

Health Flexible Spending Account Worksheet

Directions: Use this worksheet to estimate your healthcare expenses for the calendar year (plus grace period). Subtract column 2 from column 1 to estimate total out-of-pocket expenses. You may wish to contribute to the Health Flexible Spending Account (FSA) an amount less than your estimate. Any funds contributed but not used will be forfeited.

Expenses	My Estimated Expenses for Plan Year	Less My Estimated Expenses Covered by Medical/Optional Dental	My Total Out-of-Pocket Expenses
Family Medical Plan Deductibles	\$	– \$	= \$
Family Medical Plan Copayments/Copays	\$	– \$	= \$
Family Prescription Drug Deductibles	\$	– \$	= \$
Family Prescription Drug Copayments/Copays	\$	– \$	= \$
Family Dental Plan Deductibles	\$	– \$	= \$
Family Dental Plan Copayments/Copays	\$	– \$	= \$
Orthodontia Expenses	\$	– \$	= \$
Routine Services <i>(including physical exams, immunizations, etc.)</i>	\$	– \$	= \$
Vision <i>(including exams, glasses, and contacts)</i>	\$	– \$	= \$
Hearing <i>(including exams and hearing aids)</i>	\$	– \$	= \$
Other Health Expenses	\$	– \$	= \$
Total Estimated Expenses	\$	– \$	= \$

My total annual estimated healthcare out-of-pocket expenses \$

Divided by the number of pay periods per year

Salary reduction per pay period \$