Worksheet for Medical/Dental/Vision Expenses

Use this worksheet to estimate your reimbursement of "out-of-pocket" medical, dental and vision expenses for the year. Remember:

- You can include unreimbursed expenses for spouse and dependents.
- This is only a partial list from the "List of Eligible Expenses."
- See IRS publication 502 "Medical and Dental Expenses" for specifics on what the IRS allows.
- Focus on the kinds of expenses you and your family normally have or have scheduled for the upcoming year. Remember you will not get a refund of unused money that remains in your account. It's better to be slightly conservative when determining the total deduction amount.

Acupuncture	\$
Chiropractic care	\$
Contact lenses and solutions	\$
Co-insurance	\$
Co-payments for office visits	\$
Co-payments for prescriptions	\$
Deductibles	\$
Dental care expenses (routine)	\$
Dental care expenses (fillings/other services)	<u>\$</u> \$
Eyeglasses and prescription sunglasses	\$
Fitness club membership if necessary for medical reason	s \$
Fitness equipment if necessary for medical reasons	\$
Hearing Aids	\$
Immunizations and inoculations	\$
Infertility treatment including in-vitro fertilization	\$
Laser eye surgery	\$
Orthodontic expenses	\$
"Over the counter" eligible items	\$
Psychiatric treatment/counseling	\$
Other:	\$
Total	expenses:

"Over the Counter" products for Section 125 Health Care Reimbursement Accounts

Effective January 1, 2011

Drugs & Medicines sold "over the counter" such as asprin, cold medicine, bacitracin etc. now require a prescription from your doctor to be eligible for reimbursement through your Section 125 Plan.

Not Eligible for reimbursement (partial list)

Baby wipes & diapers Dental floss Ear treatments Toothpaste

Moisturizers & powders Deodorants Mouthwash Vitamins (general health)

Shampoo Soap Teeth whitening/bleaching

Call ABS at 1-877-732-8125 with any questions.

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