

# FSA Expense Estimate Sheet

Please note: This list is a broad overview of eligible expenses; not all services provided by a provider or practitioner are eligible under the IRS regulations.

| Expense                                  | Estimated Cost | Expense                     | Estimated Cost | Expense   | Estimated Cost |
|--|----------------|-----------------------------|----------------|---|----------------|
| <b>MEDICAL</b>                           |                | <b>HEARING</b>              |                | <b>BIRTH CONTROL DEVICES</b>  |                |
| Acupuncture                              | \$             | Hearing exam                | \$             | Condoms   | \$             |
| Chiropractor                             | \$             | Hearing aids                | \$             | Prescriptions   | \$             |
| Podiatrist                               | \$             | Special batteries           | \$             | Sterilization   | \$             |
| Deductible                               | \$             | <b>VISION</b>               |                | <b>THERAPY</b>  |                |
| Co-pays                                  | \$             | Glasses                     | \$             | Physical therapy  | \$             |
| Doctor fees                              | \$             | Eye exam                    | \$             | Learning disability   | \$             |
| Office visit                             | \$             | Contact lenses              | \$             | Psychologist fees for medical care  | \$             |
| Prescriptions                            | \$             | Contact lens solution       | \$             | Psychiatric care  | \$             |
| Hospital bills                           | \$             | Prescription sunglasses     | \$             | <b>SPECIAL NEEDS</b>  |                |
| Laboratory fees                          | \$             | LASIK surgery               | \$             | Stop smoking programs   | \$             |
| Medic alert bracelet                     | \$             | Visine and eye drops        | \$             | Transportation to and from doctor/ hospital (call for mileage rates and guidelines)   | \$             |
| Dermatologist                            | \$             | Reading glasses             | \$             | <b>OVER-THE-COUNTER-ITEMS</b>   |                |
| Immunizations                            | \$             | <b>DENTAL</b>               |                | Band-aids   | \$             |
| Obstetrical expenses                     | \$             | Orthodontic                 | \$             | Carpal tunnel wrist supports  | \$             |
| Routine physicals                        | \$             | Dentures/bridge/crowns      | \$             | Cold/hot packs for injuries   | \$             |
| X-rays                                   | \$             | Fluoride treatments & seals | \$             | Home pregnancy tests  | \$             |
| Well baby checkups                       | \$             | Cleanings and fillings      | \$             | Liquid adhesive for small cuts  | \$             |
| <b>PHYSICAL IMPAIRMENTS</b>              |                | Root canals                 | \$             | Nasal strips  | \$             |
| Wheelchair                               | \$             | Extractions                 | \$             | <b>TOTAL #3</b>   | \$             |
| Crutches                                 | \$             | <b>DIABETIC SUPPLIES</b>    |                | <b>TOTAL ESTIMATED EXPENSES</b>   |                |
| Walker                                   | \$             | Insulin                     | \$             | <i>This is an indicator of the potential savings you could realize with the BASE® 125 Plan in place. For additional questions regarding eligibility please contact BASE® at 1-800-309-8012.</i> |                |
| Custom made orthopedic shoes and inserts | \$             | Glucometer                  | \$             | <b>FSA TOTAL #1</b>   | \$             |
| <b>TOTAL #1</b>                          | \$             | Syringes/Needles            | \$             | <b>FSA TOTAL #2</b>   | \$             |
|  |                | Test Strips                 | \$             | <b>FSA TOTAL #3</b>   | \$             |
|  |                | <b>TOTAL #2</b>             | \$             | <b>FSA TOTAL #4</b>   | \$             |
|  |                |                             |                | <b>FSA TOTAL #5</b>   | \$             |
|  |                |                             |                | <b>DCAP TOTAL</b>   | \$             |
|  |                |                             |                | <b>GRAND TOTAL OF ESTIMATED EXPENSES</b>  | \$             |

