

Health Care Spending Account WorkSheet



ORNL Benefits
 1009 Commerce Park, Suite 350
 MS-6465
 Oak Ridge, TN 37830
 Phone 865-574-7474
 Fax 865-241-3213

Use this worksheet to help you determine your **Health Care FSA** election amount. You may want to review receipts, your check book and/or credit card statements to help you decide how much to set aside in your Health Care FSA for next year. Using these receipts and the worksheet, you can estimate the amount you want to elect for the Health Care FSA. Only budget for those expenses eligible for reimbursement through the Health Care FSA. Remember, eligible expenses include those for you, your spouse and your dependents.

Deductibles Medical, dental, vision	
Co-payments/Co-insurance The amount not paid by your health plan coverage	
Amounts paid over plan limits Over reasonable and customary allowance Limits such as chiropractic, rehabilitation therapy and durable medical equipment	
Subtotal A	
Expenses NOT covered by insurance plan Prescription and over-the-counter drugs Vision care Dental/orthodontic care Procedures/treatments/therapies Fees/services Medical equipment, hearing aids and prosthetic devices Psychiatric care Assistance for the disabled Other eligible expenses	
Subtotal B	
Other anticipated out-of-pocket health care expenses This gives you a good idea of the amount you should elect to place into your Health Care FSA. Consider any other factors that will affect your out-of-pocket health care costs during the upcoming plan year, and adjust the amount if necessary.	
(Add Subtotals A + B)	
TOTAL ANNUAL ELECTION	

Qualifying Change in Status

Under a Health Care FSA, you may change your benefit election during the year only on account of and consistent with a qualifying change in status. Qualify events include:

- Changes in legal marital status, including marriage, death of a spouse, divorce, legal separation and annulment
- Changes in number of dependents, including birth, death, adoption and placement for adoption. (Gaining or losing a dependent who is not a tax dependent such as a domestic partner, or child of a domestic partner will not be considered an allowable event for an election change).
- Changes in your employment status or the employment status of your spouse or dependents that effect your eligibility for benefits including beginning or terminating employment, a strike, beginning or returning from an unpaid leave of absence or a change in worksite.
- Events that cause your dependent to satisfy or cease to satisfy eligibility requirements for coverage on account of attainment of age, student status, or any similar circumstances. A change in your place of residence, the place of residence of your spouse or dependent that effect eligibility for benefits under the plan.

SEE PAGE 2 OF THIS FORM FOR EXAMPLES OF ELIGIBLE AND INELIGIBLE EXPENSES.

IF YOU HAVE QUESTIONS CONCERNING THE ELIGIBILITY OF ANY PRODUCT OR SERVICE, CALL THE **CERIDIAN FLEX SERV CLAIMS CENTER AT 1-877-799-8820.**

REMINDER

EXPENSES MUST BE INCURRED IN THE COVERAGE PERIOD FOR WHICH THE ELECTION IS MADE. ANY MONEY THAT IS NOT CLAIMED BY MARCH 31 OF THE NEXT YEAR WILL BE FORFEITED. FORFEITURES WILL BE USED TO OFFSET ADMINISTRATIVE EXPENSES.

Health Care Flexible Spending Account – Expense Eligibility

Important Reminder

For each expense, you must submit documentation from the provider or a third party that includes the following:

- Date
- Amount
- Provider
- Type of service.

Some expenses may require additional documentation to establish eligibility, such as a physician's statement that a certain expense will treat your existing medical condition.

Sample Eligible Expenses

- Acupuncture
- Alcoholism Treatment
- Ambulance Service
- Artificial Limbs
- Aspirin
- Birth Control Pills
- Braille Books and Magazines (in excess of the cost of a regular edition)
- Car Controls for the handicapped
- Chiropractic Care
- Condoms
- Contact Lenses
- Crutches
- Dental Expenses (excludes bleaching or whitening)
- Dental Implants
- Denture Supplies
- Dermatologist Fees
- Diagnostic Tests
- Durable Medical Equipment (with prescription and letter of medical necessity)
- Equipment for the Disabled
- Flu Shots
- Guide Dog Expenses
- Glucose Kits (including Test Strips)
- Hearing Aids and Batteries
- Hearing Exams
- Hearing Treatment
- Hospital Services (excluding phone & TV)
- Immunizations
- Infertility treatments
- Insulin Pump
- Lab Fees
- Lamaze Classes (mother's cost only)
- Lasik Surgery
- Legal Abortion
- Medical Services, treatment
- Midwife
- Mileage to and from Medical Services

- Optometrist Fees
- Ophthalmologist Fees
- Organ Transplants
- Orthodontia Treatment
- Orthotics
- Osteopath Fees
- Over-the-Counter Medication
- Oxygen
- Periodontal Fees
- Physical Exams
- Physical Therapy
- Pregnancy Tests
- Prenatal Care
- Prescription Drugs
- Prescription: Eyeglasses, Sunglasses and Reading Glasses (excluding sunglass clips)
- Psychiatric Fees
- Psychologist Fees
- Psychotherapy
- Radial Keratotomy, PRK
- Services for Diagnosed Severe Learning Disabilities
- Short-Term Storage of Sperm or Embryo
- Smoking Cessation Drugs & Programs
- Special Schools for the Disabled
- Sterilization
- Substance Abuse Treatment
- Surgery (medically necessary)
- Telephone for the Deaf
- Therapy for Mental/Nervous Disorders
- Transportation for Medical Care
- Vaccinations
- Weight-Loss Programs (must be prescribed by a physician to treat a specific medical condition)
- Wheelchairs
- X-ray Fees

Sample Non-eligible Expenses

- Baldness Treatments
- Breast Pump Rental or Purchase
- COBRA Premiums
- Cosmetic Surgery, Procedures, Services and Products (non-medically necessary)
- Dancing Lessons
- Dental Veneers or Bonding (non-medically necessary)
- Diapers or Diaper Service
- Doula Expenses
- Electrolysis
- Electronic Toothbrushes
- Exercise Equipment
- Family/Marriage Counseling
- Funeral Services
- Hair Transplants
- Health Club Dues and Memberships
- Herbal & Holistic Drugs or Remedies
- Insurance Premiums
- Marijuana or other controlled substances (even for medical purposes)
- Maternity Clothes
- Special Diet Foods
- Swimming Lessons
- Teeth Bleaching, Whitening
- Vacation expenses (even if recommended by a doctor)
- Varicose Vein Treatment