

Estimating Your Expenses

Use this worksheet to help estimate what out-of-pocket expenses you can pay with *tax-free benefit dollars* through a Flexible Spending Account (FSA).

1. Medical/Dental/Vision FSA

What is your estimate of medical/dental/vision costs to be incurred during the plan year and not reimbursed by insurance or any other benefit plan? Be sure to include expenses for you, your spouse, and all dependents, even if they are not enrolled under your employer's insurance coverage. Confirm the eligibility of an expense on our website (www.ProBenefits.com) or call us to discuss!



Medical

Insurance Deductibles \$ _____
 Copays and Coinsurance (amount not paid by insurance) \$ _____
 Routine Exams (Physicals, Ob-Gyn, etc.) \$ _____
 Prescription Drugs (Including Birth Control) \$ _____
 Over-the-Counter Medications \$ _____

Dental

Insurance Deductibles, if applicable \$ _____
 Copays and Coinsurance (amount not paid by insurance) \$ _____
 Exams, Cleaning, X-rays, etc. (NOT teeth whitening) \$ _____
 Fillings, Caps, Crowns, Bridges, etc. \$ _____
 Orthodontia (Braces) *Note: Special rules apply* \$ _____

Vision Care (Exams, Contacts, Glasses, LASIK Surgery) \$ _____

Hearing Care (Exams, Hearing Aids & Batteries, etc.) \$ _____

Other unreimbursed medical expenses \$ _____

Total Medical/Dental/Vision Expenses \$ _____/Year

2. Dependent Care FSA

If your spouse works or if you are a single parent, how much do you pay for employment-related dependent day care or childcare services for children age 12 and under? *Only fees for actual care may be reimbursed. Kindergarten tuition, overnight camps, and expenses paid to a tax-dependent are ineligible.*

Total Dependent Care Expense \$ _____/Year



Remember:

- Reimbursement is based on the **date of service**, not the date of payment. In order for you to be reimbursed from your FSA funds, *the date the expense is incurred* must be within the current plan year and while you are an active participant in the plan.
- Prepayments, such as deposits for prenatal care/delivery, surgery, dental work, or dependent care summer programs, are not eligible for reimbursement until the service has actually been rendered.
- You have 90 days after the end of your plan year or 90 days after your last day of plan participation to file reimbursement claims for eligible expenses.
- Your Dependent Care and Medical/Dental/Vision FSAs are two separate plans, and funds cannot be transferred between them.
- Please call us or visit our website, www.ProBenefits.com, for any questions about eligible expenses.