



**FLEXIBLE SPENDING ACCOUNT
PLANNING WORKSHEET
PLAN YEAR _____**

The purpose of this worksheet is to help determine the current medical or dependent care expenses for which you are **not reimbursed** from any other benefit plan. Include only those costs you are reasonably certain you will spend over the next 12 months.

MEDICAL EXPENSE REIMBURSEMENT ACCOUNT

MEDICAL EXPENSES:

- Annual Deductible \$ _____
- Office Visit Co-pays \$ _____
- Coinsurance \$ _____
- Annual Physicals/Exams \$ _____
- Chiropractor Fees \$ _____
- Surgery \$ _____
- X-Rays \$ _____
- Hearing Devices \$ _____
- Prescription Drug Co-pays \$ _____
- Birth Control Pills \$ _____
- Over the Counter Drugs \$ _____
- Mileage to/from Provider \$ _____
(\$0.20 per mile, eff 1/1/07)
- Other Medical Expenses \$ _____
(Medically prescribed)

DENTAL EXPENSES:

- Annual Deductible \$ _____
- Office Visit Co-pays \$ _____
- Coinsurance \$ _____
- Routine Exams \$ _____
- X-rays \$ _____
- Bridges \$ _____
- Dentures \$ _____
- Crowns \$ _____
- Caps \$ _____
- Fillings \$ _____
- Root Canals \$ _____
- Orthodontia \$ _____
- Other Dental Expenses \$ _____

VISION EXPENSES:

- Annual Deductible \$ _____
- Office Visit Co-pays \$ _____
- Eye Exams \$ _____
- Prescription Glasses \$ _____
- Prescription Sunglasses \$ _____
- Contact Lenses \$ _____
- Contact Lens Supplies \$ _____
- Lasik Surgery \$ _____
- Other Vision Expenses \$ _____

TOTAL MEDICAL EXPENSE REIMBURSEMNT ELECTION \$ _____

DEPENDENT CARE REIMBURSEMENT ACCOUNT

- Day Care Centers \$ _____
- After School Care \$ _____
- Elder Care \$ _____
- Other Day Care Expenses \$ _____

TOTAL DEPENDENT CARE ELECTION \$ _____

Multiply total Medical Reimbursement and Dependent Care Election by .25 to estimate tax savings.