## EXPENSES THAT REQUIRE A LETTER OF MEDICAL NECESSITY

The IRS requires a copy of the physician's statement of medical necessity that includes the specific product/service and a diagnosis for reimbursement. Treatment cannot be for general health or well being. A copy needs to be submitted with every reimbursement request and a new letter needs to be reinstated every 12 months.

| Expense   | Estimated Cost | Expense                          | Estimated Cost |
|---|----------------|----------------------------------|----------------|
| <b>SPECIALIZED ITEMS</b>  |                | <b>OVER-THE-COUNTER-MEDICINE</b> |                |
| Health club fees/ gym memberships   | \$             | Acid controllers                 | \$             |
| Nutritional supplements/ vitamins   | \$             | Antibiotic products              | \$             |
| Massage therapy   | \$             | Anti-diarrheas/gas               | \$             |
| Acne medication   | \$             | Anti-itch/insect bite            | \$             |
| Weight loss programs (i.e. Weight Watchers and Jenny Craig) - Program fees are eligible, but food portions are not. | \$             | Cold sore remedies               | \$             |
| <b>TOTAL #4</b>   | \$             | Cough, cold & flu                | \$             |
|   |                | Digestive aids                   | \$             |
|   |                | Feminine anti-fungal/ anti-itch  | \$             |
|   |                | Hemorrhoidal preps               | \$             |
|   |                | Laxatives                        | \$             |
|   |                | Pain relief                      | \$             |
|   |                | Sleep aids & sedatives           | \$             |
|   |                | <b>TOTAL #5</b>                  | \$             |

Example of *ineligible expenses* that the IRS does not allow reimbursement for:

Cosmetic surgery, Insurance premiums, Marriage/debt counseling, Eyeglass sun clips, Eyeglass or contact warranty, Prepayment of services, Special (dietary) foods, Personal care items, Sanitary products, Diapers, Deodorant, Chapstick, Face cream or moisturizers, Teeth bleaching/whitening, Tooth brushes/toothpaste, Floss/flossing devices

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## BASE® 125 Cafeteria Plan

# ENROLLMENT GUIDE

### Employee FSA & DCAP Guide to Covering Out-of-Pocket Medical & Dependent Care Costs



**Base**

800.370.9607

www.BASEonline.com

## Enrolling is Easy!

If you pay medical expenses or dependent care expenses then you are eligible to pay those expenses on a pre-tax basis because your employer is sponsoring a BASE® 125 Cafeteria Plan.

A 125 Cafeteria Plan enables you to transfer funds from your paycheck each pay period on a tax-free basis to an "account" that is earmarked only for you through your employer. Since these funds are transferred from your wages on a pre-tax basis, you are saving Federal and most State and Local taxes on these dollars, as well as Social Security and Medicare taxes.

### Step 1

#### Review Plan Options

Based on the benefit options your employer has chosen to sponsor, you could save in one or both of the following ways:

##### Flexible Spending Account (FSA)

The BASE® FSA allows you to set aside a specified amount of pre-tax dollars from each paycheck to pay for out-of-pocket medical expenses. Elected funds are available for reimbursement upon the first day of the plan year. If you are unable to utilize the amount specified for out-of-pocket medical expenses, you will have 60 days at the end of the plan year to submit expenses incurred during the plan year. Any remaining contributions after the grace period will be forfeited.

##### Dependent Care Assistance Plan (DCAP)

The BASE® DCAP allows you to set aside a specified amount of pre-tax dollars from each paycheck to pay for qualifying dependent care expenses, such as daycare. The care must be for a qualifying person so that you can work. Elected funds are available once they have been accrued from your paycheck. If you are unable to utilize the amount specified for dependent care expenses, you forfeit the remaining funds elected.

### Step 2

#### Maximize Your Savings

Since these funds are transferred from your wages on a pre-tax basis, you save Federal, State, Social Security and Medicare taxes, increasing your take-home pay.

