



Healthcare Flexible Spending Account Worksheet

To estimate how much you should contribute to your Healthcare FSA, use the worksheet below. You may also want to review related expenses for the past several years for you and your covered family members.

Medical deductibles	\$ _____
Dental deductibles	\$ _____
Medical co-payments	\$ _____
Dental co-payments	\$ _____
Other dental (orthodontics)	\$ _____
Vision / hearing care	\$ _____
Prescription drug copays	\$ _____
Over-the-counter drugs*	\$ _____

* This is an employer plan option; be sure your employer offers it before adding to calculation.

1) TOTAL EXPENSES	\$ _____
2) Maximum Contribution Limit	\$ _____
3) Annual Contribution	\$ _____ (amount on line #2 or #3, whichever is less)
4) No. of Pay Periods per Plan Year	_____

PAY PERIOD DEDUCTION	\$ _____ (divide amount on line #3 by amount on line #4)
-----------------------------	---