Eligible Expense Listing

HEALTH CARE EXPENSES

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.

Acupuncture
Acupressure
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
Fertility enhancement & treatments
Fever & pain relievers
First aid kits, first aid treatments & supplies
Glucosamine supplements
Guide dog; or service animal
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 devices
Menstrual care products, tampons, pads, cups & liners, etc.
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
Prostheses
Psychiatric care fees
Psychoanalysis fees
Psychologist fees
Reading glasses
Sales tax, shipping & handling fees for medical supplies
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

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.

<table>
<thead>
<tr>
<th>Adult, elder or senior day care center</th>
<th>Child day care center</th>
<th>Nursery school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Au pair services</td>
<td>Day care center</td>
<td>Registration fees</td>
</tr>
<tr>
<td>Babysitting services</td>
<td>Day camp expenses (not overnight camp)</td>
<td>Sick child care center</td>
</tr>
<tr>
<td>Before- or after-school care</td>
<td>Late pick-up fees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Nanny services</td>
<td></td>
</tr>
</tbody>
</table>

* 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.
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

<table>
<thead>
<tr>
<th>Medical</th>
<th>Amount</th>
<th>Month 1</th>
<th>Month 2</th>
<th>Month 3</th>
<th>Month 4</th>
<th>Month 5</th>
<th>Month 6</th>
<th>Month 7</th>
<th>Month 8</th>
<th>Month 9</th>
<th>Month 10</th>
<th>Month 11</th>
<th>Month 12</th>
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</thead>
<tbody>
<tr>
<td>Copays, deductibles</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
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<td>$ ______</td>
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<td>$ ______</td>
</tr>
<tr>
<td>Physician visits</td>
<td>$ ______</td>
<td>$ ______</td>
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<td>$ ______</td>
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<td>$ ______</td>
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<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
<tr>
<td>Prescription &amp; OTC medicines</td>
<td>$ ______</td>
<td>$ ______</td>
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<td>$ ______</td>
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<td>$ ______</td>
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<td>$ ______</td>
</tr>
<tr>
<td>Over-the-Counter items</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
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<td>$ ______</td>
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<td>$ ______</td>
<td>$ ______</td>
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<tr>
<td>Diabetic supplies</td>
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<td>$ ______</td>
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<tr>
<td>Chiropractic treatments</td>
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<td>$ ______</td>
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<td>$ ______</td>
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<tr>
<td>Hearing exams</td>
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<td>$ ______</td>
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<tr>
<td>Hearing aids &amp; batteries</td>
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<td>$ ______</td>
<td>$ ______</td>
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<tr>
<td>Mileage</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
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<td>$ ______</td>
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<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

### Dependent Care Worksheet

<table>
<thead>
<tr>
<th>Medical</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>$ ______</td>
</tr>
<tr>
<td>Crowns</td>
<td>$ ______</td>
</tr>
<tr>
<td>Bridges</td>
<td>$ ______</td>
</tr>
<tr>
<td>Dentures &amp; cleaners</td>
<td>$ ______</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>$ ______</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$ ______</td>
</tr>
<tr>
<td>Mileage</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vision</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prescription eyeglasses</td>
<td>$ ______</td>
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<tr>
<td>Prescription sunglasses</td>
<td>$ ______</td>
</tr>
<tr>
<td>Reading glasses</td>
<td>$ ______</td>
</tr>
<tr>
<td>Contact lenses</td>
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<tr>
<td>Contact cleaners</td>
<td>$ ______</td>
</tr>
<tr>
<td>Laser eye surgery</td>
<td>$ ______</td>
</tr>
<tr>
<td>Mileage</td>
<td>$ ______</td>
</tr>
</tbody>
</table>

**TOTAL** $ ______

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