##### Determine Your Predictable Expenses.

Itemize your predictable out-of-pocket medical expenses for the upcoming plan year.

**FSA** - You can use your FSA for a variety of out-of-pocket medical products and services. Ask yourself:

- Are there reoccurring prescriptions in my household?
- Are there any upcoming medical, dental or vision expenses?

**DCAP** - If you have dependent and elder care expenses, you can elect up to \$5,000 (*single/married filing jointly*) per plan year or \$2,500 (*married filing separately*). Expenses paid for pre-school programs and before and after school programs are eligible for reimbursement.

Below is just one example of how the savings can add up. You can also review a partial list of eligible medical expenses and estimate your savings at the back of this booklet.

### Step 3

#### Get Enrolled

It only takes a few minutes to complete the forms necessary to start saving with the BASE® 125 Cafeteria Plan.

##### Complete Election Form

You need to complete a 125 Cafeteria Plan Election Form, and keep a few simple things in mind as you complete the form:

- You will need to designate the dollar amount and plan options you would like to elect each year during open enrollment.
- Your annual election(s) will be divided equally by the number of payroll periods in your plan year. This amount will be deducted from your paycheck before any taxes are taken out.

##### Complete Direct Deposit Form

You will be issued a BASE® Debit Card to pay for your FSA expenses at the point of service, which makes accessing your funds easy. In the event that you pay for your medical expense or DCAP expenses without your card you will be reimbursed by direct deposit. Please complete your direct deposit form so your reimbursements are placed directly into your account upon approval.

**Once you have completed these forms, please return to your Benefit Coordinator.**

### Step 4

#### Utilizing Your 125 Cafeteria Plan

##### Online & Mobile Access:

You will be able to log in to your account for full access to your plan information from your computer or mobile device (iPhone, iPod Touch, iPad, or Android-powered devices). With the BASE® Benefits portal you can securely access your benefit plan information at your convenience.

- View all account balance, history, and transaction detail
- Complete online transactions such as claim reimbursements
- Manage personal information and communication options
- Report a debit card as lost or stolen

##### Submitting Claims:

BASE® provides you with a simple, easy way to submit claims from anywhere. You can submit claims via your computer through your secure online account, or you can fax or mail a Claim Reimbursement Form with claim details.

You can also submit claims using the BASE® Benefits Mobile App, which also provides you with some great on the go capabilities:

- Snap a photo of a receipt and submit with a new or existing claim, or store in your camera roll for claim filing
- Use the Eligible Expense Scanner to scan items to determine if they're qualified medical expenses before you get to the checkout lane

#### BASE® 125 Cafeteria Plan Employee Savings Example

Gross Annual Pay: \$30,000

Monthly Out-of-Pocket Medical Expenses: \$100

Monthly Out-of-Pocket Dependent Care Expenses: \$420

|                       | Without Cafeteria Plan | With Cafeteria Plan |
|-----------------------|------------------------|---------------------|
| Gross Annual Pay      | \$30,000.00            | <b>\$30,000.00</b>  |
| Out-Of-Pocket Medical | \$0.00                 | <b>\$1,200.00</b>   |
| Dependent Care        | \$0.00                 | <b>\$5,000.00</b>   |
| Taxable Earnings      | \$30,000.00            | <b>\$23,800.00</b>  |
| *Taxes                | \$8,100.00             | <b>\$6,426.00</b>   |

|                        |                   |
|------------------------|-------------------|
| <b>Annual Saving</b>   | <b>\$1,674.00</b> |
| <b>Monthly Savings</b> | <b>\$139.50</b>   |

\*Federal, State, FICA formulated at 27.65% based on current averages.

**Visit [www.BASEonline.com](http://www.BASEonline.com)  
for an interactive calculator  
to estimate your savings.**

**Employees will save 25% to 40% in taxes for every dollar they elect from their paychecks to budget for their 125 plan.**