

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 (July through June) 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/co-payments	
Eyeglasses, frames, contacts, contact lens solution	
LASIK or other corrective surgery	
Total estimated health care expenses for the plan year:	
÷ by the number of pay period: 10, 11, or 12	
= MONTHLY deduction amount	

* The minimum annual contribution is **\$500** and the maximum total health care FSA allocation may not exceed **\$3,000** per plan year.

NOTE: Any unused balance in your account at plan-year end will be forfeited (by law).