

This worksheet can help you estimate your Health Care and Dependent Care expenses that would determine your annual election for the upcoming plan year.

Health Care FSA Expenses

(Estimate)

Medical, pharmacy, dental and vision plan deductibles	\$ _____
Amount not paid or covered by insurance (co-pays or co-insurance)	\$ _____
Allowable over-the-counter medicine (See note(1))	\$ _____
Dental care	\$ _____
Vision care (glasses, contacts, solution, exams, etc.)	\$ _____
Orthodontia expenses - Special handling applies, please contact ProView prior to making your election.	\$ _____
Hearing (hearing aids)	\$ _____

Other eligible HEALTH CARE expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Estimated Expenses	\$ _____
Salary Reduction Per Pay Period	\$ _____

Dependent Care FSA Expenses

(Estimate)

Day care center (child up to age 13)	\$ _____
In-home care (up to age 13 for children; special handling applies for elder care)	\$ _____
Nursery and pre-school tuition (up to age 5)	\$ _____
After-school care (up to age 13)	\$ _____
Au pair services (up to age 13)	\$ _____
Summer day camp (up to age 13)	\$ _____

Other eligible DEPENDENT CARE expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Estimated Expenses	\$ _____
Salary Reduction Per Pay Period	\$ _____

Note (1) Because of a change in the law, over-the-counter medicines purchased after December 31, 2010 must be prescribed by your physician to be eligible for reimbursement.