

Health Care FSA Worksheet

A flexible spending account allows you to use pre-tax dollars to pay for certain health care expenses. By contributing pre-tax dollars to a reimbursement account, you lower your taxable income; therefore, you pay less in taxes and increase your spendable income.

Use this worksheet to help you estimate the eligible health care expenses that you and your eligible dependents may incur during the plan year (January through December) that are not fully covered by an insurance plan. These expenses cannot be reimbursed by another plan. This is not an all inclusive listing of eligible expenses, but contains some of the most common expenses. For a complete list please refer to www.irs.gov, publication number 502.

A – Medical Expenses

| Eligible Expenses | Estimate Annual Expense |
|----------------------------------|-------------------------|
| Medical plan deductibles | |
| Medical co-payments/coinsurances | |
| Prescription drugs | |
| Over-the-counter medications | |
| Well baby care | |
| X-ray & Laboratory fees | |
| Other | |

B – Dental Expenses

| Eligible Expenses | Estimate Annual Expense |
|---|-------------------------|
| Routine (fillings, cleanings, x-rays) | |
| Major (bridges, restoration, extractions, dentures) | |
| Orthodontia *Health FSA's cannot make advance reimbursements for future or projected expenses. Payments must coordinate with dates of service. | |

C – Vision Expenses

| Eligible Expenses | Estimate Annual Expense |
|--|-------------------------|
| Eye examinations | |
| Eyeglasses, frames, contacts, contact lens solution | |
| Laser eye surgery | |
| Total estimated health care expenses for the plan year: | |

*The maximum that you can contribute to your health care FSA is \$5,000 per calendar year.