This worksheet will help you determine the dollar amount you will spend for medical 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.**

Starting January 1, 2011 Federal regulations require you to submit a prescription in order to claim any over-the-counter drugs/medications (e.g. pain killers, cold/allergy meds, etc.) through your health care FSA.

A more 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 | $__________ |
| Diabetic supplies | $__________ |
| Annual physicals | $__________ |
| Chiropractic treatments | $__________ |
| Other: ____________________________ | $__________ |

**Subtotal Medical Expenses** $__________

| Dental Expenses not covered by Insurance | $__________ |
| Checkups/cleanings | $__________ |
| Fillings | $__________ |
| Root canals | $__________ |
| Crowns/Bridges/Dentures | $__________ |
| Oral surgery | $__________ |
| Orthodontia (please contact ASIFlex for details) | $__________ |
| Other: ____________________________ | $__________ |

**Subtotal Dental Expenses** $__________

| Vision/Hearing Expenses not covered by Insurance | $__________ |
| Exams | $__________ |
| Eyeglasses | $__________ |
| Prescription sunglasses | $__________ |
| Contact lenses & cleaning solutions | $__________ |
| Corrective eye surgery (LASIK, cataract, etc.) | $__________ |
| Hearing exams and hearing aids (and batteries) | $__________ |

**Subtotal Vision/Hearing** $__________

**Total Health Care Expenses** $__________
### FSA Eligible Expenses

- Acupuncture
- Alcoholism treatment
- Ambulance
- Artificial teeth
- Birth control pills
- Braille books and magazines
- 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)*
- 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)*
- 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

* 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 for more detailed information and a more comprehensive list of eligible expenses.

### 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)