



WageWorks OE Healthcare FSA & HSA Annual Election Worksheet

When estimating eligible expenses, remember to include expenses for you AND your dependents for the whole plan year. Do not include expenses covered by your insurance plans.

Office visit co-payments _____

Prescription drugs for the plan year _____

Vision exams _____

Contact lenses, prescription glasses (lenses and frames) _____

Contact cleaning supplies for the plan year _____

Chiropractic services _____

Physical exams _____

Psychological services _____

Dental expenses _____

Orthodontic payments for the plan year (if on a payment contract) _____

LASIK or PRK eye surgery _____

Over-the-counter drugs, non-prescription pain relievers, allergy meds, cold/flu medications, first aid and eye contact supplies, etc.

Important! Due to Health Care Reform, effective 1/1/11, OTC drugs/medications require a doctor's prescription for reimbursement from a Healthcare FSA.

Annual health insurance deductible per person _____

Annual dental insurance deductible per person _____

The following are NOT eligible: insurance premiums, massages, vitamins (except prescription pre-natal), herbs, nutritional supplements, teeth bleaching, whitening, and cosmetic procedure/surgery.

TOTAL ESTIMATED ANNUAL EXPENSES _____

Pay Period Expenses (divide annual by # of pay periods in plan year) _____

This form is for your records only. For a complete list of eligible expenses visit www.pbs.us.com.