

FSA WORKSHEET

Now that you know about the many ways you can use pre-tax earnings to keep more of what you earn, simply complete this basic worksheet to figure out what you spend and what your savings will be.

Once you enroll, the entire amount you estimate for healthcare expenses for the year will be available to you on the first day of the plan year. Dependent care expenses are available when you make deposits with each paycheck.



**TAKE HOME
MORE
OF THE MONEY YOU EARN.**

Use this worksheet to figure out what to put into your Flexible Spending Account and what you will save. Then, complete an election form. After that, a portion of the money will be deducted automatically from your paycheck before taxes.

HEALTHCARE EXPENSES

FOR EXPENSES NOT COVERED BY INSURANCE

- Copayments to doctors \$ _____
- Eligible over-the-counter items \$ _____
- Prescription drugs \$ _____
- Office visits & checkups \$ _____
- Prescribed sunglasses & eyeglasses \$ _____
- Contact lenses, solutions & supplies \$ _____
- Eye exams, surgery & LASIK \$ _____
- Dental cleanings, fillings & x-rays \$ _____
- Sealants, crowns, bridges & dentures \$ _____
- Braces, spacers & retainers \$ _____
- Wisdom teeth, implants & oral surgery \$ _____
- Psychologist & psychiatrist fees \$ _____
- Obstetrics & fertility \$ _____
- Lab tests & body scans \$ _____
- Chiropractic & podiatrist fees \$ _____
- Oxygen, insulin, syringes & supplies \$ _____
- Hearing aids, batteries & exams \$ _____
- Artificial limbs & braces \$ _____
- Arches & orthopedic shoes \$ _____
- Walkers, canes & wheelchairs \$ _____
- Physical & speech therapy \$ _____
- Weight-loss program (prescribed by doctor) \$ _____
- Quit-smoking program & medications \$ _____
- Alcoholism & drug treatment \$ _____
- Medical alert bracelet & fees \$ _____
- Reconstructive surgery (birth defect, disease) \$ _____
- Wigs for hair loss caused by disease \$ _____
- Special school for disabled child \$ _____
- Travel & mileage to doctor or hospital \$ _____

TOTAL **1** \$ _____

DEPENDENT CARE EXPENSES

SO YOU CAN WORK

- Nanny & babysitter thru age 12 \$ _____
- Pre-K or nursery school \$ _____
- Before & after-school care thru age 12 \$ _____
- Day camp thru age 12 \$ _____
- Daycare for a disabled adult or child \$ _____
- Elder daycare for parent or dependent \$ _____

TOTAL **2** \$ _____

Federal Limits:

- Married Filing Jointly or Single: \$5000 Maximum Allowable per year
- Married Filing Separately: \$2500 Maximum Allowable per year

ESTIMATED ANNUAL EXPENSES & TAX SAVINGS

Save between
25% and 40% on
FICA, federal &
state income tax
(in applicable
states)

1 \$ _____

+

2 \$ _____

= \$ _____

Enter your tax: x _____ %

YOU SAVE: \$ _____

Based on national averages, you'll save 25% if your annual household earnings are less than \$30,000, 36% if you earn \$30,000 to \$60,000 or 40% if you earn more than \$60,000.

Federal and/or plan limits apply to all options. See your summary plan description for plan limits.