

FLEXIBLE SPENDING ACCOUNT ESTIMATOR WORKSHEET

A Flexible Spending Account allows you to set aside pre-tax dollars to pay for certain health care and dependent care expenses. By contributing pre-tax dollars to a reimbursement account, you lower your taxable income.

To take advantage of these accounts follow these easy steps:

Step 1

Look through the list on the other side of this page and see which expenses you and your family may have that are not completely covered by insurance for the plan year.

Step 2

Estimate your annual health-related expenses NOT covered by either your benefit plan or your spouse's plan. It may help to review what you paid for eligible services last year. You can use insurance records, tax receipts, your check register and other personal records.

Step 3

Estimate the annual dependent care expenses that you will incur during the upcoming plan year.

Step 4

Complete this worksheet with your Estimated Annual Expenses. Take that amount and divide by the number of payroll periods during the plan year to determine how much will be deducted from each check.

Medical Care Reimbursement Account	Estimated Annual Expenses
MEDICAL:	
Deductibles/Co-Payments/Coinsurance	\$
Chiropractor Fees	\$
Childbirth (portion not covered by insurance)	\$
Contraceptives (birth control pills, condoms)	\$
Hearing Care (exams, hearing aids, batteries)	\$
Immunizations	\$
Prescription Co-Payments	\$
Over-the-Counter Medications	\$
Psychiatric Therapy/Psychologist Treatments	\$
Routine Physicals for Self & Family (including gynecologist)	\$
Therapeutic Care for Drug & Alcohol Addiction	\$
Transportation to receive Health, Dental & Vision Care (24 cents per mile).	\$
Well-Baby Care	\$
Other Medical Expenses	\$
DENTAL:	
Deductibles/Co-Payments/Coinsurance	\$
Dentures	\$
Exams	\$
Fillings/Bridges/Restoration	\$
Orthodontic Expenses, (if medically necessary)	\$
X-ray Fees	\$
Other Dental Expenses	\$
VISION:	
Deductibles/Co-Payments/Coinsurance	\$
Eye Exams	\$
Frames/lenses/Contacts/Prescription Sunglasses	\$
Contact lens Maintenance Items (cleaning solutions, etc.)	\$
Other Vision Expenses (e.g., lasik surgery)	\$
TOTAL ESTIMATED ANNUAL COST (sum of all categories)	\$

Dependent Care Reimbursement Account	
Day Care Provider	\$
Home Care of Your Child or Other Dependent	\$
Pre-School Tuition up to Kindergarten	\$
Other Dependent Care Expenses	\$
TOTAL ANNUAL EXPENSE	\$