

Health & Day Care FSA

Expense Estimation Worksheet



Estimating your expenses is an important step in enrolling in a Flexible Spending Arrangement. The more accurate you are in estimating your expenses the better the plan will work for you. Here are some tools to help you proceed:

Locating your Family's Health Care information:

- ✓ Insurance Explanation of Benefits
- ✓ Financial Records and Check Register
- ✓ Health Care Provider Statements
- ✓ Old Credit Card Bills

After you are able to locate your Health Care Expenses, take into account the health care costs not paid for by insurance for yourself, your spouse, and your eligible dependents.

Health Care Expenses Estimated Amount

| | |
|-----------------------------------------------------------------|----|
| Chiropractic Visits | \$ |
| Dental Care (routine checkups, fillings, etc.); Orthodontics | \$ |
| Eye Care: Exams, prescription (sun)glasses, contacts, solutions | \$ |
| Laser Eye Surgery and procedures | \$ |
| Insurance Copays and Deductibles | \$ |
| Over-the-Counter Medications (need Rx) | \$ |
| Prescription drugs | \$ |
| Routine Exams | \$ |
| Additional Eligible Expenses (see below) | \$ |
| Annual Total | \$ |

Day Care Expenses Estimated Amount

| | |
|------------------------------------------|----|
| Before/After School Care | \$ |
| Elder Day Care | \$ |
| Pre-School | \$ |
| Day Care, including summer day camp fees | \$ |
| Additional Eligible Expenses (see below) | \$ |
| Annual Total | \$ |