



**HCFSFA**

## HCFSFA Program Worksheet

For Plan Year 2024 (January 1, 2024 - December 31, 2024)

This worksheet is designed to assist you in the estimation of your health care expenses for the Plan Year 2024. When estimating your expenses, be conservative. Keep in mind the “Use It or Lose It” rule explained in this brochure. Visit the FSA Program website at [nyc.gov/fsa](http://nyc.gov/fsa) to access the on-line savings calculator to estimate your potential savings.

Health Care Expenses (unreimbursed/unreimbursable by insurance)	Year 2023 Expenses	Projected Year 2024 Expenses
Prescription medicines (those requiring a prescription by a doctor for their use by an individual) and insulin (prescription or over-the-counter)		
Medical service fees (from doctors, dentists, surgeons, specialists, and other medical practitioners)		
Special items (artificial limbs, false teeth, eye glasses, contact lenses, hearing aids, crutches, wheelchairs, etc.)		
Certain over-the-counter (OTC) drugs with prescription (for treatment or prevention of medical conditions)		
Hospital service fees (inpatient care, lab work, therapy, nursing services, surgery, etc.)		
Nursing home expenses (if the main reason for being there is to receive medical care)		
Other medical expenses (refer to IRS Publication 502 for more information)		
Administrative fee (up to \$4 per month/\$48 per Plan Year)	\$48.00*	\$48.00*
<b>Total Health Care Expenses</b>		**

\* The annual administrative fee may be adjusted by the FSA Program Administrator, but will not be greater than \$48 per program.

\*\* Enter this amount in Section B of the HCFSFA Program Annual Contribution on the FSA Program Enrollment/Change Form.

### ELIGIBLE EXPENSES: Expenses generally eligible for reimbursement through the HCFSFA Program include:

#### MEDICAL/OTHER

- Co-payments
- Deductibles
- Excess expenses (beyond plan limits)
- Health-related transportation costs
- Nursing home expenses (if the main reason for being there is to receive medical care)
- OTC drugs
- OTC vitamins, supplements, and sunscreens accompanied by Letter of Medical Necessity
- Physical exams
- Prescription drugs
- Prescribed drugs for smoking cessation
- Weight-loss programs for medical treatment of disease
- Feminine Care Products

#### HEARING

- Examinations
- Hearing aids and equipment

#### DENTAL

- All expenses except cosmetic dentistry

#### VISION

- Examinations
- Frames
- Prescription lenses
- Prescription contacts
- Lasik surgery

### INELIGIBLE EXPENSES: Expenses not eligible for reimbursement through the HCFSFA Program include:

- Alternative medicine
- Nursing care for a healthy baby
- Expenses for care that is not medically necessary or for purely cosmetic reasons (male pattern baldness, teeth whitening, etc.)
- Expenses for your general health (even if following your doctor’s advice, including: travel, weight gain or loss programs, household help, social activity fees, etc.)
- Expenses for health club dues, gym dues, spa dues, even if it is recommended by a physician
- Premiums paid for coverage under any medical or long-term care insurance plan
- Toothpaste, toiletries, cosmetics, etc.
- Stockpiling of OTC items