

# FSA WORKSHEET

What out-of-pocket expenses can you pay with tax-free benefit dollars through a Flexible Spending Account (FSA)?

## Dependent Care FSA

If your spouse works or if you are a single parent, how much do you pay for dependent day care or babysitting service for children under age 13?

(Expenses must be incurred as a result of employment and may not be paid to a dependent.)

Total Dependent Care Expense \$\_\_\_\_\_/Mo.

Maximum \$416.67/month (\$5,000 /year)

## Medical / Dental / Vision Care FSA

For you and all your dependents (whether covered under your employer's insurance benefits or not), what is your estimate of medical / dental / vision costs not reimbursed by insurance?

### Medical

Insurance Deductibles \$\_\_\_\_\_

Coinsurance (% not paid by insurance)

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

Routine Exams (Physicals, Ob-Gyn, etc.)

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

Prescription Drugs (Including Birth Control)

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

### Dental

Insurance Deductibles, if applicable

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

Coinsurance (% not paid by insurance)

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

Exams, Cleaning, X-rays, etc. \$\_\_\_\_\_

Fillings, Caps \$\_\_\_\_\_

Crowns & Bridges, etc. \$\_\_\_\_\_

Orthodontics (Braces) \$\_\_\_\_\_

### Vision & Other

General Care (Exams, Contacts, Glasses)

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

Hearing Care (Exams, Hearing Aids, etc.)

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

Other \$\_\_\_\_\_

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

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

Total Medical/Dental/Vision Care Expense

\$\_\_\_\_\_/Mo.

(Your Plan Administrator Can Advise the Maximum Amount Available)

***This worksheet helps determine out-of-pocket expenses you may be able to pay using before tax dollars through FSA.***

