

Medical FSA Expense Estimator

ELIGIBLE OVER-THE-COUNTER ITEMS:

Allergy medicines ★	Laxatives ★
Antacids ★	Motion-sickness medicines ★
Anti-diarrhea medicines ★	Nasal Spray ★
Bandages	Ointments for muscle or joint pain or for first aid ★
Cold/flu medicines ★	Pain Relief medicines ★
Cold/hot packs	Pre-natal Vitamins ★
Cough Drops ★	Pregnancy Test Kit
Dietary Supplements ★	Reading Glasses
Eye Drops ★	Rubbing Alcohol ★
First Aid Kit	Sinus Medicines ★
Gauze Pads	Suppositories ★
Hemorrhoid medicines ★	Thermometers
Herbs ★	Vitamins ★
Incontinence Supplies	

★ Items marked with a ★ require a copy of a current prescription (written on a prescription pad). The prescription must be submitted each time a request for reimbursement is submitted for these items.

Some Important Points...

- You can be reimbursed for out-of-pocket expenses incurred by you, your IRS-defined spouse and children, even if health insurance coverage is from another source.
- The money you choose to set aside must be used toward eligible expenses during your plan year (or grace period, if applicable) or it is forfeited.
- Remember you save taxes on each dollar you set aside for the account!

Questions? 1-800-626-3539

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GENERAL MEDICAL EXPENSES

Allergy Care	\$ _____
Deductible or Coinsurance	\$ _____
Diabetic Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Lab or X-ray	\$ _____
Massage Therapy ★	\$ _____
Office Visit co-pays	\$ _____
Orthopedic Inserts	\$ _____
Over-the-counter Items	\$ _____
Pharmacy co-pays	\$ _____
Preventive Care	\$ _____
Psychotherapist	\$ _____
TOTAL GENERAL MEDICAL	\$ _____

★ Massage Therapy: A note of medical necessity is required.

DENTAL EXPENSES

Bridges	\$ _____
Crowns	\$ _____
Dentures	\$ _____
Fluoride Treatment	\$ _____
Orthodontia (<i>Adult or children</i>)	\$ _____
Teeth Cleaning	\$ _____
Fillings	\$ _____
TOTAL DENTAL	\$ _____

VISION EXPENSES

Eye Glasses (<i>Prescription or OTC Reading Glasses</i>)	\$ _____
Contact Lenses	\$ _____
Contact Lens Solution	\$ _____
Vision Exam	\$ _____
Lasik Surgery	\$ _____
TOTAL VISION	\$ _____

GRAND TOTAL \$ _____

Multiply Grand Total by 27% for a rough estimate of payroll tax savings.