

# Flexible Spending Account Annual Expense Worksheet



Estimating your annual out-of-pocket health care and dependent care expense will help you to determine your contribution amount(s).

For both the Health Care Flexible Spending Account and the Dependent Care Flexible Spending Account the minimum election is \$130.00 and the maximum election is \$5,000. Please see enrollment material and your Summary Plan Description for further detail.

## Health Care Flexible Spending Account

For a full description of the FSA plan, refer to your Summary Plan Description (Appendix E)

Please refer to the enrollment material for:

- 1) A summary list of qualified medical expenses and
- 2) A definition of your eligible dependents(s) for whose expenses may be reimbursable.

### Annual Medical Expenses, such as:

#### Deductible & Coinsurance

Physician's Office Visits	\$ _____
Well Care	\$ _____
Labs & Diagnostic services	\$ _____
In-patient & Out-patient care	\$ _____
Chiropractic Care	\$ _____
Physical Therapy	\$ _____
Hearing exams, hearing aids	\$ _____
Prescription drugs	\$ _____
Other eligible expenses	\$ _____

### Dental expenses, such as:

More than 2 cleanings per year	\$ _____
Deductible & Coinsurance	
Basic Care (fillings, root canal, etc.)	\$ _____
Major Care (dentures, crowns, etc.)	\$ _____
Orthodontic Care (plan max benefit = \$2,000)	\$ _____

### Vision care expenses, such as:

Exams (plan pays 1 every 2 yrs after deductible)	\$ _____
Eyeglasses, contact lenses	\$ _____

### Other estimated health-related expenses

Lasik Surgery	\$ _____
Over the Counter Drugs	\$ _____

*Estimated Annual Expenses Subtotal* \$ \_\_\_\_\_

*Divided by number of pay periods(26 annually)* \$ \_\_\_\_\_

## Dependent Care Flexible Spending Account

For a full description of the FSA plan, refer to your Summary Plan Description (Appendix F)

You can use the Dependent Care FSA to help pay your expenses for nursery school or daycare for children under 13; disabled older children, spouse, or parent who lives with you full-time. Each person must meet the definition of a "qualifying" child or dependent under the IRS Child and Dependent Care Credit guideline when care was provided and claimed as a dependent on your tax return.

### Annual Dependent Daycare Expenses for:

Day Care Center (s) for Child Care	\$ _____
In-home Care for Child Care	\$ _____
Nursery and Pre-school	\$ _____
Before/After School Care	\$ _____
Au Pair Services	\$ _____
Summer Day Camps	\$ _____
Day Care Center for Elder Care	\$ _____
In-home Care for Elder Care	\$ _____

*Estimated Annual Expenses Subtotal* \$ \_\_\_\_\_

*Divided by number of pay periods(26 annually)* \$ \_\_\_\_\_

### Estimated Health Care FSA Contribution bi-weekly

This is the estimated amount you may want to contribute to your health care FSA. This amount cannot exceed the annual Health Care FSA maximum amount (\$5,000).

\$ \_\_\_\_\_

### Estimated Dependent Care FSA Contribution bi-weekly

This is the estimated amount you may want to contribute to your Dependent Care FSA. This amount cannot exceed the annual Dependent Care FSA maximum amount.

\$ \_\_\_\_\_