



FLEX Worksheet

Health Care Reimbursement Account

Use this worksheet to estimate the health care expenses you expect to incur during the plan year which will not be paid by insurance.

Expense Categories	Sub-Category Amount	Category Total
Insurance Deductibles/Office Co-Pays		\$
Medical	\$	
Dental	\$	
Coinsurance Payments		\$
Medical	\$	
Dental	\$	
Vision Expenses		\$
Eye Exams	\$	
Prescription Glasses/Sunglasses	\$	
Contact Lenses and Solutions	\$	
Laser Surgery	\$	
Prescription Medications		\$
Over-the-Counter items (bandages, allergy medicine, ibuprofen, etc.)		\$
Dental Expenses		
Preventative Care (cleaning, fluoride, etc.)		\$
Restorative (fillings, crowns, root canal, etc.)	\$	
Orthodontia (Monthly payments x 12)	\$	
Hearing Aid and Batteries	\$	
Chiropractic Fees		\$
Mental Health Counseling Fees (Family and marriage counseling are not eligible)		\$
Other		\$
		\$
Total		

See the following pages for a more complete list of eligible and ineligible expenses for the Health Care Reimbursement Account.

ELIGIBLE EXPENSES – Health Care Reimbursement Account

In general, eligible expenses are those expenses you incur for medical care. Medical care means diagnosis, care, treatment or prevention of disease. Expenses incurred by you, your spouse, or your other eligible dependents that are not reimbursed from another source (such as insurance) are eligible for reimbursement.

- Acupuncture
- Alcoholism - payment to treatment centers
- Ambulance
- Artificial limbs
- Braille - books or magazines (excess cost over Non-Braille materials)
- Breast Pump & Supplies
- Chemical Dependency treatment
- Chiropractor's fees
- Crutches
- Dental treatment (including dentures and orthodontia)
- Doctor's fees (licensed medical practitioner)
- Diagnostic fees
- Guide dog and its upkeep
- Hearing aids and batteries
- Hospital services
- Insulin
- Insurance deductibles/co-payments
- In-vitro fertilization fees
- Laboratory fees
- Laser Eye Surgery
- Naturopathic Services
- Nursing Services Orthotic devices (if custom molded)
- Osteopathic fees
- Osmotic supplies
- Over-the-counter items (medicinal & non-medicinal)
- Physical exams
- Pregnancy kits / Ovulation predictors
- Prescription drugs and medical supplies that are not otherwise excluded
- Psychologist fees
- Sterilization fees (or reversal)
- Surgical fees
- Therapy received as medical treatment
- Tuition at special school for handicapped
- Vision Expenses, including prescription glasses, contact lenses and cleaning supplies
- Weight-loss medications & programs (ONLY if to treat diagnosed medical condition)
- Wheelchair
- X-rays

INELIGIBLE EXPENSES – Health Care Reimbursement Account

- Activity Trackers (e.g. Fitbit, Garman)
- Birthing Classes/Lamaze/Doula services
- Chiropractic Service Agreements/Wellness Programs/Supplements
- Cosmetic prescriptions, procedures, supplies
- Court ordered exams/treatment
- Dental Bleaching & Veneers
- Diapers
- Expenses for which there is no diagnosis
- Family Counseling
- Frames w/out prescription eyeglass lenses
- Infant Formula
- Insurance Premiums
- Marriage Counseling
- Massage Therapy – **only eligible with a letter of medical necessity**
- Toiletries
- Toothbrush/Toothpaste/Floss
- Vision Service Agreements & Warranties
- One-a-day multi-vitamins
- Specific vitamins & supplements- **only eligible with a letter of medical necessity**
- Weight-loss medications & programs for general health
- **AND any other items that are primarily for personal use and/or general health**