

To help you determine how much money you should set aside for your FSA, use this worksheet to calculate your eligible expenses for the year.

**Medical expenses not covered by insurance**

Deductibles, copays, co-insurance \$ \_\_\_\_\_

Prescription drugs \$ \_\_\_\_\_

Over-the-counter medications \$ \_\_\_\_\_

**Dental expenses not covered by insurance**

Checkups and cleanings \$ \_\_\_\_\_

Fillings, X-rays, crowns, bridges \$ \_\_\_\_\_

Dentures, inlays \$ \_\_\_\_\_

Orthodontia \$ \_\_\_\_\_

**Vision and hearing expenses not covered by insurance**

Exams \$ \_\_\_\_\_

Prescription eyeglasses \$ \_\_\_\_\_

Contact lenses and cleaning solution \$ \_\_\_\_\_

Corrective eye surgery (LASIK, cataract, etc.) \$ \_\_\_\_\_

Hearing aids and batteries \$ \_\_\_\_\_

**Total healthcare expenses** \$ \_\_\_\_\_

**Dependent care expenses**

Licensed day care, nursery or preschool \$ \_\_\_\_\_

Before and after school programs \$ \_\_\_\_\_

Summer day camps \$ \_\_\_\_\_

**Total dependent care expenses** \$ \_\_\_\_\_