

Section 125 Cafeteria Plans

FSA Medical Expenses Worksheet

Complete this worksheet to estimate your expenses for the Plan year. Please be conservative in your estimate of expenses.

Your Flexible Spending Account (FSA)

Plan Year (From mm/dd/yy - To mm/dd/yy):

_____ - _____

Number of Pay Periods:

Medical Spending Account Maximum:

\$ _____

Dependent Care Maximum:

\$ _____

For a partial listing of eligible and ineligible expenses, please refer to our Eligible and Ineligible Expenses FSA Fact Sheet. For a complete listing, please visit our online matrix at: <http://hcet.ebia.com/ebri>. The login password is **ebene2011**.

Employees with an FSA, HRA or HSA can no longer use their account funds to purchase over-the-counter drugs and medicines (e.g. Advil, ibuprofen, cough syrup) unless they have a Letter of Medical Necessity (LMN) or prescription from their doctor.

Consult with your own personal tax advisor or IRS Publication 502 for all IRS Eligible Expenses.

Note: The IRS "Use-it-or-Lose-it" rule states that any money left in an FSA at the end of the Plan year is forfeited. Your employer may extend your Plan year by offering a "Grace Period."

Medical

	Plan Year Expense
Deductible	\$ _____
Co-Pay / Coinsurance	\$ _____
Exams	\$ _____
Prescription Drugs	\$ _____
Diabetic Supplies	\$ _____
Chiropractic Care	\$ _____
Over-the-Counter Medications	\$ _____

Hearing

	Plan Year Expense
Exams	\$ _____
Hearing Aids	\$ _____
Other	\$ _____

Dental

	Plan Year Expense
Fillings, Bridges & Crowns	\$ _____
Dentures	\$ _____
Orthodontia	\$ _____
Exams & Cleanings	\$ _____
Other	\$ _____

Vision

	Plan Year Expense
Glasses (Lenses & Frames)	\$ _____
Contact Solutions	\$ _____
Corrective Eye Surgery	\$ _____
Eye Exams	\$ _____
Other	\$ _____

Total Plan Year Expenses \$ _____