HEALTH CARE EXPENSE PLANNING WORKSHEET

This worksheet will help you determine the dollar amount you will spend for medical, dental, vision and hearing 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.** An expense calculator is also available at [www.asiflex.com](http://www.asiflex.com), and a detailed list of eligible expenses is available on the reverse side of this worksheet and at [www.asiflex.com](http://www.asiflex.com).

<table>
<thead>
<tr>
<th>Medical Expenses not covered by Insurance</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles, co-pays, coinsurance</td>
<td>$</td>
</tr>
<tr>
<td>Physician visits/routine exams</td>
<td>$</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>$</td>
</tr>
<tr>
<td>Over-the-Counter health care products</td>
<td>$</td>
</tr>
<tr>
<td>Diabetic supplies</td>
<td>$</td>
</tr>
<tr>
<td>Annual physicals</td>
<td>$</td>
</tr>
<tr>
<td>Chiropractic treatments</td>
<td>$</td>
</tr>
<tr>
<td>Mileage Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
</tbody>
</table>

**Subtotal Medical Expenses** $________

<table>
<thead>
<tr>
<th>Dental Expenses not covered by Insurance</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checkups/cleanings</td>
<td>$</td>
</tr>
<tr>
<td>Fillings</td>
<td>$</td>
</tr>
<tr>
<td>Root canals</td>
<td>$</td>
</tr>
<tr>
<td>Crowns/Bridges/Dentures</td>
<td>$</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$</td>
</tr>
<tr>
<td>Mileage Expenses</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
</tbody>
</table>

**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 (LASIK, cataract, etc.)     | $          |
| Hearing exams and 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

* 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](http://www.asiflex.com) for a 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 (suncips)
- 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)