

**Kalamazoo College
Flexible Benefit Plan - Health/Medical Expense Reimbursement Worksheet**

This worksheet will help you estimate your annual medical costs which may not be reimbursed by a health plan. This list is not intended to be comprehensive, but it contains some of the more common medical expenses. Please review the attached list for additional qualifying medical care expenses.

List all costs that are not reimbursed by other coverage incurred by you, your spouse or qualified dependents:

Qualifying Expense	Estimated Annual Expense
Medical doctors' fees	\$ _____
Annual physical examinations	_____
Dental examinations	_____
Eye examinations	_____
Eyeglasses	_____
Contact lenses	_____
Drugs	_____
X-rays	_____
Lab fees	_____
Hospital services	_____
Chiropractors	_____
Hearing aids	_____
Surgery	_____
Ambulance service	_____
Nursing home costs	_____
False teeth	_____
Psychiatrists	_____
Psychologists	_____
Acupuncturists	_____
Orthodontists	_____
Over The Counter Drugs	_____
_____	_____
_____	_____
Total Estimated Annual Expenses	\$ _____ (A)
Number of Pay Periods	_____ (B)
Amount of Reduction per Pay Period (A/B)	\$ _____

Qualifying Health/Medical Care Expenses

Under the Plan, you will be reimbursed only for medical expenses. They include, for example, expenses you have incurred for:

1. Medicine, drugs, birth control pills and vaccines.
2. Medical doctors, dentists, eye doctors, chiropractors, osteopaths, podiatrists, psychiatrists, psychologists, physical therapists, acupuncturists and psychoanalysts (medical care only).
3. Medical examination, X-ray and laboratory service, insulin treatment and whirlpool baths the doctor prescribed.
4. Nursing help. If you pay someone to do both nursing and housework, you can be reimbursed only for the cost of the nursing help.
5. Hospital care (including meals and lodging), clinic costs and lab fees.
6. Medical treatment at a center for substance abuse.
7. Medical aids such as hearing aids (and batteries), false teeth, eyeglasses, contact lenses, braces, orthopedic shoes, crutches, wheelchairs, guide dogs and the cost of maintaining them.
8. Ambulance service and other travel costs to get medical care. If you used your own car, you can claim what you spent for gas and oil to go to and from the place you received the care; or you can claim 14 cents a mile. Add parking and tolls to the amount you claim under either method.
9. Certain Over The Counter Drugs/Medications.

You cannot obtain reimbursement for:

1. The basic cost of Medicare insurance (Medicare A).
2. Life insurance or income protection policies.
3. Accident or health insurance for you or members of your family.
4. The hospital insurance benefits tax withheld from your pay as part of the Social Security tax or paid as part of Social Security self-employment tax.
5. Nursing care for a healthy baby.
6. Illegal operations or drugs.
7. Travel your doctor told you to take for rest or change.
8. Cosmetic Surgery.
9. Long-term care expenses.

Qualifying medical expenses include only those expenses incurred for:

1. Yourself.
2. Your spouse.
3. All dependents you list on your federal tax return.
4. Any person that you could have listed as a dependent on your return if that person had not received \$2,450 or more of gross income or had not filed a joint return. This amount is adjusted each year for cost of living.

IRS Publication 502, Medical and Dental Expenses, has a checklist of most of the medical expenses that can be deducted and are therefore reimbursed under this Plan. Some other medical expenses are also reimbursable. However, regardless of any statements in Publication 502 to the contrary, expenses under this Plan are treated as being "incurred" when you are provided with the care that gives rise to the expenses, not when you are formally billed or charged, or you pay for the medical care. Also, no reimbursement will be allowed for any privately held insurance policies or long-term care expenses.