FSA Election Worksheets and Eligible Expenses List

Health FSA Eligible Expenses

Visit 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: 1-855-HVD-FLEX or hvdflex@benstrat.com.

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

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, 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.

**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

<table>
<thead>
<tr>
<th>Health Care Expenses Per Plan Year</th>
<th>For You</th>
<th>For Your Spouse</th>
<th>For Your Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental Deductibles</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dental Work</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Eye Exams, LASIK Surgery</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Eyeglasses, Reading Glasses, Contact Lenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Vision Solutions and Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Deductible</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Copays</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical Supplies</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Chiropractic Care and Acupuncture</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Total each family member column</td>
<td>(A)$</td>
<td>(B)$</td>
<td>(C)$</td>
</tr>
<tr>
<td>Total cost of health care expenses for the plan year (A)+(B)+(C)</td>
<td>(D)$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maximum permitted Health FSA election is $2,550</td>
<td>(E)$2,650</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Election amount. Enter (D) or (E), whichever is less</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>However, your election amount must be at least $120</td>
<td>(F)$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pay periods in a plan year</td>
<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll deduction amount per pay period (F) ÷ (G)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Dependent Care FSA Election Worksheet

<table>
<thead>
<tr>
<th>Eligible weekly dependent care cost</th>
<th>(A) $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Weeks of dependent care you will have in the plan year</td>
<td>(B)</td>
</tr>
<tr>
<td>Total cost of dependent care for the plan year (A) x (B)</td>
<td>(C) $</td>
</tr>
<tr>
<td>If you are single or married filing jointly enter $5,000</td>
<td>(D)$</td>
</tr>
<tr>
<td>If you are married filing single, enter $2,500</td>
<td></td>
</tr>
<tr>
<td>Election amount. Enter (C) or (D), whichever is less</td>
<td>(E) $</td>
</tr>
<tr>
<td>However, your election amount must be at least $120</td>
<td>(F)</td>
</tr>
<tr>
<td>Number of pay periods in a plan year</td>
<td>(G)</td>
</tr>
<tr>
<td>Payroll deduction amount per pay period (E) ÷ (F)</td>
<td>(G)</td>
</tr>
</tbody>
</table>