The list below includes generally eligible IRS Code Section 213 expenses. 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.

REMEMBER:
1. All services must be provided by a licensed practitioner.
2. Stockpiling of supplies is prohibited by the IRS.
3. Services must be rendered or items purchased during the plan year (or grace period, if applicable).
4. You will lose any money remaining in your account at the end of the plan year unless your plan includes a grace period or carryover provision.

- Acupuncture
- Alcoholism treatment program fees
- Allergy medicine*
- Ambulance service
- Antacids*
- Anti-Diarrhea medicine*
- Artificial limbs

- Bandages
- Braille books and magazines *(above the cost of regular print)*

- Car Modifications for equipment installed for the use of a person with a disability
- Childbirth classes *(mother’s costs only)*
- Chiropractic care
- Christian Science practitioner fees
- Co-insurance charges
- Co-payments
- Cold medicine*
- Cold/Hot packs for injuries
- Contact lenses *(including cleanser and saline solution)*
- Cough drops*
- Crutches

- Deductible expenses
- Dental expenses *(non-cosmetic services only)*
- Dentures
- Diabetic supplies
- Dietary Supplements*
- Drug addiction treatment at a therapeutic center

- Eye drops*
- Eye exams
- Eyeglasses

- First aid kit

- Gauze pads
- Guide dog or other animal used by a person with a physical disability

- Hearing aids/batteries
- Hemorrhoid medications*
- Herbs*
- Hospital fees

- Immunizations
- Incontinence supplies
- Insulin

- Lasik Surgery
- Laboratory fees
- Laxatives*
- Learning disability *(fees paid to a special school or a specially trained tutor for a child with severe learning disabilities caused by mental or physical impairments, provided that the child’s physician recommends that the child attend the school or be tutored)*

- Massage therapy *(only if prescribed by a physician for a specific diagnosis and provided by a licensed massage therapist)*
- Medical services provided by physicians, surgeons, and specialists *(non-cosmetic services only)*

- Mileage related specifically to transportation to/from an eligible medical appointment
- Motion-sickness medications*

- Nicotine gum or patches*

- Ointments for muscle or joint pain or for first aid purposes*
- Operations
- Optical care provided by Optometrists, Ophthalmologists or Opticians
- Organ transplants
- Orthodontics
- Orthotic Inserts
- Osteopathic treatment
- Oxygen

- Pain relief medications*
- Physical exams *(unless employment related)*
- Physical therapy
- Prescription drugs
- Prosthesis
- Psychiatric care
- Psychoanalysis
- Psychological treatment
- Pre-natal vitamins
- Pregnancy test kits

- Reading glasses

- Sales tax payable for eligible services or items
- Sinus medicines*
- Smoking cessation programs
- Special foods *(prescribed by a physician at costs in excess of the costs of commonly available products)*
- Special schools for a mentally impaired or physically disabled person if the primary reason for using the school is its resources for relieving the disability *(e.g. a school that teaches Braille to a visually impaired child or teaches American Sign Language to a hearing impaired child)*
- Suppositories*

- Thermometers

- Vaccines
- Vitamins*

- Wheelchair costs

- X-rays
**Medical FSA Expense Estimator**

### ELIGIBLE OVER-THE-COUNTER ITEMS:

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy medicines</td>
<td>$_________</td>
</tr>
<tr>
<td>Antacids</td>
<td>$_________</td>
</tr>
<tr>
<td>Anti-diarrhea medicines</td>
<td>$_________</td>
</tr>
<tr>
<td>Bandages</td>
<td>$_________</td>
</tr>
<tr>
<td>Cold/flu medicines</td>
<td>$_________</td>
</tr>
<tr>
<td>Cold/hot packs</td>
<td>$_________</td>
</tr>
<tr>
<td>Cough Drops</td>
<td>$_________</td>
</tr>
<tr>
<td>Dietary Supplements</td>
<td>$_________</td>
</tr>
<tr>
<td>Eye Drops</td>
<td>$_________</td>
</tr>
<tr>
<td>First Aid Kit</td>
<td>$_________</td>
</tr>
<tr>
<td>Gauze Pads</td>
<td>$_________</td>
</tr>
<tr>
<td>Hemorrhoid medicines</td>
<td>$_________</td>
</tr>
<tr>
<td>Herbs</td>
<td>$_________</td>
</tr>
<tr>
<td>Incontinence Supplies</td>
<td>$_________</td>
</tr>
</tbody>
</table>

*Items marked with an asterisk (*) 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 elect in your FSA can only be used toward eligible expenses. You will lose any money remaining in your account at the end of the plan year unless your plan includes a grace period or carryover provision.
- Remember you save taxes on each dollar you set aside for the account!

**Questions? 1-800-626-3539**

Email: clientservices@gdynamic.com

www.gdynamic.com

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### GENERAL MEDICAL EXPENSES

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allergy Care</td>
<td>$_________</td>
</tr>
<tr>
<td>Deductible or Coinsurance</td>
<td>$_________</td>
</tr>
<tr>
<td>Diabetic Supplies</td>
<td>$_________</td>
</tr>
<tr>
<td>Hearing Aids &amp; Batteries</td>
<td>$_________</td>
</tr>
<tr>
<td>Lab or X-ray</td>
<td>$_________</td>
</tr>
<tr>
<td>Massage Therapy</td>
<td>$_________</td>
</tr>
<tr>
<td>Office Visit co-pays</td>
<td>$_________</td>
</tr>
<tr>
<td>Orthopedic Inserts</td>
<td>$_________</td>
</tr>
<tr>
<td>Over-the-counter Items</td>
<td>$_________</td>
</tr>
<tr>
<td>Pharmacy co-pays</td>
<td>$_________</td>
</tr>
<tr>
<td>Psychotherapist</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**TOTAL GENERAL MEDICAL** $_________

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

### DENTAL EXPENSES

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bridges</td>
<td>$_________</td>
</tr>
<tr>
<td>Crowns</td>
<td>$_________</td>
</tr>
<tr>
<td>Dentures</td>
<td>$_________</td>
</tr>
<tr>
<td>Fluoride Treatment</td>
<td>$_________</td>
</tr>
<tr>
<td>Orthodontia (Adult or children)</td>
<td>$_________</td>
</tr>
<tr>
<td>Teeth Cleaning</td>
<td>$_________</td>
</tr>
<tr>
<td>Fillings</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**TOTAL DENTAL** $_________

### VISION EXPENSES

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye Glasses (Prescription or OTC Reading Glasses)</td>
<td>$_________</td>
</tr>
<tr>
<td>Contact Lenses</td>
<td>$_________</td>
</tr>
<tr>
<td>Contact Lens Solution</td>
<td>$_________</td>
</tr>
<tr>
<td>Vision Exam</td>
<td>$_________</td>
</tr>
<tr>
<td>Lasik Surgery</td>
<td>$_________</td>
</tr>
</tbody>
</table>

**TOTAL VISION** $_________

### GRAND TOTAL

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

12/2015

Group Dynamic Inc.

**THIRD PARTY ADMINISTRATION**