

FLEXIBLE SPENDING ADMINISTRATION

Expense Planning Worksheet

This worksheet will help in determining how much money to put into your Flex Account each pay period.

1. Estimate your un-reimbursed medical costs for:

Health insurance deductibles	\$ _____	Per _____
Co-insurance	\$ _____	per _____
Vision care (eye exams, contacts, glasses)	\$ _____	per _____
Routine exams (OB-GYN, physicals, etc.)	\$ _____	per _____
Travel costs related to medical care	\$ _____	per _____
Prescription drugs (including birth control)	\$ _____	per _____
Wheelchair, crutches, medical appliances	\$ _____	per _____
Other	\$ _____	per _____

2. Estimate your un-reimbursed dental costs for:

Examinations and cleanings	\$ _____	per _____
Braces and retainers*	\$ _____	per _____
Fillings, crowns, and bridges	\$ _____	per _____
Dentures, including replacements	\$ _____	per _____
Implants, inlays, S-rays	\$ _____	per _____
Fluoride treatments	\$ _____	per _____
Other	\$ _____	per _____

*Ortho in a calendar year=Initial down pymt + monthly adjustments in that year.

3. Estimate your Dependent Care Expenses:

If you are a single parent, or your spouse also works outside the home, how much do you pay for childcare? (Including before and after school care for school-age children). This amount cannot be more than the smallest of:

\$ _____ per _____

1. Your earned income*
2. Your spouse's earned income*
3. \$5,000 (\$2,500 if married filing separately)

Earned income includes wages, salaries tips, other employee compensation and net earnings from self-employment. Earned income also includes strike benefits and any disability pay you report as wages. Earned income does not include pensions or annuities, social security payments, workers' compensation, interest, dividends, or unemployment compensation.