

2011 Flexible Spending Account HCSA Worksheet

Flexible Spending Account: Health Care Spending Account Worksheet

Estimate your eligible, uninsured out-of-pocket medical expenses for the 2010 plan year.

Uninsured Medical Expenses:

Health insurance deductibles \$ _____

Coinsurance or co-payments \$ _____

Vision care \$ _____

Dental care \$ _____

Prescription & Over-the-counter (OTC) medications \$ _____

Travel costs for medical care \$ _____

Other eligible expenses \$ _____

TOTAL \$ _____

Add:

The annual administration fee (if applicable) \$ _____

Divide:

By the number of paychecks you will receive during the plan year.

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This is your pay period contribution. \$ _____