Medical/Dental Expenses

MDEA ELIGIBLE EXPENSE WORKSHEET

MANAGEMENT AND BUDGET
STATE EMPLOYEE GROUP INSURANCE PROGRAM

The **Medical/Dental Expense Account (MDEA)** allows an employee to set aside pre-tax dollars to pay for eligible medical, dental, and vision expenses that are not paid by insurance, as well as eligible over-the-counter drugs. You can use this account for out-of-pocket expenses incurred by you, your spouse, and your qualified dependents. The following is a partial list of eligible expenses. These include expenses related to the diagnosis, care, treatment, or prevention of disease. Eligible expenses are generally those permitted by Section 213(d) of the Internal Revenue Code.

MEDICAL

- Abortion – if legal
- Acupuncture
- Adoption – medical expenses before adoption is finalized
- Alcoholism or drug dependency treatment and treatment centers
- Ambulance
- Artificial limbs
- Birth control pills
- Body scan (ex: MRI, CT scan)
- Braille books and magazines
- Breast pumps/lactation supplies
- Childbirth preparation classes for mother, excludes cost for "coach"
- Chiropractors
- Contraceptives – including condoms
- Counseling – to treat a specific medical condition (excludes marriage counseling)
- Crutches
- Deductible, coinsurance, and co-pay amounts if underlying expense is eligible
- Diabetic insulin, syringes and glucose monitoring equipment
- Diagnostic services
- DNA Tests (genetic testing/medical care)
- Fertility treatments – if treatment impacts the participant or dependent
- Flu shots
- Guide dog or other animal aide – purchase, training, and veterinary care
- Home/vehicle modifications to accommodate handicapped person
- Hospital services
- Immunizations
- Laboratory fees
- Mastectomy-related specialty bras
- Medic-alert bracelet or necklace (only to treat a medical condition)
- Medical records charges
- Mental institution or special home-care for mentally ill or mentally disabled person
- Norplant insertion or removal
- Nursing services – nurse expenses, board and care for a specific medical condition
- Obstetrical expenses
- Organ transplants or donation
- Osteopathy
- Over-the-counter drugs, medicines, and medical supplies (see OTC Worksheet)
- Oxygen and equipment
- Physical exams – excluding employment related physicals & sports physicals
- Pregnancy test
- Prescription medications
- Psychiatric care
- Psychologist to treat a specific medical condition
- Reconstructive surgery following mastectomy
- Sleep deprivation testing and treatment
- Smoking cessation program
- Special schooling for handicapped
- Speech therapy
- Sterilization procedures
- Support or corrective devices (such as orthopedic shoes)
- Taxes and shipping & handling fees imposed on reimbursable medical care or products
- Telephone – purchase and repair for special telephone equipment for hearing impaired
- Transportation – expenses for essential medical care (Rate subject to IRS changes), parking and tolls
- Wheelchair – purchase, operation, and upkeep
- X-rays

DENTAL

- Braces, retainers
- Crowns, bridges
- Dental cleanings/exams
- Dentures
- Extractions/fillings
- Fluoride treatments
- Occlusal guards
- Office visits
- Oral surgery/X-rays
- Orthodontia (braces; non-cosmetic only)
- Root canal/therapy
- Reconstruction (including implants)
- Sealants

VISION

- Contact lenses/solutions
- Corneal/radial keratotomy
- Corrective eye wear
- Corrective eye surgery
- Eye exams
- Eyedrops
- Laser eye surgery/lasik
- Reading glasses
- Prescription lenses
- Prescription sunglasses
- Office visits

ESTIMATE YOUR REIMBURSABLE COSTS

$ _____ MEDICAL + $ _____ DENTAL/VISION + $ _____ OTC (SEE OTC WORKSHEET)

= $ _____ TOTAL PLAN YEAR ESTIMATE x (.25) = $ _____ TOTAL PLAN YEAR TAX SAVINGS

$ _____ TOTAL PLAN YEAR ESTIMATE / $ _____ PAY PERIODS PER YEAR = $ _____ PER PAYCHECK

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