Eligible Expense Listing



HEALTH CARE EXPENSES

Need money upfront to pay for health care expenses? It's easy with a flexible spending account! You can access

your plan year election amount even before you have made all contributions! Eligible expenses include medical, prescription, hearing, dental, vision and over-the-counter health care products for you or your qualifying spouse or children. Qualifying expenses are those incurred for treatment of a current or imminent medical condition. Cosmetic related expenses are eligible only for treatment of birth defects, accidents and/or disease. For more information, visit ASIFlex.com Useful Links to view "Eligible Expenses" and IRS Publication 502-Medical and Dental Expenses.

Acne treatments Acupuncture Allergy medicines Antacids & acid controllers Anti-fungal treatments Anti-itch treatments Antiparasitic & lice treatments Artificial limbs or teeth Aspirin & baby aspirin Athletic braces & supports Baby monitors, thermometers & nasal aspirators Bandages, tape & gauze Birth control and contraceptives Blood pressure monitors Body scans

Braille books & magazines Breast pumps & accessories Breast reconstruction Callus & corn removers

Chest rubs Children's cold & allergy medicines Chiropractor fees Cold sore treatments

Concierge medical care (amount billed for service, not annual fees) Contact lenses, solutions & cleaners Copays, coinsurance & deductibles Cough, cold & flu medicines Dental treatments, fillings, crowns,

bridges & implants Dentures, adhesives & cleaners Diabetic supplies & test strips, etc. Diagnostic services & devices

Diaper rash cream Durable medical equipment Ear drops & wax removers

Eye exams & prescription eyeglasses External pain relievers

Eye drops

Eyeglass lens cleaners Face masks for COVID-19 Fertility enhancement &

treatments*

Fever & pain relievers

First aid kits, first aid treatments &

Glucosamine supplements Guide dog; or service animal* Hand sanitizers for COVID-19

Hearing exams, aids/devices &

batteries

Heating pads & hot/cold packs Hemorrhoidal treatments Home diagnostic kits Home medical equipment

Hospital services **Immunizations**

Incontinence products, catheters &

ostomy supplies Infertility treatments* Insulin & diabetic supplies Laboratory & diagnostic fees

Lactation expenses

Language training, e.g. for dyslexia*

Laser eye surgery

Laxatives

Learning disability treatments* Lip balm 15+ SPF & broad spectrum

Massage therapy* Medical conferences* Medical monitoring & testing

Menstrual care products, tampons, pad, cups & liners. etc.

Nanny services

Midwife fees

Mileage incurred to seek health care Motion sickness aids & wristbands

Nasal spray & strips Nicotine gum & patches **Nursing services**

OB/GYN services (based on date of birth, does not include prepaid fees)

Occlusal guards Operations Ophthalmologist fees

Optometrist fees Oral pain relievers

Orthopedic & surgical supports such as splints, slings, back and neck supports & joint braces

Orthotics such as insoles & arch supports Osteopath fees

Over-the-counter drugs & medicines Over-the-counter health care

products

Oxygen & equipment Pain relievers Physical examinations Physical therapy Physician services Pill holders & cutters Pregnancy & fertility test kits

Prenatal vitamins

Prescription drugs & medicines

Prosthesis

Psychiatric care fees Psychoanalysis fees Psychologist fees

Reading glasses Sales tax, shipping &handling fees

for medical supplies

Sanitizing wipes for COVID-19 Sleep aids & sleep apnea

treatment

Smoking cessation programs &

medicines Speech therapy

Stomach & digestive aids Substance abuse treatment if

physician ordered for alcoholism or drug dependency

Sunglasses, prescription Sunscreen 15+ SPF & broad

spectrum Sports physicals Surgical fees Sterilization fees

Telephone for disability or

impairment

Therapy for medical conditions

Thermometers Transplants

Travel expenses to seek health

care Vaccinations Vaporizers Vasectomy Vision care

Vision correction surgery Walking aids, canes, crutches &

walkers Wart removers

Weight loss program for medical condition* (does not

include diet foods) Wheelchairs Wigs* X-ray fees

* Some items may require additional documentation such as a letter of medical necessity from your health care provider, or additional information for capital expenditures or specialized items. Visit ASIFlex.com Useful Links to view Eligible Expenses and IRS Publication 502-Medical and Dental Expenses.

DEPENDENT CARE EXPENSES

Child or adult day care services while you and your spouse (if married) are working. For more information, visit ASIFlex.com Useful Links to view Eligible Expenses and IRS Publication 503-Child and Dependent Care Expenses.

Adult, elder or senior day care center Au pair services **Babysitting** services Before- or after-school care

Child day care center Day camp expenses (not overnight camp) Late pick-up fees

Nursery school Registration fees Sick child care center

Expense Worksheet



Use this worksheet to estimate your expenses and plan only for recurring and predictable expenses, or for planned surgery or treatments you will incur during the plan year.

Health Care Worksheet

Medical	Amount
Copays, deductibles	\$
Physician visits	\$
Prescription & OTC medicines	\$
Over-the-Counter items	\$
Diabetic supplies	\$
Chiropractic treatments	\$
Hearing exams	\$
Hearing aids & batteries	\$
Mileage	\$
Dental	
Fillings	\$
Crowns	\$
Bridges	\$
Dentures & cleaners	\$
Oral surgery	\$
Orthodontia	\$
Mileage	\$
Vision	
Prescription eyeglasses	\$
Prescription sunglasses	\$
Reading glasses	\$
Contact lenses	\$
Contact cleaners	\$
Laser eye surgery	\$
Mileage	\$

Dependent Care Worksheet

Month	Amount
Month 1	\$
Month 2	\$
Month 3	\$
Month 4	\$
Month 5	\$
Month 6	\$
Month 7	\$
Month 8	\$
Month 9	\$
Month 10	\$
Month 11	\$
Month 12	\$
TOTAL	\$ <u> </u>



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TOTAL

