

FSA worksheet
Estimated unreimbursed health care expenses

Medical	Annual amount	Dependent Day Care	Annual amount
Deductible	_____	(necessary for you and your spouse to work)	
Coinsurance payment	_____	After-school care	_____
Contraceptives	_____	Care of other dependents	_____
Doctor's office visits	_____	Child care/day care center	_____
Immunizations	_____	Child care in home	_____
Insulin	_____	Preschool	_____
Laboratory tests	_____		
Other expenses	_____		
Over-the-counter medicine ¹	_____		
Physicals/annual checkups	_____		
Prescription drugs	_____		
Splints, supports, corrective devices	_____		
Therapy treatments (medical reasons only)	_____		
Well-baby care	_____		
	SUBTOTAL		
	_____	TOTAL ²	_____
Dental			
Deductible	_____		

Coinsurance payment	_____		
Cleaning Dentures	_____		
Fillings/crowns/bridges	_____		
Fluoride treatments	_____		
Orthodontia (based on expenses incurred for upcoming plan year)	_____		
X-rays	_____		
	SUBTOTAL		

Vision			
Deductible	_____		

Coinsurance payment	_____		
Contact lenses and solutions	_____		
Examinations	_____		
Frames	_____		
Laser eye surgery	_____		
Lenses	_____		
	SUBTOTAL		

	TOTAL		_____

Unreimbursed health care expenses cannot exceed your plan's maximum.

NOTE: any coordination of benefits with another group plan may reduce your out-of-pocket expenses.

¹Effective January 1, 2011, over-the-counter medicines or drugs are not eligible for reimbursement under Health Flexible Spending Accounts (FSA) or health Reimbursement Arrangements (HRA) without a doctor's prescription.

²Cannot exceed \$5,000 (\$2,500 if married, filing separately), per calendar year or earned income of employee or spouse, whichever is less.

INFINISOURCE

BENEFIT SERVICES



KNOW YOUR ELIGIBLE AND INELIGIBLE EXPENSES

Maximize the Value of Your Reimbursement Account

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



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

Medications

- Insulin
- Prescription drugs

Medical Equipment/Supplies

- Air purification equipment*
- Arches and other 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*

Obstetrics

- Doulas*
- Lamaze class
- OB/GYN exams
- OB/GYN prepaid maternity fees (reimbursable after date of birth)
- Pre- and post-natal treatments

Practitioners

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist

Therapy

- Alcohol and drug addiction counseling (must be treating a medical condition)
- Exercise programs*
- Hypnosis*
- Massage*
- Occupational therapy
- Physical therapy
- Smoking cessation programs*
- Speech therapy
- Weight loss programs*

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
- Personal trainers*
- 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*



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 Infinisource.

INELIGIBLE EXPENSES

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



- Contact lens or eyeglass insurance
- Cosmetic surgery/procedures
- Electrolysis
- Marriage or career counseling
- Swimming lessons
- Sunscreen (SPF less than 15 needs RX)

PLEASE NOTE:

Please note: The IRS will not allow OTC medicines or drugs to be purchased with the FSA funds unless accompanied by a prescription.



ELIGIBLE OVER-THE-COUNTER ITEMS

Note: Product categories are listed in bold face; common examples of products are listed in regular face.

The following is a high-level list of over-the-counter (OTC) items that clearly are not medicine or drugs and are eligible for purchase with Health Care FSA or HRA dollars. You can use your benefits card for these items

Antiseptics, wound cleaners

Alcohol, peroxide, Epsom salt

Baby electrolytes

Pedialyte, Enfalyte

Denture adhesives, repair and cleansers

PoliGrip, Benzodent, Efferdent

Diabetes testing and aids

Insulin, Ascencia, One Touch, Diabetic Tussin, insulin syringes, glucose products

Diagnostic products

Thermometers, blood pressure monitors, cholesterol testing

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

Hearing aid/medical batteries

Incontinence products

Attends, Depend, GoodNites for juvenile incontinence

Sunscreen (SPF 15 and over)



INFINISOURCE
BENEFIT SERVICES

FOR ADDITIONAL INFORMATION, PLEASE CONTACT:

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