

Participant Election Worksheet

Phone support: **800 346 2126 | 608 831 8445**
 E-mail support: **participantservices@ebcflex.com**

This worksheet can help you estimate flexible spending account (FSA) eligible expenses for you, your spouse, and eligible dependents. Transfer the Deduction Per Pay Period for Health Care FSAs information to your *Enrollment Form*.

Group Insurance Premiums

If you participate in your employer's insurance plan(s), your premiums are deducted from your pay pre-tax unless you notify your employer otherwise.

My BESTflex Plan Accounts

If you establish a health savings account (HSA), you may enroll in the limited health FSA, which can only reimburse you for eligible dental, vision, and preventative expenses. You can not contribute to your HSA in the same plan year that you participate in a standard health FSA.

My Plan Dates (Refer to the eligibility section in *My Company Plan*)

_____ to _____
 My Effective Start Date (mm-dd-yyyy) My Plan Year Start (mm-yyyy) My Plan Year End (mm-yyyy) # Payroll Deductions

Examples of Eligible Health Care FSA Expenses

This list of eligible expenses gives you examples but is not meant to be all inclusive. Please contact us with any questions.

DENTAL SERVICES

- \$ _____ Dental X-Rays
- \$ _____ Exams/Teeth Cleanings, Gum Treatments
- \$ _____ Fillings, Crowns/Bridges
- \$ _____ Oral Surgery, Extractions, Dentures
- \$ _____ Orthodontia/Braces

VISION EXPENSES

- \$ _____ Contact Lenses, Contact Lens Solution & Cleaners
- \$ _____ Eye Examinations
- \$ _____ Eyeglasses, Reading Glasses, Prescription Sunglasses
- \$ _____ Laser Eye Surgeries, Radial Keratotomy/LASIK

OUT-OF-POCKET UNCOVERED MEDICAL CARE EXPENSES

- \$ _____ Copays, Coinsurance, Deductibles
- \$ _____ Prescribed Medication, including insulin and birth control
- \$ _____ Prescribed Vitamins

LAB EXAMS / TESTS

- \$ _____ Blood Tests, Spinal Fluid Tests, Urine/Stool Analyses
- \$ _____ Diagnostic Fees, Laboratory Fees
- \$ _____ Cardiographs
- \$ _____ X-Rays

MEDICAL TREATMENTS/PROCEDURES

- \$ _____ Acupuncture, Chiropractor
- \$ _____ Hearing Exams, Hearing Aids and Batteries
- \$ _____ Inpatient treatment for addiction to alcohol/drugs
- \$ _____ Infertility, In-Vitro Fertilization
- \$ _____ Physical Therapy, Speech Therapy
- \$ _____ Sterilization, Vasectomy, and Vasectomy Reversals
- \$ _____ Vaccinations and Immunizations
- \$ _____ Well Baby Care

MEDICAL SUPPLIES AND SERVICES

- \$ _____ Abdominal/Back Supports, Arch Supports/Orthopedic Insoles (*not for general comfort*) or Diabetic Shoes
- \$ _____ Blood Pressure Monitors
- \$ _____ Breast Pumps & Lactation Supplies
- \$ _____ Compression Hosiery above 30 mmHg
- \$ _____ Contraceptives, Norplant Insertion or Removal
- \$ _____ Counseling (*except for Marriage and Family*)
- \$ _____ Crutches, Wheelchair, Oxygen Equipment, Splints/Casts
- \$ _____ Medic Alert Bracelet or Necklace
- \$ _____ Hospital and Ambulance Services
- \$ _____ Insulin Supplies, Syringes
- \$ _____ Guide Dog (*for visual/hearing impaired person*)
- \$ _____ Mastectomy Bras, Prosthesis
- \$ _____ Medical Miles, Tolls, Parking, or Transportation Expenses (*essential to medical care*)
- \$ _____ Pregnancy Tests, Pre-Natal Vitamins

OVER-THE-COUNTER (OTC) PRODUCTS

- \$ _____ Allergy, Anti-Itch, Antihistamine Medicines, Eye Drops
- \$ _____ Digestive Tract Relief Medications, Antacids, Anti-Diarrhea Medications, Laxatives
- \$ _____ Anti-Nausea Medications, Motion Sickness Pills
- \$ _____ Cold and Flu Medications, Cough Drops & Syrups, Decongestants, Nasal Sinus Sprays, Sore Throat Spray, Sinus Medications, Throat Lozenges, Vapor Rubs
- \$ _____ First Aid Creams, Diaper Rash Ointments, Calamine Lotion, Bug Bite Medication, Wart Remover Treatments, Special Ointments/Burn Ointments, Rubbing Alcohol
- \$ _____ Menstrual Pain and Cramp Relief Medication
- \$ _____ Menstrual Products, including Tampons and Pads
- \$ _____ Pain Relievers, Analgesics, Aspirin, Fever Reducers, Muscle/Joint Pain Relievers
- \$ _____ Smoking Cessation Products, Nicotine Gum/Patches
- \$ _____ Sunscreen greater than SPF 14
- \$ _____ Athletes Foot Creams and Powders, Cold Sore Remedies, Hemorrhoid Medications, Lice and Scabies Treatments, Yeast Infection Treatments

\$ _____
Total Standard Health or Limited Health FSA Election

\$ _____
Divided by # of Payrolls = Deduction per Pay Period

Examples of Ineligible Health Care FSA Expenses

We're commonly asked which expenses are not eligible for payment from an FSA. Here are some examples, but again, it is not all inclusive.

- Canceled appointment fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic surgery, treatments, or procedures
- Toiletries or sundry items
- Vitamins or supplements for general health
- Food and meals that replace regular nutritional requirements

Personal care items or services for general health are not usually eligible, but if your health care provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*. This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the medical condition.

Sometimes a personal or general use item may be specialized for the specific purpose of treating or alleviating a medical condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.