

FLEX MADE Easy SM

This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year. In order to maximize your savings, please include expenses for you, your spouse and any of your dependents in your calculation.

Medical Expenses not covered by Insurance — Annual Estimate

Deductibles, Co-pays, Coinsurance	$ _____
Physician Visits/Routine Exams	$ _____
Prescription Drugs	$ _____
Insulin/Syringes	$ _____
Chiropractic Treatments	$ _____
Over-the-Counter Drugs and Medicine	$ _____
Other: _____	$ _____
Subtotal Medical Expenses	**$** _____

Dental Expenses Not Covered by Insurance — Annual Estimate

Checkups/Cleanings	$ _____
Fillings	$ _____
Root Canals	$ _____
Crowns/Bridges/Dentures	$ _____
Oral Surgery	$ _____
Orthodontia	$ _____
Other: _____	$ _____
Subtotal Dental Expenses	**$** _____

Vision/Hearing Expenses Not Covered by Insurance — Annual Estimate

Exams	$ _____
Eyeglasses	$ _____
Prescription Sunglasses	$ _____
Contact Lenses & Cleaning Solutions	$ _____
Corrective Eye Surgery (LASIK, cataract etc.)	$ _____
Hearing Exams/Hearing Aids & Batteries	$ _____
Subtotal Vision Expenses	**$** _____

TOTAL MEDICAL EXPENSES — $ _____

Qualified Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Birth control pills and other birth control devises
- Braille books and magazines
- Chiropractors
- Coinsurance amounts and deductibles
- Contact lenses, solutions and cleaners
- Copays
- Crutches, canes and wheelchairs
- Dental treatment
- Dermatologist visits
- Diabetic monitors, test kits, strips and supplies
- Eyeglasses (prescription); vision exams
- Hearing devices and batteries
- Hospital services
- Immunizations (including flu shots)
- Infertility treatments
- Insulin
- Laboratory/diagnostic fees
- Language training for child with disability
- Laser eye surgery
- Learning disability
- Massage therapy (letter of medical necessity)*
- Menstrual Care Products
- Nursing services
- Nutritionist's expenses (letter of medical necessity)*
- Occlusal guards to prevent teeth grinding
- Orthodontia
- Over-the-counter drugs
- Pap smears
- Personal Protective Equipment (masks, disposable gloves and hand sanitizer)
- Physical therapy
- Prescription drugs
- Prosthetics
- Psychologist/Psychiatrist
- Reading glasses
- Smoking cessation programs/counseling
- Sterilization
- TMJ related treatments
- Transplants
- Travel expenses related to medical care only
- Wigs (medical reasons only)
- X-ray fees

Ineligible Expenses

- Burial expenses
- COBRA premiums
- Concierge medical fees (billed for future availability of services, with no services actually received)
- Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
- Dental products for general health
- Drugs or medical supplies purchased outside the United States.
- Exercise equipment, unless prescribed for a specific medical condition
- Face lifts (see cosmetic procedures)
- Fitness programs for general health
- Hair regrowth products, hair removal or hair transplants
- 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
- Late payment or missed appointment fees
- Marriage counseling
- Maternity clothes
- Non-prescription sunglasses (sunclips)
- Nursing care for a 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, including long term care insurance
- 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 (general good health)
- 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 or an HRA 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.FlexMadeEasy.com for more detailed information and a more comprehensive list of eligible expenses.