

# Health & Day Care FSA

## Expense Estimation Worksheet



Estimating your expenses is an important step in enrolling in a Flexible Spending Arrangement. The more accurate you are in estimating your expenses the better the plan will work for you. Here are some tools to help you proceed:

### Locating your Family's Health Care information:

- ✓ Insurance Explanation of Benefits
- ✓ Financial Records and Check Register
- ✓ Health Care Provider Statements
- ✓ Old Credit Card Bills

After you are able to locate your Health Care Expenses, take into account the health care costs not paid for by insurance for yourself, your spouse, and your eligible dependents.

### Health Care Expenses Estimated Amount

Chiropractic Visits	\$
Dental Care (routine checkups, fillings, etc.); Orthodontics	\$
Eye Care: Exams, prescription (sun)glasses, contacts, solutions	\$
Laser Eye Surgery and procedures	\$
Insurance Copays and Deductibles	\$
<b>Over-the-Counter Medications (need Rx)</b>	\$
Prescription drugs	\$
Routine Exams	\$
Additional Eligible Expenses (see below)	\$
<b>Annual Total</b>	\$

### Day Care Expenses Estimated Amount

Before/After School Care	\$
Elder Day Care	\$
Pre-School	\$
Day Care, including summer day camp fees	\$
Additional Eligible Expenses (see below)	\$
<b>Annual Total</b>	\$



## WHAT'S ELIGIBLE?

We've assembled a list of common expenses that are eligible for reimbursement. Not all eligible items are on this list. Visit our website for more information: [www.naviabenefits.com](http://www.naviabenefits.com).

### ELIGIBLE HEALTH CARE EXPENSES

Items marked with an asterisk (\*) are considered over-the-counter (OTC) medicines or drugs and require a prescription for reimbursement.

Acne treatment*	Contraceptives	Humidifiers	Prenatal vitamins
Acupuncture	Copays	Immunizations	Prescription drugs
Allergy & Sinus medication*	CPAP machine	Incontinence supplies	Prescription glasses
Antacids*	Crutches	Individual counseling	Reading glasses
Antibiotic ointment*	Deductibles	Insect bite treatment*	Respiratory Treatments*
Anti-diarrheal*	Dental services	Lab work	Saline nasal spray
Antifungal foot cream*	Diabetic supplies	Lactation Consultant	Sleep Aids & Sedatives*
Anti-gas medication*	Diaper rash ointment*	Lactose intolerance pills*	Sleep deprivation treatment
Anti-itch cream/gel*	Digestive Aids*	Laser eye surgery	Smoking cessation products*
Antiseptic*	Drug addiction treatment	Laxative*	Smoking cessation programs
Asthma treatment*	Ear wax removal kits	Lice treatment products*	Speech therapy
Bandages/gauze	Eye drops	Massage therapy	Sterilization procedures
Birthing classes or Lamaze	Feminine Anti-Fungal/Anti-Itch*	Medical records	Stool softener*
Blood pressure monitor	Fertility monitor	Motion sickness relief*	Thermometer
Braces (knee, ankle, wrist)	Fertility treatment	Nasal strips	Throat lozenges*
Breast pump	First Aid Kit	Naturopathic visits	Vision care
Burn cream*	Flu shots	Orthodontia	Walker
Chiropractic services	Genetic testing	Orthotic inserts	Wart treatment*
Coinsurance	Group therapy	Oxygen and equipment	Wheelchair & repair
Cold/hot pack	Hearing aids & supplies	Pain relievers*	X-rays
Cold sore treatment*	Hemorrhoid medication*	Parasitic treatment*	
Cold/cough medication*	Hormone therapy	Physical exams	
Compression stockings	Hospital fees	Physical therapy	
Contacts & solutions		Pregnancy test	

### ADDITIONAL DOCUMENTATION REQUIRED

Certain medical expenses are not reimbursable unless a licensed health care practitioner states that the service or product is medically necessary. We will need a Letter of Medical Necessity (LMN) for these items to be reimbursed. The LMN is available on our website. Please note that certain expenses may require additional documentation to be reimbursed.

Automobile modifications	Cosmetic procedures	Lumbar support	Vitamins and supplements
Braille books	Family therapy	Mole removal	Weight loss programs
Breast augmentation	Home medical equipment	Motorized scooter	
Breast reduction	Learning disability fees	Nutritionist expenses	

### INELIGIBLE HEALTH CARE EXPENSES

The following expenses are **not** eligible. Under no circumstances will the following items be reimbursed. Please do not submit claims for these items.

Books	Funeral expenses	Insurance premiums	Hair growth products
Boutique practice fees	Gym membership	Late fees	Electric toothbrush/picks
COBRA premiums	Hair transplant	Liposuction	Teeth whitening
College insurance	Household help	Marijuana	Toiletries
CPR classes	Hygiene products	Marriage counseling	Veneers
Electrolysis/laser hair removal	Illegal operations/substances	Massage chair	Warranties
Face lift	Imported OTC items	Mattress	
Finance charges	Imported prescriptions	Missed appointment fee	