

Eligible Medical Expenses for Healthcare Medical Expense Section 125 plans

EFFECTIVE 1/1/11, OVER-THE-COUNTER medicines will no longer be reimbursable from a FSA, HRA, or HSA without a doctor's prescription. This is for all participants effective 1/1/11 in accordance with Tax Credit Reconciliation Act of 2010 and PPACA Health Care Act.

It's important to carefully plan your anticipated healthcare and how much you'll need to contribute to the Flexible Spending Accounts. That's because the IRS requires you to forfeit any money left in your accounts at the end of the year.

The following list and worksheet can help you plan your expenses and account contributions.

Healthcare Eligible Medical Expenses may include, but are not limited to:

- | | | |
|--|--|--|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Laboratory fees | <input type="checkbox"/> Physician |
| <input type="checkbox"/> Alcohol and drug rehabilitation | <input type="checkbox"/> Laser Eye Surgery | <input type="checkbox"/> Podiatrist |
| <input type="checkbox"/> Ambulance | <input type="checkbox"/> Lip-reading lessons | <input type="checkbox"/> Practical nurse |
| <input type="checkbox"/> Anesthetist | <input type="checkbox"/> Massage for Medical Reasons* | <input type="checkbox"/> Prescription drugs and some over the counter medicines |
| <input type="checkbox"/> Artificial limbs and teeth | <input type="checkbox"/> Medical Examinations | <input type="checkbox"/> Psychiatrist |
| <input type="checkbox"/> Birth control pills | <input type="checkbox"/> Midwife | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Certain corrective surgery | <input type="checkbox"/> Nursing care | <input type="checkbox"/> Rental or purchase of medical equipment |
| <input type="checkbox"/> Chiropractor | <input type="checkbox"/> Obstetrics | <input type="checkbox"/> Stop-smoking program |
| <input type="checkbox"/> Christian Science practitioners | <input type="checkbox"/> Optometrist | <input type="checkbox"/> Supportive or corrective devices |
| <input type="checkbox"/> Dental care | <input type="checkbox"/> Orthodontia expenses as treatment is provided** | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Eye exam, eyeglasses, contact lenses, contact lens solutions and enzyme | <input type="checkbox"/> Osteopath | <input type="checkbox"/> Transportation expenses relative to illness based on IRS standard mileage allowance |
| <input type="checkbox"/> Gynecologist | <input type="checkbox"/> Outpatient care | <input type="checkbox"/> Weight loss program for obesity* |
| <input type="checkbox"/> Hearing aids and batteries | <input type="checkbox"/> Pediatrician | |
| <input type="checkbox"/> Hospital and skilled nursing facility | <input type="checkbox"/> Physical therapy provided by licensed therapist | |
| <input type="checkbox"/> Insulin | | |

**You will be required to submit a Dr's statement outlining the medical necessity in order to claim these types of expenses.*

***Reimbursements will be limited to monthly payments.*

You will be required to submit a doctor's note outlining the medical necessity in order to claim OTC medications.

Examples of Over-The-Counter eligible expenses under an FSA may include, but are not limited to:

- | | | |
|---|---|---|
| <input type="checkbox"/> Allergy Medicine | <input type="checkbox"/> First Aid Kits | <input type="checkbox"/> Products for Muscle Pain or Joint Pain, i.e., BenGay, Tiger Balm, etc. |
| <input type="checkbox"/> Antacids | <input type="checkbox"/> Hemorrhoid Medication | <input type="checkbox"/> Reading Glasses |
| <input type="checkbox"/> Bactine | <input type="checkbox"/> Incontinence Supplies | <input type="checkbox"/> Rubbing Alcohol |
| <input type="checkbox"/> Band-aids/Bandages | <input type="checkbox"/> Laxatives | <input type="checkbox"/> Sinus Medications |
| <input type="checkbox"/> Anti-Diarrhea Medicine | <input type="checkbox"/> Liquid Adhesive for Small Cuts | <input type="checkbox"/> Sleeping Aids used to treat occasional insomnia |
| <input type="checkbox"/> Bug Bite Medication | <input type="checkbox"/> Menstrual Cycle Products for Pain and Cramp Relief | <input type="checkbox"/> Special Ointment or Cream for Sunburn |
| <input type="checkbox"/> Calamine Lotion | <input type="checkbox"/> Motion Sickness Pills | <input type="checkbox"/> Spermicidal Foam |
| <input type="checkbox"/> Carpal Tunnel Wrist Supports | <input type="checkbox"/> Nasal Sinus Sprays | <input type="checkbox"/> Thermometers (ear or mouth) |
| <input type="checkbox"/> Cold/Hot Packs for Injuries | <input type="checkbox"/> Nasal Strips | <input type="checkbox"/> Throat Lozenges |
| <input type="checkbox"/> Cold Medicines | <input type="checkbox"/> Nicotine Gum or Patches for Stop-Smoking Purposes | <input type="checkbox"/> Visine and other such eye products |
| <input type="checkbox"/> Condoms | <input type="checkbox"/> Pedialyte for Ill Child's Dehydration | <input type="checkbox"/> Wart remover treatments |
| <input type="checkbox"/> Contact Lens Cleaning Solution | <input type="checkbox"/> Pregnancy Test Kits | |
| <input type="checkbox"/> Cough Drops | | |
| <input type="checkbox"/> Diaper Rash Ointments | | |

