

## Health Care FSA Worksheet

Use this worksheet to help you determine your Health Care FSA election amount. You may want to review receipts from last year for health care expenses you paid out of your own pocket or estimates you have obtained from your health care provider. Using these receipts and the worksheet, you can estimate the amount you want to elect for the Health Care FSA. Only budget for those expenses eligible for reimbursement through the Health Care FSA that you know or can reasonably expect to spend. Remember, eligible expenses include those for you, your spouse and your dependents and include medical & dental expenses. For more information on eligible expenses, see [IRS Publication 502](#) and the resources listed on the HR-Benefits website under the [Flexible Benefits](#) page.

### Deductibles

Medical, Dental, Vision	\$ _____
Copayments/Coinsurance	
The amount not paid by your health plan coverage	\$ _____
Prescription drugs	\$ _____
Vision care	\$ _____
Dental / orthodontic care	\$ _____
Treatments / therapies	\$ _____
Fees / Services	\$ _____
Mental health	\$ _____
Assistance for disabled	\$ _____
Other eligible expenses	\$ _____

### Amounts paid over plan limits

Over reasonable & customary allowance	\$ _____
Additional chiropractic visits	\$ _____
Additional mental health visits	\$ _____
Durable medical equipment	\$ _____

### Expenses NOT covered by your Insurance plan

Acupuncture visits	\$ _____
Prescription Drugs	\$ _____
Vision Care	\$ _____
Dental	\$ _____
Capital expenses required by your physician	\$ _____
Other eligible expenses	\$ _____

**TOTAL EXPENSES FOR SPENDING ACCOUNT \$ \_\_\_\_\_**