

## FSA Election Worksheets and Eligible Expenses List

### Health FSA Eligible Expenses

Visit [benstrat.com](http://benstrat.com) for an expanded list of eligible expenses. If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team: 1-888-401-FLEX (3539) or [info@benstrat.com](mailto:info@benstrat.com).



Ace bandages	Dentures	Medical monitoring and testing
Acne treatments*	Diabetic monitors and supplies	Mileage to receive medical care
Acupuncture	Diaper rash ointments*	Motion and nausea medicine*
Allergy and sinus medicine*	Eye exams	Nutritional supplements**
Antacids and digestive aids*	Eye glasses	Orthodontia
Antibiotic ointments*	Eye related equipment	Orthopedic and surgical supports
Antifungal and anti-itch*	Fertility monitors	Orthotics
Aspirin and other pain relievers*	First aid kits	Physical exams
Asthma medicine*	Gastrointestinal medication*	Physical therapy
Athletic treatments*	Genetic testing**	Physician services
Band-aids	Glucosamine*	Pregnancy tests
Blood pressure monitors	Group therapy	Prescription drugs
Canker and cold sore remedies*	Hearing aids and batteries	Psychoanalysis and mental health therapy
Chest rubs*	Hearing care	Reading glasses
Chiropractic care	Herbal medicine**	Sleep aids*
Cholesterol meter test kit and supplies	Hospitalization costs	Smoking deterrents*
Cold and flu medicines*	Hypnosis – treatment of illness	Sunscreen (SPF 30 and higher)
Contact lenses	Immunizations	Thermometers
Contact lens cleaning solution	Imaging scans	Toothache gels*
Coinsurance	Incontinence supplies	Urological products
Copays	Individual therapy	Vision care
Corn and callus removers*	Laboratory fees	Vitamins**
Cough medicine*	Lasik eye surgery	Wart removal treatment*
CPAP machine	Laxatives*	Weight loss drugs and programs**
Crutches, canes and walkers	Lice treatments*	Wheelchairs and repairs
Deductibles	Massage therapy**	
Dental care (routine and corrective)	Medical equipment	

**Examples of ineligible expenses include:** Cosmetic surgery and procedures (including teeth whitening); Custodial nursing care; Dental hygiene products; Health club dues; Insurance premiums.

\* Although Over-The-Counter (OTC) medicines and drugs do not need a prescription to be purchased, one is needed for an OTC medicine/drug to be FSA eligible. See note below.

\*\*Dual Use items and services are those that can be used for general health as well as to treat an illness or physical defect. If the item/service is prescribed to treat an illness or physical defect, a Physician Statement form needs to be submitted to Benefit Strategies for it to be FSA eligible. This form can be found on [benstrat.com](http://benstrat.com), or by contacting our Consumer Relations team. See note below.

**NOTE:** OTC Medicines/drugs and Dual Use items/services will not work with the FSA card. You will need to pay with another means and submit for reimbursement through one of our reimbursement methods. Remember to submit the prescription or Physician Statement, along with the purchase documentation.



### Election Worksheet

The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at [benstrat.com](http://benstrat.com).

**Important:** Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

#### Health FSA Election Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	(A)\$	(B)\$	(C)\$
Total cost of health care expenses for the plan year (A)+(B)+(C)	(D)\$		
Enter the maximum permitted Health FSA election <i>This can be found on your FSA Enrollment Form</i>	(E)\$		
<b>Election amount. Enter (D) or (E), whichever is less</b> Also enter this amount on your FSA Enrollment Form	(F)\$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F) ÷ (G)	\$		

#### Dependent Care FSA Election Worksheet

Eligible weekly dependent care cost	(A) \$
Weeks of dependent care you will have in the plan year	(B)
Total cost of dependent care for the plan year (A) x (B)	(C) \$
Enter the maximum permitted Dependent Care FSA election <i>This can be found on your FSA Enrollment Form</i>	(D)\$
<b>Election amount. Enter (C) or (D), whichever is less</b> Also enter this amount on your FSA Enrollment Form	(E) \$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) ÷ (F)	(G)