Examples of Dual Purpose – must be accompanied by a licensed medical practitioner's note stating specific medical condition:

- Acne treatment (Retin A) – only to treat a specific medical condition such as acne vulgaris
- Dietary Supplements or Herbal
- Fiber Supplements under narrow circumstances
- Glucosamine/Chondroitin for arthritis or other medical condition
- Medicines to treat a specific medical condition in narrow circumstances
- OTC Hormone Therapy and treatment for menopause to treat symptoms such as hot flashes, night sweats, etc.
- Orthopedic Shoes and Inserts (for orthopedic shoes, you can only be reimbursed for the extra cost over buying non-orthopedic shoes)
- Pills for persons who are Lactose Intolerant Prenatal Vitamins
- St John's Wort for Depression
- Sunscreen
- Weight-Loss Drugs to treat a specific disease (including obesity)

The “Flexible Spending Accounts” Plan

Planning Worksheet for Your Healthcare Medical Expense Acct

When planning for you and your family’s healthcare expenses, you may want to review your previous year medical bills to estimate upcoming expenses. Calculate only the eligible expenses that will not be reimbursed by any health insurance plan (yours or your spouse’s). Refer to the IRS requirements for eligible expenses detailed in the “Flexible Spending Accounts” Summary Plan Description.

Healthcare Medical Expenses	
A. Medical plan co-payments and medical plan deductibles:	\$ _____
B. Medical plan coinsurance - your portion of medical expenses after you pay the deductible:	\$ _____
C. Uninsured routine physicals and other preventative care:	\$ _____
D. Dental plan coinsurance and uninsured dental plan expenses:	\$ _____
E. Uninsured eligible vision expenses (<i>including exams, prescriptions eyeglasses, and contact lenses</i>):	\$ _____
F. Uninsured hearing care (<i>including hearing exams and hearing aids</i>):	\$ _____
G. Any amounts above Reasonable and Customary (R&C) charges:	\$ _____
H. Other uninsured health care expenses (<i>from enclosed list</i>):	\$ _____
TOTAL.....Annual Expenses.....	\$ _____
Based on this total, how much do you want to contribute to the Health Care Account? Carry forward this amount to Election Form.	\$ _____ <div style="font-size: small; margin-top: 5px;"> < than 2 yrs-\$250 Maximum 2-4 yrs- \$800 Maximum 4+ yrs- \$2500 Maximum (\$0.00 Minimum) </div>

The “Flexible Spending Accounts” Plan

Planning Worksheet for Your Dependent Care Expense Account

When planning your expenses, estimate what your weekly daycare expenses will be and multiply by the number of weeks you expect to use dependent daycare. Consider any vacation time you spend with your children. Keep in mind that certain expenses that are not work-related are not eligible. Refer to the IRS requirements for eligible expenses detailed in the “Flexible Spending Accounts” Summary Plan Description.

\$ _____	X	_____	=	\$ _____
Weekly Expense		Number of Weeks		Annual Total
Based on your annual total, how much do you want to contribute to the Dependent Daycare Account? Carry forward this amount to Election Form.				\$ _____ (\$2,500/\$5,000.00 Maximum) (\$0.00 Minimum)

Please calculate your eligibility for the plan according to these guidelines:

1. Do you pay legitimate daycare expenses to be able to work full time?
2. If you employ a non-daycare center, you must also submit a signed W-10 form from the provider.
3. If you are married, your spouse must also work, go to school full-time, or be incapable of self-care.
4. Generally, only dependents under the age of 13 are covered, unless mentally and/or physically unable to care for themselves.
5. General limits of deferral amounts are:
 - \$5,000.00 when your tax status is “married filing jointly” or “single head of household”.
 - \$2,500.00 when your tax status is “married filing separately”
 - \$5,000.00 maximum if you’re income or your spouse’s annual income is less than these amounts.

IN Addition, please review your Summary Plan Description and Plan Information Summary for further detail.