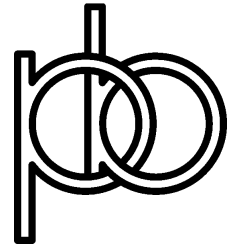## Pension Boards
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Flexible Benefit Plan for UCC Ministries
Medical Expense Reimbursement Worksheet

QUALIFYING MEDICAL CARE EXPENSES

Under the Flexible Benefit Plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return (without regard to the 7.5% of adjusted gross income limitation). They include, for example, expenses you have incurred for:

1. Medicine, drugs, birth control pills and vaccines that your doctor prescribed.
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.

You cannot claim 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.
10. Over-the-counter (OTC) medication (without prescription), except insulin.

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 medical expenses that can be deducted and therefore reimbursed under this Plan, and those that cannot. 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.

MEDICAL EXPENSE REIMBURSEMENT WORKSHEET

This worksheet will help you estimate your annual medical costs that 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 list on the reverse side of this form for additional qualifying medical care expenses.

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

Qualifying Expense	Estimated Annual Expense
Medical doctor's fees	$
Annual physical examinations	$
Dental examinations	$
Eyeglasses	$
Contact lenses	$
Prescription drugs	$
X-rays	$
Lab fees	$
Hospital services	$
Chiropractors	$
Hearing aids	$
Surgery	$
Ambulance service	$
Nursing home costs	$
False teeth	$
Psychiatrists	$
Psychologists	$
Acupuncturists	$
Orthodontists	$
Other	$
	$
	$
TOTAL ESTIMATED ANNUAL EXPENSES (A)	$ (A)
NUMBER OF PAY PERIODS (B)	$ (B)
AMOUNT OF REDUCTION PER PAY PERIOD (A/B)	$