

To help you determine how much money you should set aside for your FSA, use this worksheet to calculate your eligible expenses for the year.

Medical expenses not covered by insurance

Deductibles, copays, co-insurance \$ _____

Prescription drugs \$ _____

Medical supplies (First Aid kit, diabetic supplies, etc.) \$ _____

Dental expenses not covered by insurance

Checkups and cleanings \$ _____

Fillings, X-rays, crowns, bridges \$ _____

Dentures, inlays \$ _____

Orthodontia \$ _____

Vision and hearing expenses not covered by insurance

Exams \$ _____

Prescription eyeglasses \$ _____

Contact lenses and cleaning solution \$ _____

Corrective eye surgery (LASIK, cataract, etc.) \$ _____

Hearing aids and batteries \$ _____

Total healthcare expenses \$ _____

Dependent care expenses

Licensed day care, nursery or preschool \$ _____

Before and after school programs \$ _____

Summer day camps \$ _____

Total dependent care expenses \$ _____