## Medical Expenses (OOP \& Deductibles)

## Out-of-Pocket

## Basic Answers

* Has that claim been processed?
* How much

ABC Corporation
Family Total:



## Current FSA Account Overview Details (over a full account period)

## FSA 2008

ABC Corporation

## Balance:

| Balance: |  |  |
| :--- | ---: | ---: |
|  |  |  |
| Election Amount: | $\$ 1,500.00$ | $\$ 500$ |
| $\square$ Bi-weekly | $\$ 57.69$ |  |
| Overage: | $\$ 135.45$ |  |

## Mouse-over example

## FSA 2008

ABC Corporation
Balance:
$\$ 0.00$

| Election Amount: | $\mathbf{\$ 1 , 5 0 0 . 0 0}$ |
| :---: | ---: |
| $\square$ Bi-weekly | $\mathbf{\$ 5 7 . 6 9}$ |
| Overage: | $\mathbf{\$ 1 3 5 . 4 5}$ |



## Short, Single-Line Entries

## Denied \$253.23 Over-the-Counter Drug - Corner Drug

O \$150.00 Direct Deposit
© \$242.45 Medical - Dr. Joe Farmington
Denied \$153.23 Dental - Dr. Harold Innington DDS

## Complex, Multi-line Entries (additional detail)

## ( $\quad$ \$0.00 Denied Over-the-Counter Drug Reimbursement 123456789 \$253.23 Our Corner Drug 123456789

```
$150.00 Direct Deposit ACH
```


\$0.00 Denied Dental Reimbursement 123456789 \$153.23 Dr. Harold Innington DDS $\underline{123456789}$

Transaction Detail Examples (with complex entries)

## FSA 2008

ABC Corporation
Balance: $\$ 0.00$
Election Amount: $\square$ Bi-weekly - Overage:


## HSA Spending to date



Claim - Multiple Account Payment Overviews (Accumulations)

## HSA 2008

ABC Corporation
Balance:
\$146.23
$\square$ Employer: $\$ \mathbf{1 , 5 0 0 . 0 0}$
Employee:
$\square$ Bi-weekly

- Claims to date \$1,000.00 $\$ 35.00$ \$1,435.61


## FSA 2008

ABC Corporation
Balance:
$\$ 0.00$

| Contributions: | $\$ 735.00$ |
| :--- | ---: |
| $\square$ Bi-weekly | $\$ 57.69$ |



## Basic Answers

* How much have I used?
* How much have I spent?
* Which accounts paid for it?
* How were my claims paid
* What is my Deductible Max.?
* How close am I to my Deductible Max.?



## FSA Activity Review (Open Enrollment)



## Combined Account Chart

-- All accounts in one graph
-- Can I afford this?
-- When can I afford this?
-- Plot planned expenses

- Physicals, examples periodic appointments (dental exams)
-- Regular prescriptions
-- !! TIE WITH REMINDERS on Health Calendar !!
Claims plot against OOP and Deductible Maxs.


## Total Medical Expenses

-- Total amount spent on health
-- Includes
-- Plan payments
-- Employer portion
-- Reductions
-- Show entire cost for accurate comparisons with other plans w.en plann $\square \mathrm{lg}$


Categorize FSA Usage (Types)
Medica
Dental
Drugs - prescription
Drugs -OTC
Vision

