

SECTION 125 CAFETERIA PLAN: EXPENSE WORKSHEET

MEDICAL CARE:

annual household expense

Adoption/Medical Expenses	\$ _____
Ambulance Services	\$ _____
Blood Pressure Monitoring	\$ _____
Body Scans	\$ _____
Contact Lenses	\$ _____
Contraceptives such as Birth Control Pills, Vasectomy, and Norplant	\$ _____
Co-Pays & Deductibles for Medical, Dental, and Vision	\$ _____
Dental Check Ups and Care	\$ _____
Drug Addiction Treatments	\$ _____
Fertility Treatments (Only for inability to conceive naturally)	\$ _____
Hearing Aids/Supplies	\$ _____
Hospital Services	\$ _____
Immunizations	\$ _____
Lab / X-ray Fees	\$ _____
LASIK Eye Surgery	\$ _____
Operations (non-cosmetic)	\$ _____
Orthodontia	\$ _____
Prescription Drugs	\$ _____
Smoking Cessation Products such as Nicorette	\$ _____

OVER-THE COUNTER ITEMS: (* Requires a Physicians Statement to be eligible for reimbursement)

Allergy Medications such as Claritin and Benadryl*	\$ _____
Antacids such as Zantac, Pepcid AC, Prilosec, and Tagamet*	\$ _____
Bandages such as Band-Aids, Gauze, and tape	\$ _____
Cough and Cold Medications such as Nyquil, Robitussin, etc.*	\$ _____
Contraceptives Non-Prescription*	\$ _____
Contact Lens Solutions and Cleaners	\$ _____
Diabetic Supplies	\$ _____
Diaper Rash Ointments	\$ _____
Diarrhea Medicines*	\$ _____
First Aid Supplies	\$ _____
Hemorrhoid Treatments*	\$ _____
Laxatives such as Phillip’s Milk of Magnesia*	\$ _____
Menstrual Relief such as Pamprin and Midol*	\$ _____
Nasal Decongestant Sprays, Drops, and Inhalers*	\$ _____
Pain Relievers such as Tylenol, Motrin, Aleve and Aspirin*	\$ _____
Prenatal Vitamins*	\$ _____
Sleeping Aids such as Unisom and Somnex*	\$ _____
Sunscreen SPF 30+, Sunburn Creams*	\$ _____

DUAL-PURPOSE:

These items are reimbursable *only with appropriate substantiation from a health care provider.*

Acne Treatments	\$ _____
Birthing Classes	\$ _____
Counseling (only for a medical reason)	\$ _____
Health Club Dues/Fitness Fees	\$ _____
Massage Therapy	\$ _____
Orthopedic Shoes and Inserts	\$ _____
Vitamins (<i>must be</i> recommended by a medical practitioner to treat a specific medical condition)	\$ _____
Skin Care Treatments	\$ _____
Weight Reduction Programs	\$ _____
Alternative Healers such as Herbal and Holistic	\$ _____
Cold or Hot Compresses	\$ _____
Dietary Supplements	\$ _____
Sun Screen Products	\$ _____

TOTAL ANNUAL ELIGIBLE EXPENSES \$ _____

Logon to www.flexasap.com to use our Online Savings Calculator and view a list of eligible and ineligible expenses. For all other questions please call 877.506.1660 to speak with a live representative, weekdays 8AM – 5PM PST.