

This worksheet will help you determine an election amount for the upcoming Health Care Spending Account (HCSA) plan years. **Don’t forget that your tax dependents’ health care expenses are eligible for the GIC’s HCSA program.**An expense calculator is also available at [www.asiflex.com](http://www.asiflex.com)/gic.

**Fiscal Plan Year**

**7/1/2017 – 6/30/2018**

**Estimated Expenses**

**Up to $2,600\***

**Medical Expenses not covered by Insurance**

Deductibles, co-pays, coinsurance $\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician visits/routine exams $\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription drugs $\_\_\_\_\_\_\_\_\_\_\_\_\_

Over-the-Counter health care products $\_\_\_\_\_\_\_\_\_\_\_\_\_

Diabetic supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_

Annual physicals $\_\_\_\_\_\_\_\_\_\_\_\_\_

Chiropractic treatments $\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subtotal Medical Expenses $ \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dental Expenses not covered by Insurance**

Checkups/cleanings $\_\_\_\_\_\_\_\_\_\_\_\_\_

Fillings $\_\_\_\_\_\_\_\_\_\_\_\_\_

Root canals $\_\_\_\_\_\_\_\_\_\_\_\_\_

Crowns/Bridges/Dentures $\_\_\_\_\_\_\_\_\_\_\_\_\_

Oral surgery $\_\_\_\_\_\_\_\_\_\_\_\_\_

Orthodontia $\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subtotal Dental Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Vision/Hearing Expenses not covered by Insurance**

Exams $\_\_\_\_\_\_\_\_\_\_\_\_\_

Eyeglasses $\_\_\_\_\_\_\_\_\_\_\_\_\_

Over-the-Counter reading glasses $\_\_\_\_\_\_\_\_\_\_\_\_\_

Prescription sunglasses $\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact lenses & cleaning solutions $\_\_\_\_\_\_\_\_\_\_\_\_\_

Corrective eye surgery (LASIK, cataract, etc.) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Hearing exams and hearing aids (and batteries) $\_\_\_\_\_\_\_\_\_\_\_\_\_

Mileage Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_

**Subtotal Vision/Hearing $**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Health Care Expenses $\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Maximum Limit \* $ 2,600**

**\*Limit is subject to change by IRS regulations.**

Rev. 3/2017

**Health Care Expense Planning Worksheet**

**Eligible Expenses**

* Acupuncture
* Alcoholism treatment
* Ambulance
* Artificial teeth
* Birth control pills
* Braille books and magazines
* Breast pumps
* Chiropractors
* Coinsurance amounts and deductibles
* Contact Lenses, solutions and cleaners
* Crutches
* Dental treatment\*
* Dermatologist visits\*
* Eyeglasses (prescription); vision exams
* Guide dog or other animal aide
* Hearing devices and batteries
* Hospital services
* Immunizations (including flu shots)
* Infertility treatments
* Insulin
* Laboratory/diagnostic fees
* Language training for child with dyslexia or disabled child
* Laser eye surgery
* Learning disability
* Massage therapy (medical necessity)\*
* Mileage you incur to seek medical care (rate is subject change and without notice from IRS)
* Norplant insertion or removal
* Nursing services (medically necessary)
* Nutritionist’s expenses (medical necessity)
* Occlusal guards to prevent teeth grinding
* Orthodontia
* Over-the-counter drugs (require a prescription)\*
* Over-the-counter health care items
* Oxygen
* Pap smears
* Physical therapy
* Prescription drugs
* Prosthesis
* Psychiatric care
* Psychologist
* Radial keratotomy
* Reading glasses
* Smoking cessation programs
* Sterilization
* TMJ related treatments
* Transplants
* Travel expenses related to medical care only
* Wheelchair
* Wigs (medical reasons only)
* X-ray fees

\* Items are eligible for reimbursement through a Health Care FSA if they are treating a current or imminent medical condition. Some items may require additional documentation such as a letter of medical necessity or a prescription (for over-the-counter medications) from your medical provider. Please visit [www.asiflex.com/GIC](http://www.asiflex.com/GIC) for a comprehensive list of eligible expenses. Rev. 3/2017

**Ineligible Expenses**

* Burial expenses
* Cosmetic procedures (unless necessary to improve a deformity arising from congenital abnormality, personal injury from an accident or trauma, or a disfiguring disease)
* Dancing lessons
* Diapers or diaper service
* Ear piercing
* Electrolysis (see cosmetic procedures)
* Exercise equipment, unless prescribed for a specific medical condition
* Face lifts (see cosmetic procedures)
* Fitness programs for general health
* Funeral expenses
* Hair transplant (see cosmetic procedures)
* Health club dues
* Holistic or natural remedies
* Illegal operations and treatments
* Items paid or payable by insurance
* Items you intend to claim as a credit for

income tax purposes

* Marriage counseling
* Maternity clothes
* Non-prescription sunglasses (sunclips)
* Nursing care for a normal, healthy baby
* Nutritional supplements (general good health)
* Overnight camp (Dependent Care)
* Premiums for group health coverage maintained through spouse’s employer or individual insurance premiums
* Rogaine (see cosmetic procedures)
* Safety glasses (unless prescription)
* Swimming lessons
* Tanning salons and equipment
* Teeth whitening or bleaching (even if as a result of a congenital defect)
* Vision discount programs or warranty charges
* Vitamins (over-the-counter)
* Warranties for eyeglasses and/or hearing aids
* Weight loss programs and drugs (unless a medical necessity exists for a specific medical condition)