

Health Care FSA Elections Worksheet

To help calculate your annual election (deposit amount) review this sample list of eligible expenses. Estimate the amount that you may spend in that expense category per year to arrive at your annual election. Remember to estimate conservatively since the Health Flexible Spending Account is "use it or lose it". Please contact us for more information regarding any items with an asterisk (*).

Vision

- Coinsurance
- Contact Lens Solution
- Contact Lenses
- Co-pays
- Deductible
- Exams
- Glasses
- Lasik Surgery

Total Vision \$ _____

Medical

- Addiction Treatment
- Ambulance
- Coinsurance
- Co-pays
- Crutches
- Deductible
- Diabetic Supplies
- Diagnostic Fees
- Hospital Charges
- Laboratory Fees
- Massage Therapy*
- Medical Monitoring
- Mental Health*
- Non-Cosmetic Surgery
- Obstetrical Expenses*
- Oxygen
- Physical Therapy
- Physicals*
- Prosthesis (Artificial Limbs)
- Sterilization Surgery
- Wheelchairs
- Wigs*
- X-Rays

Total Medical \$ _____

Dental

- Cleanings
- Coinsurance
- Co-Pays
- Crowns
- Deductible
- Dentures
- Exams
- Fillings
- Fluoride*
- Oral Surgery
- Orthodontics*
- Sealants
- X-Rays

Total Dental \$ _____

Prescriptions

- Antibiotics
- Birth Control
- Insulin
- Mail Order Pharmacy
- Maintenance Medications
- Prescribed Medicines
- Preventive Drugs

Total Prescription \$ _____

Over The Counter

- Allergy Medication
- Analgesics
- Antacids
- Antibiotic Ointments
- Anti-diarrhea Medication
- Anti-fungal Medication
- Anti-inflammatory Drugs
- Anti-itch Cream/Lotion
- Arthritis Cream
- Bandages

- Burn Ointment
- Cold Sore & Fever Blister Medication
- Contraceptives
- Cough & Cold Medicine
- Cough Drops
- Diabetic Supplies
- Diaper Rash Ointment
- Ear Care / Ear Drops
- Eye Drops
- First Aid Kit
- Heating Pad
- Hemorrhoid Creams
- Incontinence Supplies
- Laxatives
- Menstrual Pain Relief
- Pain Relievers
- Sinus Remedies
- Smoking Cessation Patches, Pills & Gums
- Toothache & Teething Medicine

Total Over the Counter \$ _____

Miscellaneous

- Acupuncture Care
- Chiropractic Care
- Hearing Aids & Batteries
- Hypnosis
- Naturopathic Care
- Companion or Assistance Animal*
- Mileage for Travel to Obtain Medical Care*
- Adaptive Equipment*
- Therapy Treatments (Water, Equine)*
- Vehicle or Home Modifications Due to a Medical Condition*

Total Miscellaneous \$ _____

Total Annual Election \$ _____