



Health Care Flexible Spending Account (FSA) Worksheet

This worksheet will help to estimate your annual out of pocket health care costs. Use this worksheet to assist in estimating what your annual election amount in the Health Care FSA should be. This is a common expense list. Please see the HCFA Eligible and Ineligible Expense list for more details.

Example of Qualifying Health Care Expenses:

Prescription drugs/co-pays	\$ _____	Over-the-counter health care expense	\$ _____
Doctor co-pays (office visits)	\$ _____	Medical deductible amount	\$ _____
Chiropractic services	\$ _____	Eyeglasses (lens and frames, corrective)	\$ _____
Contact lenses and solution	\$ _____	Eye exams	\$ _____
Orthodontia, dentures	\$ _____	Dental care (exams, fillings, crowns)	\$ _____
Other _____	\$ _____	Other _____	\$ _____
Total Annual Health Care FSA Election Amount \$ _____			

