

Medical/Dental/Vision Care Flexible Spending Account (FSA) Worksheet

This worksheet helps determine out-of-pocket expenses you may be able to pay using before-tax dollars through a Medical/Dental/Vision FSA.

Medical/Dental/Vision Care FSA

What out-of-pocket expenses can you pay with tax-free benefit dollars through a Medical/Dental/Vision FSA? For you and all your dependents (whether covered under your employer's insurance benefits or not), what is your estimate of medical/dental/vision costs not reimbursed by insurance?

Medical

Insurance Deductibles	\$ _____
Coinsurance (% not paid by insurance)	\$ _____
Routine Exams (Physicals, Ob-Gyn, etc.)	\$ _____
Prescription Drugs (including Birth Control)	\$ _____

Dental

Insurance Deductibles, if applicable	\$ _____
Coinsurance (% not paid by insurance)	\$ _____
Exams, Cleaning, X-rays, etc.	\$ _____
Fillings, Caps	\$ _____
Crowns & Bridges, etc.	\$ _____
Orthodontics (Braces)	\$ _____

Vision & Other

General Care (Exams, Contacts, Glasses)	\$ _____
Hearing Care (Exams, Hearing Aids, etc.)	\$ _____
Other	\$ _____
	\$ _____
	\$ _____

Total Medical/Dental/Vision Care Expenses \$ _____/Month

(Your plan administrator can advise the maximum amount available.)