

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 | \$ |
| Over-the-Counter Medications (need Rx) | \$ |
| Prescription drugs | \$ |
| Routine Exams | \$ |
| Additional Eligible Expenses (see below) | \$ |
| Annual Total | \$ |

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) | \$ |
| Annual Total | \$ |



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.

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 | |