

FSA Election Worksheets and Eligible Expenses List

Health FSA Eligible Expenses

Visit benstrat.com for an expanded list of eligible expenses. If you have questions on what constitutes an FSA eligible expense, please contact our Customer Relations Team: 1-888-401-FLEX (3539) or info@benstrat.com.

Ace bandages	Dentures	Medical equipment
Acne treatments*	Diabetic monitors and supplies	Medical monitoring and testing
Acupuncture	Diaper rash ointments*	Mileage to receive medical care
Allergy and sinus medicine*	Eye exams	Motion and nausea medicine*
Antacids and digestive aids*	Eye glasses	Nutritional supplements**
Antibiotic ointments*	Eye related equipment	Orthodontia
Antifungal and anti-itch*	Family planning products	Orthopedic and surgical supports
Aspirin and other pain relievers*	Fertility monitors	Orthotics
Asthma medicine*	First aid kits	Physical exams
Athletic treatments*	Gastrointestinal medication*	Physical therapy
Band-aids	Genetic testing**	Physician services
Blood pressure monitors	Glucosamine*	Pregnancy tests
Canker and cold sore remedies*	Group therapy	Prescription drugs
Chest rubs*	Hearing aids and batteries	Psychoanalysis and mental health therapy
Chiropractic care	Hearing care	Reading glasses
Cholesterol meter test kit and supplies	Herbal medicine**	Sleep aids*
Cold and flu medicines*	Hospitalization costs	Smoking deterrents*
Contact lenses	Hypnosis – treatment of illness	Sunscreen (SPF 30 and higher)
Contact lens cleaning solution	Immunizations	Thermometers
Coinsurance	Imaging scans	Toothache gels*
Copays	Incontinence supplies	Urological products
Corn and callus removers*	Individual therapy	Vision care
Cough medicine*	Laboratory fees	Vitamins**
CPAP machine	Lasik eye surgery	Wart removal treatment*
Crutches, canes and walkers	Laxatives*	Weight loss drugs and programs**
Deductibles	Lice treatments*	Wheelchairs and repairs
Dental care (routine and corrective)	Massage therapy**	

Examples of ineligible expenses include: Cosmetic surgery and procedures (including teeth whitening); Custodial nursing care; Dental hygiene products; Health club dues; Insurance premiums.

* Although Over-The-Counter (OTC) medicines and drugs do not need a prescription to be purchased, one is needed for an OTC medicine/drug to be FSA eligible. See note below.

**Dual Use items and services are those that can be used for general health as well as to treat an illness or physical defect. If the item/service is prescribed to treat an illness or physical defect, a Physician Statement form needs to be submitted to Benefit Strategies for it to be FSA eligible. This form can be found on benstrat.com, or by contacting our Consumer Relations team. See note below.

NOTE: OTC Medicines/drugs and Dual Use items/services will not work with the FSA card. You will need to pay with another means and submit for reimbursement through one of our reimbursement methods. Remember to submit the prescription or Physician Statement, along with the purchase documentation.

Election Worksheet

The Health FSA and Dependent Care FSA Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at benstrat.com.

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

Health FSA Election Worksheet

Health Care Expenses Per Plan Year	For You	For Your Spouse	For Your Children
Dental Deductibles	\$	\$	\$
Dental Work	\$	\$	\$
Orthodontia	\$	\$	\$
Eye Exams, LASIK Surgery	\$	\$	\$
Prescription Eyeglasses, Reading Glasses, Contact Lenses	\$	\$	\$
Vision Solutions and Supplies	\$	\$	\$
Medical Deductible	\$	\$	\$
Medical Copays	\$	\$	\$
Prescription Drugs	\$	\$	\$
Medical Supplies	\$	\$	\$
Chiropractic Care and Acupuncture	\$	\$	\$
Total each family member column	(A)\$	(B)\$	(C)\$
Total cost of health care expenses for the plan year (A)+(B)+(C)	(D)\$		
Enter the maximum permitted Health FSA election <i>This can be found on your FSA Enrollment Form</i>	(E)\$		
Election amount. Enter (D) or (E), whichever is less Also enter this amount on your FSA Enrollment Form	(F)\$		
Number of pay periods in a plan year	(G)		
Payroll deduction amount per pay period (F) ÷ (G)	\$		

Dependent Care FSA Election Worksheet

Eligible weekly dependent care cost	(A) \$
Weeks of dependent care you will have in the plan year	(B)
Total cost of dependent care for the plan year (A) x (B)	(C) \$
Enter the maximum permitted Dependent Care FSA election <i>This can be found on your FSA Enrollment Form</i>	(D)\$
Election amount. Enter (C) or (D), whichever is less Also enter this amount on your FSA Enrollment Form	(E) \$
Number of pay periods in a plan year	(F)
Payroll deduction amount per pay period (E) ÷ (F)	(G)