



HEALTH CARE EXPENSE PLANNING WORKSHEET

This worksheet will help you determine the dollar amount you will spend for medical, dental, vision, hearing care and supplies during the upcoming plan year. Don't forget that expenses for your tax dependents are eligible for your employer's FSA program, even if they are not enrolled in your employer's health insurance programs. An expense calculator is also available at asiflex.com, and a detailed list of eligible expenses is available on the reverse side of this worksheet and at asiflex.com. To learn about the thousands of eligible over-the-counter health care products, go to asiflex.com and click on the FSA Store icon.

Estimate

Medical Expenses not covered by Insurance

Deductibles, copays, 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 such as LASIK, cataract, etc.	\$ _____
Hearing exams, 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
Long-term care services
Marriage counseling
Maternity clothes
Non-prescription sunglasses (sunclips)
Nursing care for a normal, healthy baby
Nutritional supplements (general good health)
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 asiflex.com for more information and a comprehensive list of eligible expenses.