## Flexible Spending Account **Expenses Worksheet**



	Actual Expenses Last Year	Estimated Expenses New Year	
MEDICAL	Last fear	New fedi	Dependent Care
Copays / expenses			Expense Estimate
Prescriptions	\$	\$	<b>CHILD DAYCARE *</b> Full-time daycare (per week)
Physician visits	\$		
Hospital visit copays / expenses			Child one \$
(including Emergency)	\$	\$	¢ Child two \$
Laboratory / testing expenses	\$	\$	
Deductible expenses	\$	\$	Part-time daycare (per week)
·	Ψ		Child one \$
Over-the-counter medications	\$	\$	Child two
VISION			\$
Eye examination	\$	\$	1. Estimate the cost per week for each category of care
Eyeglasses	\$	\$	
Contact lenses and solution	\$	\$	2. Calculate the annual cost (weekly full-time daycare plus weekly part-time daycare X number of weeks per year)
Lasik surgery	\$	\$	
Other expenses	\$	\$	
HEARING			3. Total amount \$
Hearing examination	\$	\$	*Children 12 and under
Hearing aid	\$	\$	DISABLED / ELDER DAYCARE*
	Ψ	Ψ	Caregiver
DENTAL			monthly cost \$
Copays / expenses	¢	¢	
Dental visits	\$	\$	Multiply monthly cost times number of months estimated
Fillings	\$	\$	
Major work			\$
(root canals, crowns, dentures, etc.)	\$	\$	* Daycare provided for a dependent of any age who requires assistance with the basic tasks of daily life due to physical or mental challenges.
Orthodontia (braces)	\$	\$	
Deductible expenses	\$	\$	
Other expenses	\$	\$	
Total annual amounts	\$	\$	

## What else is considered an eligible expense?

<u>Visit the Chard Snyder website</u> for more resources on eligible items and services under your plan.

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