Eligible Expense Listing

HEALTH CARE EXPENSES

Medical, prescription, dental, vision, over-the-counter health care products for you or your qualifying spouse or children. For more information, visit ASIFlex.com Resources to view eligible/ineligible expenses.

Acupuncture	Laboratory and diagnostic fees	Prescription drugs
Ambulance	Lactation expenses	Prosthesis
Artificial limbs or teeth	Language training (e.g. for dyslexia)	Psychiatric care
Bandages	Laser eye surgery	Psychoanalysis
Birth control and contraceptives	Learning disability treatments	Psychologist fees
Blood pressure monitors	Massage therapy*	Reading glasses
Body scans	Medical conferences*	Sales tax, shipping, handling fees for medical supplies
Braille books and magazines	Medicines and drugs	Stop-smoking program
Breast pumps and supplies	Midwife	Stop-smoking prescriptions
Breast reconstruction	Mileage incurred to seek health care	Speech therapy
Chiropractors	Nursing services	Substance abuse treatment
Concierge medical care (amount billed for service; not the annual/monthly fee)	OB/GYN fees (based on date of birth)	Sunglasses (prescription)
Contact lenses, solution and cleaners	Occlusal guards	Sunscreen 15+ SPF and broad spectrum
Copays, coinsurance, deductibles	Operations	Surgery
Dental treatments	Optometrist	Sterilization
Diagnostic services and devices	Organ donors	Telephone or TV for disability or impairment
Durable medical equipment (crutches, canes, walkers, wheelchairs)	Orthodontia	Therapy for medical condition
Eye exams and prescription eyeglasses	Orthotics	Thermometers, vaporizers & inhalers
Fertility enhancement and treatments*	Osteopath	Transplants
First aid kits, first aid treatments and supplies	Over-the-counter drugs*	Trip or travel expenses to seek health care
Guide dog; or service animal*	Over-the-counter health care products	Vasectomy
Hearing exams, aids/devices and batteries	Oxygen	Vision care
Hospital services	Physical examinations	Vision correction surgery
Immunizations	Physical therapy	Weight loss program for medical condition*
Infertility treatments*	Physician office visits	Wigs*
Insulin and diabetic supplies	Pregnancy test kits	X-rays

DEPENDENT CARE EXPENSES

Child or adult day care services while you and your spouse (if married) are working. For more information, visit ASIFlex.com Resources to view eligible/ineligible expense.

Adult, elder or senior day care center	Child day care center	Preschool
Au pair services	Day camp expenses (not overnight camp)	Registration fees
Babysitting services	Nanny services	Sick child care center
Before- or after-school care	Nursery school	

*Items are eligible for reimbursement through a Health Care FSA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Review your employer plan document or visit ASIFlex.com for more information and a comprehensive list of eligible expenses. 08_2019

Expense Worksheet

Use this worksheet to estimate your expenses and plan only for recurring and predictable expenses, or for planned surgery or treatments you will incur during the plan year.

Health Care Worksheet

Medical	**Amount**
Copays, deductibles	$ _____
Physician visits	$ _____
Prescriptions	$ _____
Over-the-Counter items	$ _____
Diabetic supplies	$ _____
Chiropractic treatments	$ _____
Mileage	$ _____
Dental	
Fillings	$ _____
Crowns	$ _____
Bridges	$ _____
Dentures & cleaners	$ _____
Oral surgery	$ _____
Orthodontia	$ _____
Mileage	$ _____
Vision/Hearing	
Prescription eyeglasses	$ _____
Prescription sunglasses	$ _____
Reading glasses	$ _____
Contact lenses	$ _____
Contact cleaners	$ _____
Laser eye surgery	$ _____
Hearing exams	$ _____
Hearing aids & batteries	$ _____
Mileage	$ _____
TOTAL	**$ _____**

Dependent Care Worksheet

Month	**Amount**
Month 1	$ _____
Month 2	$ _____
Month 3	$ _____
Month 4	$ _____
Month 5	$ _____
Month 6	$ _____
Month 7	$ _____
Month 8	$ _____
Month 9	$ _____
Month 10	$ _____
Month 11	$ _____
Month 12	$ _____
TOTAL	**$ _____**