

FSA Election Planning Worksheet

How much should I contribute?

As you are thinking about how much you should contribute to your FSA, here are a few things to consider:

- Do you (or anyone in your family) have any medical, dental, or vision expenses that are not covered by insurance?
- Do you (or anyone in your family) need prescription eyeglasses, contact lenses, or contact lens solution?
- Do you (or anyone in your family) need braces or other orthodontic work that will begin in the next year?
- Do you (or anyone in your family) have an ongoing illness that requires frequent doctor visits and/or medication?

Use the worksheet below to estimate your expenses and determine how much you should contribute to an FSA.

Medical Expenses (not covered by insurance)

Amount spent out-of-pocket this year Estimated amount to spend out-of-pocket next year

Annual Exam / Physical Exam
 Copays / Coinsurance
 Deductibles
 Immunizations (flu shots, etc.)
 Lab Fees
 Over-the-Counter Drugs
 Prescription Drugs
 Chiropractic Fees
 Other:

Dental Expenses (not covered by insurance)

Amount spent out-of-pocket this year Estimated amount to spend out-of-pocket next year

Checkups / Cleanings
 Crowns / Bridges / Dentures
 Fillings
 Oral Surgery
 Orthodontics
 Root Canals
 Other:

Vision Expenses (not covered by insurance)

Amount spent out-of-pocket this year Estimated amount to spend out-of-pocket next year

Eye Exams
 Contact Lenses / Solution
 Copays / Coinsurance
 Deductibles
 Corrective Eye Surgery
 Eyeglasses
 Other:

Childcare Expenses

Amount spent out-of-pocket this year Estimated amount to spend out-of-pocket next year

Daycare
 Before / After School Care
 Babysitting / Nannying
 Summer Day Camps
 Other:

Total Out-of-Pocket Expenses: