



FSA worksheet

Estimated unreimbursed health care expenses.

Medical	Annual amount	Vision	Annual amount
Deductible	_____	Deductible	_____
Coinsurance payment	_____	Coinsurance payment	_____
Contraceptives	_____	Contact lenses	_____
Doctor's office visits	_____	Contact solutions	_____
Immunizations	_____	Examinations	_____
Insulin	_____	Frames	_____
Laboratory tests	_____	Laser eye surgery	_____
Other expenses	_____	Lenses	_____
Over the counter medicine ¹	_____	Subtotal	_____
Physicals/annual checkups	_____	Total	_____
Prescription drugs	_____	Dependent Day Care	Annual amount
Splints, supports,	_____	(necessary for you and your spouse to work)	
Corrective devices	_____	After-school care	_____
Therapy treatments	_____	Care of other	_____
(medical reasons only)		dependents	_____
Well-baby care	_____	Childcare/	_____
Subtotal	_____	day care center	_____
		Childcare in home	_____
		Preschool	_____
Dental	Annual	Total²	_____
amount			
Deductible	_____		
Coinsurance payment	_____		
Cleaning dentures	_____		
Fillings/crowns/bridges	_____		
Fluoride treatments	_____		
Orthodontia	_____		
(medical reasons only)			
X-rays	_____		
Subtotal	_____		

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.

¹Effective January 1, 2020, the passage of the CARES Act (COVID-3 Stimulus Bill) reinstated over-the-counter medicines as an eligible reimbursement under Health Flexible Spending Accounts (FSA) or Health Reimbursement Arrangements (HRA).

²Cannot exceed \$5,000 (\$2,500 if married, filing separately), per calendar year or earned income of employee or spouse, whichever is less.

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