

This worksheet will help you estimate the expenses for you, your spouse, and eligible dependents. Transfer the Deduction Per Pay Period for Health and Dependent Care to the Enrollment Form.

Group Insurance Premiums

If you participate in your employer's insurance plan(s), your premiums are deducted from your pay pre-tax unless you notify your employer otherwise.

My BESTflex Plan Accounts

If you establish a Health Savings Account (HSA), you may only enroll in the Limited Health Care FSA, which can only reimburse you for eligible dental, vision and preventative expenses and the Dependent Care FSA

My Plan Dates (Refer to "My Company Plan" Eligibility section)

_____ - _____ to _____ - _____
 My Effective Start Date (mm-dd-yyyy) My Plan Year Start (mm-yyyy) My Plan Year End (mm-yyyy) # Payroll Deductions

Examples of eligible Health Care FSA expenses:

DENTAL SERVICES

- \$_____ Crowns/Bridges
- \$_____ Dental X-Rays
- \$_____ Dentures
- \$_____ Exams/Teeth Cleanings
- \$_____ Extractions
- \$_____ Fillings
- \$_____ Gum Treatments
- \$_____ Oral Surgery
- \$_____ Orthodontia/Braces

INSURANCE-RELATED ITEMS

- \$_____ Copays
- \$_____ Coinsurance
- \$_____ Deductibles

LAB EXAMS / TESTS

- \$_____ Blood Tests
- \$_____ Cardiographs
- \$_____ Diagnostic Fees
- \$_____ Laboratory Fees
- \$_____ Spinal Fluid Tests
- \$_____ Urine/Stool Analyses
- \$_____ X-Rays

MEDICATION

- \$_____ Insulin
- \$_____ Prescribed Birth Control
- \$_____ Prescribed Vitamins*
- \$_____ Prescription Drugs (including co-pays)*

OVER-THE-COUNTER MEDICINE

Important: Starting January 1, 2010, the following over-the-counter medicines can only be reimbursed by the BESTflex Plan with a doctor's prescription:

- \$_____ Allergy Medicines
- \$_____ Antihistamines
- \$_____ Analgesics
- \$_____ Antacids
- \$_____ Anti-Diarrhea Medications
- \$_____ Anti-Itch Medications
- \$_____ Anti-Nausea Medications
- \$_____ Aspirin
- \$_____ Athletes Foot Creams and Powders
- \$_____ Cold Sore Remedies
- \$_____ Cough Drops
- \$_____ Cough Syrups
- \$_____ Decongestants

\$_____ Subtotal

- \$_____ Eye Drops
- \$_____ Fever Reducers
- \$_____ First Aid Cream (Bactine, special diaper rash ointments, calamine lotion, bug bite medication, wart remover treatments)
- \$_____ Digestive Tract Relief Medications
- \$_____ Flu and Cold Medications
- \$_____ Hemorrhoidal Medications
- \$_____ Laxatives
- \$_____ Lice and Scabies Treatments
- \$_____ Menstrual Cycle Products (for pain and cramp relief)
- \$_____ Motion Sickness Pills
- \$_____ Muscle / Joint Pain Relievers
- \$_____ Nasal Sinus Sprays
- \$_____ Nicotine Gum / Patches
- \$_____ Pain Relievers
- \$_____ Pedialyte
- \$_____ Retin A (non-cosmetic)
- \$_____ Rubbing Alcohol
- \$_____ Sinus Medications
- \$_____ Sleeping Aids
- \$_____ Smoking Cessation Products
- \$_____ Sore Throat Sprays
- \$_____ Special Ointments / Cream for Sunburns
- \$_____ Throat Lozenges
- \$_____ Vapor Rubs
- \$_____ Weight Loss Drugs (only to treat a specific disease)
- \$_____ Yeast Infection Treatments

OTHER MEDICAL TREATMENTS/ PROCEDURES

- \$_____ Acupuncture
- \$_____ Alcoholism (inpatient treatment)
- \$_____ Breast Pumps and Lactation Supplies
- \$_____ Chiropractor Services
- \$_____ Drug Addiction (inpatient treatment)
- \$_____ Hearing Exams
- \$_____ Hospital Services
- \$_____ Infertility
- \$_____ In-vitro Fertilization
- \$_____ Norplant Insertion or Removal
- \$_____ Orthopedic Shoes
- \$_____ Patterning Exercises
- \$_____ Physical Examination (not employment related)
- \$_____ Physical Therapy

\$_____ Subtotal

- \$_____ Speech Therapy
- \$_____ Sterilization
- \$_____ Vaccinations and Immunizations
- \$_____ Vasectomy and Vasectomy Reversals
- \$_____ Well Baby Care

OTHER MEDICAL SUPPLIES/SERVICES

- \$_____ Abdominal/Back Supports
- \$_____ Ambulance Services
- \$_____ Arches (requires doctor's prescription)
- \$_____ Contraceptives
- \$_____ Counseling (except for Marriage and Family)
- \$_____ Crutches
- \$_____ Guide Dog (and other animal aides)
- \$_____ Hearing Aids & Batteries
- \$_____ Hospital Bed
- \$_____ Insulin Supplies
- \$_____ Learning Disability (special school/ teacher)
- \$_____ Lead Paint Removal (if not capital expense and incurred for a poisoned child)
- \$_____ Medic Alert Bracelet or Necklace
- \$_____ Medical Miles, Tolls, and Parking
- \$_____ Orthopedic Shoes (cost above regular shoes)
- \$_____ Oxygen Equipment
- \$_____ Pregnancy Tests
- \$_____ Pre-Natal Vitamins
- \$_____ Prosthesis
- \$_____ Reading Glasses
- \$_____ Splints/Casts
- \$_____ Support Hose (if medically necessary)
- \$_____ Syringes
- \$_____ Transportation Expenses (essential to medical care)
- \$_____ Wheelchair
- \$_____ Wigs (hair loss due to disease)

VISION EXPENSES

- \$_____ Contact Lenses
- \$_____ Contact Lens Solution
- \$_____ Eye Examinations
- \$_____ Eyeglasses
- \$_____ Laser Eye Surgeries
- \$_____ Prescription Sunglasses
- \$_____ Radial Keratotomy/LASIK

\$_____ Subtotal

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please refer to Section 213 of the Internal Revenue Code or call our toll free customer service line 800 346 2126.

Some medically necessary items may be covered by the Health Care FSA if prescribed by a physician for a specific medical condition. The prescription should contain the specific medical condition and timeframe for treatment.

OVER-THE-COUNTER (OTC) MEDICINE

Important note about OTC medicine reimbursement: Due to health care reform regulations, the Health Care FSA only reimburses your OTC medicine expenses if you have a doctor's prescription for them. Doctor's prescriptions must include the patient name, medication name, dosage, time frame for treatment and any other state law requirements. Only OTC drugs and medicines with a prescription and filled by the pharmacy will be eligible for reimbursement. Make sure you plan your annual Health Care FSA election accordingly.

*Excludes drugs imported from Canada and other countries

\$ _____
Total Health or Limited Health FSA Election

\$ _____
Divided by #Payrolls = Deduction per Pay Period

\$ _____
Total Dependent Care FSA Election

\$ _____
Divided by #Payrolls = Deduction per Pay Period