

# Employee Worksheet

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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)

My Effective Start Date (mm-dd-yyyy) \_\_\_\_\_ to \_\_\_\_\_  
 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
- \$ \_\_\_\_\_ Arch Supports/Orthotic Insoles (*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: 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

\*\*Custom made shoes to treat or alleviate a specific medical condition. Included with the receipt should be a Letter of Medical Necessity from a physician. The excess cost above the normal cost of shoes is the eligible medical expense.

\$ \_\_\_\_\_  
 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