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FSA worksheet

Estimated unreimbursed health care expenses

Medical	Annual amount
Deductible	
Coinsurance payment	
Well-baby care	
Doctor's office visits	
Physicals/annual checkups	
Immunizations	
Prescription drugs	
Contraceptives	
Insulin	
Laboratory tests	
Splints, supports, corrective devices	
Therapy treatments (medical reasons only)	
Over-the-counter medicine[1]	
Other expenses	
SUBTOTAL	0.00
Dental	
Deductible	
Coinsurance payment	
Fillings/crowns/bridges	
X-rays	
Cleaning	
Fluoride treatments	
Dentures	
Orthodontia (based on expenses incurred for upcoming plan year)	
SUBTOTAL	0.00
Vision	
Deductible	
Coinsurance payment	
Examinations	
Lenses	
Frames	
Contact lenses and solutions	
Laser eye surgery	
SUBTOTAL	0.00
TOTAL	0.00

Dependent Day Care (necessary for you and your spouse to work)	Annual amount
Child care/day care center	
Child care in home	
After-school care	
Preschool	
Care of other dependents	
TOTAL[2]	0.00

Unreimbursed health care expenses cannot exceed your plan's maximum.

NOTE: any coordination of benefits with another group plan may reduce your out-of-pocket expenses.

[1]Effective January 1, 2011, over-the-counter medicines or drugs are not eligible for reimbursement under Health Flexible Spending Accounts (FSA) or health Reimbursement Arrangements (HRA) without a doctor's prescription.

[2]Cannot exceed $5,000 per family, per calendar year or earned income of employee or spouse, whichever is less.

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