## **Healthcare Flexible Spending Account Worksheet**

Start by reviewing prior years' receipts for medical expenses (healthcare, dental, and vision) that you paid for out-of-pocket. This may be helpful in determining your annual Flexible Spending Account election for next year.

Budget only for expenses that are eligible for reimbursement through a medical Flexible Spending Account and that will be incurred during the next plan year.

## (Be sure to include expenses for you, your spouse, and other eligible dependents.)

Review list of eligible expenses for more information on whether a specific expense may be reimbursed.

| Type of Service                              | Number of<br>Visits<br>per Year | Cost per Visit             | Mileage Cost per Visit  = Average miles per Visit*  X  Mileage Rate (\$0.17/mile) | Annual Cost  = Number of Visits  X  (Contact Visits Miles of Contact Visits)        |
|--|---------------------------------|----------------------------|---|---|
| Office Visits<br>(including Specialists)     | Example: 10 visits              | Example: \$25<br>copayment | Example: 20 miles X \$0.17/mile = \$3.40  | (Cost per Visit + Mileage Cost per Visit)  Example: 10 X (\$25 + \$3.40) = \$284.00 |
| Chiropractor Visits                          |                                 |                            |   |   |
| Hospitalization or<br>Surgery                |                                 |                            |   |   |
| Emergency Room Visits<br>(\$60 copayment**)  |                                 |                            |   |   |
| Speech, Physical, or<br>Occupational Therapy |                                 |                            |   |   |
| Counseling or Therapy<br>Sessions            |                                 |                            |   |   |
|  |                                 | TOTAL A                    | NNUAL MEDICAL SERVICE COST  |   |

| Type of Product  | Monthly Cost                      | Annual Cost         |  |
|--|-----------------------------------|---------------------|--|
|  |                                   | = Monthly Cost X 12 |  |
| Prescriptions  |                                   |                     |  |
| Over-the-counter supplies and equipment (contact lens supplies, diabetic supplies, etc.) |                                   |                     |  |
|  | TOTAL ANNUAL MEDICAL PRODUCT COST | •                   |  |

| Other Medical Expenses  | Annual Cost |
|---|-------------|
| Other anticipated medical expenses  |             |
| (Dental expenses, Vision expenses, One-time services, One-time prescriptions, etc.) |             |
| TOTAL ANNUAL OTHER MEDICAL EXPENSES COST  |             |

| TOTAL ANNUAL MEDICAL FLEXIBLE SPENDING ACCOUNT ELECTION  |  |
|--|--|
| = Total Annual Medical Service Cost + Total Annual Medical Product Cost + Total Annual Other Medical Expenses Cost |  |

<sup>\*</sup> Average Miles per visit is defined as the average number of miles to and from a medical provider for one visit. This mileage is an eligible expense for reimbursement through a medical Flexible Spending Account.

<sup>\*\*</sup> Waived if admitted as an inpatient directly from the emergency room or for observation for 24 hours or longer.