FSA Expense Worksheet

This worksheet will help you figure out your election amount for the upcoming plan year. Below are general services that you may see as an out-of-pocket expense (not covered by insurance). Use the example below to help calculate the cost.

Example: Chiropractor visits "weekly" = per month is 4 visits.
4 visits a month x $40 payment = $160 per month.
$160 x 12 months = **$1,920.00** added to my annual election for the year.
Don't forget to add in your dependent services (if you are claiming any).

Chiropractor Visits: | 4 | x | $ 40.00 | » | $ 160.00 | x 12 » | $ 1,920.00 |

Office Visit Calculation

	Visits Per Month:		Payment Per Visit:		Total Payment Per Month		Total Payments for the Year:
Doctor Visits:		x	$	»	$	x 12 »	$
Chiropractor Visits:		x	$	»	$	x 12 »	$
Dental Visits:		x	$	»	$	x 12 »	$
Vision/Hearing Visits:		x	$	»	$	x 12 »	$
Acupuncture:		x	$	»	$	x 12 »	$
Psychologist/Counseling Visits:		x	$	»	$	x 12 »	$
Physical Therapy:		x	$	»	$	x 12 »	$
Orthodontia:		x	$	»	$	x 12 »	$

Prescription Calculation

Patient / Prescription Name:	Rx Fills Per Month:		Cost of the RX:		Total Payment Per Month		Total Payments for the Year:
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$

OTC (Over The Counter) Calculation

OTC Item Name:	Purchase Per Month:		Cost of Item:		Total Payment Per Month		Total Payments for the Year:
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$
		x	$	»	$	x 12 »	$

FSA Election Grand Total: | $ |

Your FSA Election can be any amount from $1.00 to $2,550.00 (or the amount specified by your employer).

***TRAVEL** expenses are also FSA reimbursable **($0.235 per mile).** See travel claim form for details.*