









MEDICAL REIMBURSEMENT ACCOUNT EMPLOYEE WORKSHEET

This worksheet is designed to help you estimate eligible medical care expenses not covered under any health insurance plan. This list contains some of the more common categories of medical expenses eligible under the plan.

The expenses listed may have limitations or conditions that must be met before reimbursement is permitted. If you have a question on whether an expense is covered under the Medical Care Reimbursement Account, please consult with Flex Corp before including it in your election.

 Health insurance deductibles	\$
 Co-insurance amounts (usually 20%) and co-pays	\$
 Eye care (glasses, contact lenses, solutions, exams)	\$
 Routine physicals and exams	\$
 Prescription co-pays	\$
 Birth Control methods prescribed by a physician	\$
 Any other uninsured medical costs	\$
 Estimate your uninsured dental costs per YEAR . This should include your best estimate of all family dental costs such as examinations, cleaning, orthodontia, fillings, dentures and bridgework.	\$
YEARLY UNINSURED MEDICAL EXPENSE TOTAL	\$ _____

DEDUCTIBLE MEDICAL EXPENSES (IRC Section 213)

Ambulance Hire
 Artificial limbs and teeth
 "Autoette" not primarily to
 provide transportation
 Automobile modifications (cost
 of hand controls, special
 equipment, mechanical lifts)
 Birth control pills (with limitations)
 Braille books and magazines
 Contact lenses (including solutions)
 Crutches
 Drugs (legal-prescription only or insulin)
 Elastic hose medically prescribed
 Eye glasses

Fees: Abortion
 Acupuncture
 Anaesthetist
 Blood donor (expense)
 Chiropodist
 Chiropractor
 Christian Science Practitioners
 Clinic
 Dentist
 Diagnosis
 Diathermy
 Doctor
 Examination, physical
 Eye examination
 Gynecologist
 Healing services
 Hospital
 Laboratory
 Lipreading lessons for the deaf
 Medical information plan
 Midwife
 Nurse
 Obstetrician
 Oculist
 Operation
 Ophthalmologist
 Optician
 Optometrist
 Oral Surgery
 Osteopath
 Pediatrician
 Physician
 Physiotherapist
 Podiatrist
 Practical Nurse
 Psychiatrist
 Psychoanalyst

Fees: (continued)

Psychologist
 Psychopathist
 Sanitarium
 Specialist
 Surgeon
 Therapy
 Vasectomy
 X-ray
 Halfway house residency
 Health spa in home (to extent value of home not
 increased)
 Hearing devices
 Hospital bills
 Iron Lung, operating cost
 Nursing care
 Obstetrical expense
 Operations and related treatments
 Oxygen equipment
 Radial Keratotomy
 Rental of medical or healing equipment
 Retirement home fees, portion allocable to
 medical care
 Sanitarium or rest home
 Seeing-eye dog and hearing assisting cat
 (including maintenance)
 Special education
 Support or corrective devices (including
 special mattress and board for arthritis)
 Telephone for deaf
 Therapy treatments
 Transportation expense relative to illness
 (including doctor's office)
 Vasectomy
 Weight-loss programs and expenses with a medical
 diagnosis of obesity
 X-rays

ITEMS NOT COVERED INCLUDE, BUT ARE NOT LIMITED TO:

Cosmetic Dentistry (i.e. teeth bleaching)
 Cosmetic Medical (i.e. face peels)
 Fitness club membership fees
 Insurance Premiums
 Nutritional Supplements
 Non-prescription no-smoking programs
 Weight-loss foods and over-the-counter drugs
 and vitamins
 Drugs prescribed for cosmetic purposes