

Crosby Benefit Systems, Inc.
Medical Care Reimbursement Account
Worksheet

Please use the following worksheet to estimate how much to contribute to your account for **expenses incurred** during the plan year. *Plan carefully.* IRS regulations require that any unused funds remaining in your account after the plan year runout will be forfeited. In other words, "use it or lose it". Remember, do not include amounts paid by your insurance or amounts you intend to claim as itemized medical deductions on your annual income tax return.

Everyday Medical Expenses Not Covered By Insurance

(Total estimated expenses for you, your spouse and/or eligible dependents.)

Dental (other than cosmetic)	_____
Vision (glasses, contact lenses, exams, supplies)	_____
Prescription drugs (for a medical condition)	_____
Other	_____

Expenses Within Your Medical Coverage

Deductibles (amount you pay before the plan begins to pay)	_____
Co-insurance (percentage you pay after the deductible is met)	_____
Co-pays	_____
Other	_____

Special Expenses

Orthodontia*	_____
Assistance for the handicapped	_____
Psychotherapy treatments	_____

Other

Total Estimated Annual Out-of-Pocket Expenses

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*Because it is an on-going procedure, orthodontia costs can extend over multiple plan years and be applied to an FSA in one full sum or in monthly installments. Proper documentation of procedure and payment plan must accompany each claim form. However, payment must have been made within the current plan year.

Examples of Expenses Eligible for Reimbursement

(Items are only eligible if not paid for by insurance.)

- Acupuncture
- Alcohol and drug addiction treatment
- Artificial limbs
- Chiropractic treatment
- Christian Science practitioners
- Cosmetic procedures ONLY to correct a congenital abnormality or disfiguring accident or illness
- Deductible, coinsurance and co-payments of medical, dental & vision care under insurance plans
- Dental expenses (other than cosmetic) not covered or not paid in full by insurance
- Diabetes care expenses (insulin, syringes, monitoring equipment)
- Eye exams, eyeglasses, contact lenses and necessary supplies
- Health club fees, IF prescribed for specific medical condition
- Hearing exams, hearing aids and other special equipment for the hearing impaired
- Home modifications & special equipment (reduced by any increase in the value of the property)
- Lodging costs associated with medical treatment (\$50 per person per night)
- Nursing home care (for medical reasons)
- Physical exams
- Physical and Occupational therapy
- Prescribed medications (for a medical condition)
- Private duty nursing
- Private hospital room
- Psychotherapy, for medical care*
- Special equipment for the physically disabled
- Special schooling/testing expenses for a child with a disability
- Transportation for the primary purpose of medical care (prevailing rate)

* Medical care is defined by the IRS as, "amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body" (Internal Revenue Code 213).

Typical expenses you CANNOT claim

- Over-the-counter drugs
- Premiums for health insurance and Medicare
- Any expenses reimbursable by insurance, Workers' Compensation, or any other means.

Questions? Please contact Human Resources or:

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