex.com](http://www.asiflex.com).

## Annual Estimate

### Medical Expenses not covered by Insurance

Deductibles, co-pays, coinsurance	\$ _____
Physician visits/routine exams	\$ _____
Prescription drugs	\$ _____
Over-the-Counter health care products	\$ _____
Diabetic supplies	\$ _____
Annual physicals	\$ _____
Chiropractic treatments	\$ _____
Mileage Expenses	\$ _____
Other: _____	\$ _____

**Subtotal Medical Expenses** \$ \_\_\_\_\_

### Dental Expenses not covered by Insurance

Checkups/cleanings	\$ _____
Fillings	\$ _____
Root canals	\$ _____
Crowns/Bridges/Dentures	\$ _____
Oral surgery	\$ _____
Orthodontia	\$ _____
Mileage Expenses	\$ _____
Other: _____	\$ _____

**Subtotal Dental Expenses** \$ \_\_\_\_\_

### Vision/Hearing Expenses not covered by Insurance

Exams	\$ _____
Eyeglasses	\$ _____
Over-the-Counter reading glasses	\$ _____
Prescription sunglasses	\$ _____
Contact lenses & cleaning solutions	\$ _____
Corrective eye surgery (LASIK, cataract, etc.)	\$ _____
Hearing exams and hearing aids (and batteries)	\$ _____
Mileage Expenses	\$ _____

**Subtotal Vision/Hearing** \$ \_\_\_\_\_

**Total Health Care Expenses** \$ \_\_\_\_\_

## Eligible Expenses

- ✓ Acupuncture
- ✓ Alcoholism treatment
- ✓ Ambulance
- ✓ Artificial teeth
- ✓ Birth control pills
- ✓ Braille books and magazines
- ✓ Breast pumps
- ✓ Chiropractors
- ✓ Coinsurance amounts and deductibles
- ✓ Contact Lenses, solutions and cleaners
- ✓ Crutches
- ✓ Dental treatment\*
- ✓ Dermatologist visits\*
- ✓ 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
- ✓ Massage therapy (medical necessity)\*
- ✓ Mileage you incur to seek medical care (rate is subject change and without notice from IRS)
- ✓ Norplant insertion or removal
- ✓ Nursing services (medically necessary)
- ✓ Nutritionist's expenses (medical necessity)
- ✓ Occlusal guards to prevent teeth grinding
- ✓ Orthodontia
- ✓ Over-the-counter drugs (require a prescription)\*
- ✓ Over-the-counter health care items
- ✓ Oxygen
- ✓ Pap smears
- ✓ Physical therapy
- ✓ Prescription drugs
- ✓ Prosthesis
- ✓ Psychiatric care
- ✓ Psychologist
- ✓ Radial keratotomy
- ✓ Reading glasses
- ✓ Smoking cessation programs
- ✓ Sterilization
- ✓ TMJ related treatments
- ✓ Transplants
- ✓ Travel expenses related to medical care only
- ✓ Wheelchair
- ✓ Wigs (medical reasons only)
- ✓ X-ray fees

## Ineligible Expenses

- ✓ 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)
- ✓ Health club dues
- ✓ Holistic or natural remedies
- ✓ Illegal operations and treatments
- ✓ Items paid or payable by insurance
- ✓ Items you intend to claim as a credit for income tax purposes
- ✓ Marriage counseling
- ✓ Maternity clothes
- ✓ Non-prescription sunglasses (sunclips)
- ✓ Nursing care for a normal, healthy baby
- ✓ Nutritional supplements (general good health)
- ✓ 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)
- ✓ Warranties for eyeglasses and/or hearing aids
- ✓ Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)

\* Items are eligible for reimbursement through a Health Care FSA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit [www.asiflex.com](http://www.asiflex.com) for a comprehensive list of eligible expenses.