FSA Election Worksheets and Eligible Expenses List

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: 1-888-401-FLEX (3539) or info@benstrat.com.

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.

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
Family planning products
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 detergents*
Sunscreen (SPF 30 and higher)
Thermometers
Toothache gels*
Urological products
Vision care
Vitamins**
Wart removal treatment*
Weight loss drugs and programs**
Wheelchairs and repairs
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>
</tbody>
</table>

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 This can be found on your FSA Enrollment Form (E)$

**Election amount. Enter (D) or (E), whichever is less**

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 This can be found on your FSA Enrollment Form (D)$

**Election amount. Enter (C) or (D), whichever is less**

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)