## **Eligible Expense Listing**



#### **HEALTH CARE EXPENSES**

Expenses include medical, prescription, hearing, dental, vision and over-the-counter health care products for you or your qualifying spouse or children. Qualifying expenses are those incurred for treatment of a current or imminent medical condition. Cosmetic related expenses are eligible only for treatment of birth defects, accidents and/or disease. For more information, visit ASIFlex.com Useful Links to view "Eligible Expenses" and IRS Publication 502-Medical and Dental Expenses.

Acne treatments Acupuncture Allergy medicines Antacids & acid controllers Anti-fungal treatments Anti-itch treatments Antiparasitic & lice treatments Artificial limbs or teeth Aspirin & baby aspirin Athletic braces & supports Baby monitors, thermometers & nasal aspirators Bandages, tape & gauze Birth control and contraceptives Blood pressure monitors Body scans Braille books & magazines Breast pumps & accessories Breast reconstruction Callus & corn removers Chest rubs Children's cold & allergy medicines Chiropractor fees Cold sore treatments Concierge medical care (amount billed for service, not annual fees) Contact lenses, solutions & cleaners Copays, coinsurance & deductibles Cough, cold & flu medicines Dental treatments, fillings, crowns, bridges & implants Dentures, adhesives & cleaners Diabetic supplies & test strips, etc. Diagnostic services & devices Diaper rash cream

Eye exams & prescription eyeglasses External pain relievers Eye drops Eyeglass lens cleaners Fertility enhancement & treatments\* Fever & pain relievers First aid kits, first aid treatments & supplies Glucosamine supplements Guide dog; or service animal\* Hearing exams, aids/devices & batteries Heating pads & hot/cold packs Hemorrhoidal treatments Home diagnostic kits Home medical equipment Hospital services **Immunizations** Incontinence products, catheters & ostomy supplies Infertility treatments\* Insulin & diabetic supplies Laboratory & diagnostic fees Lactation expenses Language training, e.g. for dyslexia\* Laser eye surgery Laxatives Learning disability treatments\* Lip balm 15+ SPF & broad spectrum Massage therapy\* Medical conferences\* Medical monitoring & testing Menstrual care products, tampons, pad, cups & liners. etc. Midwife fees

OB/GYN services (based on date of birth, does not include prepaid fees) Occlusal guards Operations Ophthalmologist fees Optometrist fees Oral pain relievers Orthopedic & surgical supports such as splints, slings, back and neck supports & joint braces Orthotics such as insoles & arch supports Osteopath fees Over-the-counter drugs & medicines Over-the-counter health care products Oxygen & equipment Pain relievers Physical examinations Physical therapy Physician services Pill holders & cutters Pregnancy & fertility test kits Prenatal vitamins Prescription drugs & medicines Prosthesis Psychiatric care fees Psychoanalysis fees Psychologist fees Reading glasses Sales tax, shipping &handling fees for medical supplies

Mileage incurred to seek health care

Nasal spray & strips

**Nursing services** 

Nicotine gum & patches

Motion sickness aids & wristbands treatment Smoking cessation programs & medicines Speech therapy Stomach & digestive aids Substance abuse treatment if physician ordered for alcoholism or drug dependency Sunglasses, prescription Sunscreen 15+ SPF & broad spectrum Sports physicals Surgical fees Sterilization fees Telephone for disability or impairment Therapy for medical conditions Thermometers Transplants Travel expenses to seek health care Vaccinations Vaporizers Vasectomy Vision care Vision correction surgery Walking aids, canes, crutches & walkers Wart removers Weight loss program for medical condition\* (does not include diet foods) Wheelchairs Wigs\* X-ray fees

Sleep aids & sleep apnea

### **DEPENDENT CARE EXPENSES**

Child or adult day care services while you and your spouse (if married) are working. For more information, visit ASIFlex.com Useful Links to view Eligible Expenses and IRS Publication 503-Child and Dependent Care Expenses.

Adult, elder or senior day care center Au pair services **Babysitting services** 

Before- or after-school care

Durable medical equipment

Ear drops & wax removers

Child day care center Day camp expenses (not overnight camp)

Late pick-up fees Nanny services

Nursery school Registration fees Sick child care center

<sup>\*</sup> Some items may require additional documentation such as a letter of medical necessity from your health care provider, or additional information for capital expenditures or specialized items. Visit ASIFlex.com Useful Links to view Eligible Expenses and IRS Publication 502-Medical and Dental Expenses. 04\_2020

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

## **Dependent Care Worksheet**

<b>Month</b> Month 1	<b>Amount</b> \$
Month 2	\$
Month 3	\$
Month 4	\$
Month 5	\$
Month 6	\$
Month 7	\$
Month 8	\$
Month 9	\$
Month 10	\$
Month 11	\$
Month 12	\$
TOTAL	\$



