

FSA Health Care Worksheet

You can use this worksheet to help determine your health care annual contribution for the upcoming plan year. You may want to review your health care expenses in your check book and/or credit card statements from last year to help your decide how much to set aside in your Health Care Flexible Spending Account.

Medical Expenses	Estimated Plan Year Expenses	Total
Copayments	\$	
Deductibles	\$	
Lab fees	\$	
Physical exams	\$	
Physicians fees	\$	
Prescription drug copayments	\$	
Amounts over usual and customary	\$	
Total of Medical Expenses	\$	\$
Vision Expenses		
Contact lens supplies	\$	
Copayments	\$	
Deductibles	\$	
Eye examinations	\$	
Prescription contact lenses	\$	
Prescription eyeglasses or sunglasses	\$	
Amounts over plan allowance	\$	
Total of Vision Expenses	\$	\$
Dental Expenses		
Copayments	\$	
Deductibles	\$	
Amounts over usual and customary	\$	
Orthodontia	\$	
Other dental expenses	\$	
Total of Dental Expenses	\$	\$
Other Expenses		
Chiropractic or Acupuncture	\$	
Hearing aids	\$	
Immunization fees	\$	
Out-of-pocket expenses	\$	
Medical supplies	\$	
Total of Other Expenses	\$	\$
Total Estimated Expenses		\$