

Flexible Spending Account Expenses Worksheet



	Actual Expenses Last Year	Estimated Expenses New Year
MEDICAL		
<hr/>		
Copays / expenses		
Prescriptions	\$ _____	\$ _____
Physician visits	\$ _____	\$ _____
Hospital visit copays / expenses (including Emergency)	\$ _____	\$ _____
Laboratory / testing expenses	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Over-the-counter medications	\$ _____	\$ _____
VISION		
<hr/>		
Eye examination	\$ _____	\$ _____
Eyeglasses	\$ _____	\$ _____
Contact lenses and solution	\$ _____	\$ _____
LASIK surgery	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
HEARING		
<hr/>		
Hearing examination	\$ _____	\$ _____
Hearing aid	\$ _____	\$ _____
DENTAL		
<hr/>		
Copays / expenses		
Dental visits	\$ _____	\$ _____
Fillings	\$ _____	\$ _____
Major work (root canals, crowns, dentures, etc.)	\$ _____	\$ _____
Orthodontia (braces)	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
Total annual amounts	\$ _____	\$ _____

Dependent Care Expense Estimate

CHILD DAYCARE *

Full-time daycare (per week)

Child one
\$ _____

Child two \$ _____

Part-time daycare (per week)

Child one
\$ _____

Child two
\$ _____

1. Estimate the cost per week
for each category of care

2. Calculate the annual cost
(weekly full-time daycare plus
weekly part-time daycare X
number of weeks per year)

3. Total amount
\$ _____

*Children 12 and under

DISABLED / ELDER DAYCARE*

Caregiver
monthly cost
\$ _____

Multiply monthly
cost times number
of months
estimated
\$ _____

* Daycare provided for a dependent of any
age who requires assistance with the basic
tasks of daily life due to physical or mental
challenges.

What else is considered an eligible expense?

Visit the [Chard Snyder website](http://www.chard-snyder.com) for more resources on eligible items
and services under your plan.

www.chard-snyder.com