



Flexible Spending Account

The following worksheet can be used to help estimate how much you may wish to contribute to your Medical Flexible Spending Account:

Medical Flex Spending Account

Expenses not covered by insurance **may** include:

Deductibles, Coinsurance, or Copayments \$ _____

Dental Care (exams, fillings, crowns, dentures, orthodontics) \$ _____

Hearing Care (exams, hearing aids, batteries) \$ _____

Vision Care (exams, contacts/solution, eyeglasses, laser surgery) \$ _____

Insulin and Diabetic Supplies \$ _____

Feminine Hygiene/Incontinence Supplies \$ _____

Prescription Drugs \$ _____

Over The Counter Drugs (acetaminophen, acne medicine, allergy medicine, antacids) \$ _____

Transportation Expenses (ferry, train, mileage) \$ _____

Fertility Treatment \$ _____

Chiropractor Fees \$ _____

Weight Loss Program (done at doctor's direction to treat existing disease) \$ _____

Wheelchairs/Assistive Devices/Durable Medical Equipment \$ _____

Miscellaneous \$ _____

Annual Health Flex Spending Account Election \$ _____

***The above list gives you a general overview of qualified medical expenses. This list is not all inclusive and is subject to change by the IRS. The IRS defines **qualified medical expenses** as 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." Qualified medical expenses are eligible for reimbursement through your FSA as long as they are not reimbursed through insurance or any other source.*