



FSA Worksheets

*Dependent Day Care &
Health Care Expenses*



A UnitedHealthcare Company

Allowable health care flexible spending account expenses

These expenses may be allowable for reimbursement through a health care flexible spending account only after the expense has been properly substantiated.

At a minimum, you will need to submit:

1. The claim form containing an acknowledgment that the charges are not reimbursable under another benefits plan.
2. A copy of the explanation of benefits statement from the

benefits plan (if applicable), or an itemized bill or statement from the provider or third party that the expense has been incurred.

NOTE: Procedures which are performed strictly for cosmetic purposes are NOT ALLOWABLE by law.

Medical		
Deductibles	Counseling for learning disability	Private hospital room
Coinsurance	Alcohol/drug treatment	Private nurse
Routine checkup	Special handicapped schools	OB/GYN exams
Office visit	Physical therapy	Psychologist
Well baby care	Chiropractor	Prescription drugs: e.g. contraceptives, insulin & other medication requiring a prescription
Immunizations	Osteopath	Laboratory fees
Acupuncture	Emergency room	Artificial limbs
Oxygen	Infertility treatment	Crutches/wheelchair
Physician bills	Most surgery	Hospital bills
Parking while at doctor	Hospital bills	Mileage to/from doctor

Dental		
Deductibles	Orthodontics	Anesthesia
Coinsurance	Crown/bridge	Root canal
Dental exam	Oral surgery	Dentures
X-rays	Extractions	Fillings
Space maintainers	Fluoride treatments	Prophylaxis
Mileage to/from dentist	Parking while at dentist	



Hearing
Hearing exam
Hearing aid
Hearing aid batteries
Phone for deaf
Parking while at doctor

Vision
Eye exam
Glasses
Contact lenses & solution
Braille books
Guide dog
Mileage to/from doctor
Parking while at doctor

Dependent day care expenses worksheet

This worksheet will help you estimate your annual dependent day care assistance costs. The list is not intended to be comprehensive, but may be used as a guide. Please review the qualifying expenses list for conditions and restrictions.

Qualifying Expenses	Estimated Annual Expense
Amount paid to a dependent care center (e.g. child/elder day care)	
Amount paid for dependent care services outside your home	
Amount paid for dependent care services inside your home	
Total Dependent Day Care Assistance Expenses (A)	
Number of Pay Periods (B)	
Amount of Redirection Per Pay Period (A/B)	

Qualifying dependent day care expenses

Under the plan, you will be reimbursed only for dependent day care expenses meeting all of the following conditions:

1) The expenses are incurred for day care services rendered after the date of this election period and during the plan year for which it applies.

2) Each individual for whom you incur the expense is:

a) A dependent under age 13 whom you are entitled to claim as a dependent on your federal income tax return; or

b) A spouse or other tax dependent who is physically or mentally incapable of caring for himself or herself and has the same principal place of abode as the taxpayer for more than one-half of the year.

3) The expenses are incurred for the care of a dependent described

above, or for related household services, and are incurred to enable you to be gainfully employed.

4) If the expenses are incurred for services outside your household, they are incurred for the care of a dependent who is described in 2(a) above, or who regularly spends at least 8 hours per day in your household.

5) If the expenses are incurred for services provided by a dependent care center (i.e. a facility that provides care for more than six individuals not residing at the facility), the center complies with all applicable state and local laws and regulations.

6) The expenses are not paid or payable to a child of yours who is under age 19 at the end of the year in which the expenses are incurred.

7) The expenses are not paid or payable to an individual for whom you or your spouse is entitled to a personal tax exemption as a dependent.

8) The reimbursement (when aggregated with all other reimbursements received by you under the plan during the same year) may not exceed the least of the following limits:

a) \$5,000 if you are married and filing a joint tax return, \$2,500 if separate returns are filed;

b) Your taxable compensation (after all compensation redirection elections); or

c) If you are married, your spouse's actual or deemed earned income.

For purposes of (c) above, your spouse will be deemed to have earned income of \$250 (\$500 if you have two or more dependents described in paragraph 2 above), for each month in which your spouse is (i) physically or mentally incapable of caring for himself/herself and has the same principal place of abode as you for more than one-half the year, or (ii) a full-time student at an educational institution.

Health care expenses worksheet

This worksheet will help you estimate annual medical costs which may not be reimbursed by a benefits plan. It is not intended to be comprehensive but contains some of the more common medical expenses.

List any anticipated costs not ordinarily reimbursed by a benefits plan which may be incurred by you, your spouse or a qualified dependent.

Qualifying Expenses	Estimated Annual Expense
Deductibles	
Co-payments	
Medical doctor's fees	
Annual physical examinations	
Dental examinations	
Eye examinations	
Eyeglasses	
Contact lenses	
Prescription drugs/medications	
X-rays	
Laboratory fees	
Hospital services	
Chiropractors	
Hearing aids	
Surgery	
Nursing home costs	
Dentures	
Psychotherapy	
Orthodontia	
Infertility treatments	
Total Estimated Annual Expenses (A)	
Number of Pay Periods (B)	
Amount of Redirection Per Pay Period (A/B)	

Qualifying medical care expenses

Under the plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return (without regard to the 7.5% adjusted gross income limitation.) They include, but are not necessarily limited to, expenses you may have incurred for:

- Medicine, drugs, birth control pills, vaccines and vitamins that your doctor prescribed. All items must be obtained in accordance with federal law.

- Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, acupuncturists and psychoanalysts (medical care only).

- Medical examination, X-ray and laboratory service, insulin treatment and whirlpool baths the doctor prescribed.

- If you pay someone for both nursing and household help, you may be reimbursed only for the cost of nursing.

- Hospital care, clinic costs and lab fees.

- Medical treatment at a center for drug addicts or alcoholics.

- Medical aids such as hearing aids (and batteries), false teeth, eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them.

- Ambulance service and other travel costs to get medical care. If you use your own car, you can claim what you spent for gas and oil to go to and from the place you received the care (mileage rate is determined by the IRS annually for flexible spending accounts). Parking fees and tolls can also be claimed.

You cannot obtain reimbursement for:

- Insurance premiums, including Medicare Part A, life insurance or income protection premiums

- Cosmetic procedures (except to cure a deformity, congenital abnormality, etc.)

- The 1.45% hospital insurance benefits tax withheld from your pay as part of the Social Security tax or paid as part of Social Security self-employment tax

- Nursing care for a healthy baby

- Illegal operations or drugs

- Travel your doctor told you to take for rest or change

Qualifying medical expenses include only those expenses incurred for:

- You
- Your spouse

- All dependents listed on your federal tax return

This list is not all-inclusive. IRS Publication 502, Medical and Dental Expenses, provides general guidance for medical expenses that could be deducted on your federal income taxes, and therefore may be eligible for reimbursement under your health FSA. See your health FSA Summary Plan Document (SPD) for further details.





A UnitedHealthcare Company