

Worksheet for Medical/Dental/Vision Expenses

Use this worksheet to estimate your reimbursement of “out-of-pocket” medical, dental and vision expenses for the year. Remember:

- You can include unreimbursed expenses for spouse and dependents.
 - This is only a partial list from the “List of Eligible Expenses.”
 - See IRS publication 502 “Medical and Dental Expenses” for specifics on what the IRS allows.
 - Focus on the kinds of expenses you and your family normally have or have scheduled for the upcoming year.
- Remember – you will not get a refund of unused money that remains in your account. It’s better to be slightly conservative when determining the total deduction amount.

Acupuncture	\$ _____
Chiropractic care	\$ _____
Contact lenses and solutions	\$ _____
Co-insurance	\$ _____
Co-payments for office visits	\$ _____
Co-payments for prescriptions	\$ _____
Deductibles	\$ _____
Dental care expenses (routine)	\$ _____
Dental care expenses (fillings/other services)	\$ _____
Eyeglasses and prescription sunglasses	\$ _____
Fitness club membership if necessary for medical reasons	\$ _____
Fitness equipment if necessary for medical reasons	\$ _____
Hearing Aids	\$ _____
Immunizations and inoculations	\$ _____
Infertility treatment including in-vitro fertilization	\$ _____
Laser eye surgery	\$ _____
Orthodontic expenses	\$ _____
“Over the counter” eligible items	\$ _____
Psychiatric treatment/counseling	\$ _____
Other	\$ _____
Total expenses:	\$ _____

“Over the Counter” products for Section 125 Health Care Reimbursement Accounts

Drugs & Medicines sold "over the counter" such as aspirin, cold medicine, bacitracin etc.

are now eligible for reimbursement through your Section 125 Plan effective January 1, 2020.

Not Eligible for reimbursement (partial list)

Baby wipes & diapers	Dental floss	Ear treatments	Toothpaste
Moisturizers & powders	Deodorants	Mouthwash	Vitamins (general health)
Shampoo	Soap	Teeth whitening/bleaching	

Call ABS at 1-877-732-8125 with any questions.

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