



Flexible Spending Account Planning Worksheet

Medical	Last Year	This Year
Deductibles _____	\$ _____	\$ _____
Doctor's office visits _____	\$ _____	\$ _____
Well-baby care _____	\$ _____	\$ _____
Pap smear _____	\$ _____	\$ _____
Physicals _____	\$ _____	\$ _____
Immunizations _____	\$ _____	\$ _____
Prescription drugs _____	\$ _____	\$ _____
Over-the-counter drugs _____	\$ _____	\$ _____
Others _____	\$ _____	\$ _____
Dental	Dental	Dental
Fillings _____	\$ _____	\$ _____
Bridges _____	\$ _____	\$ _____
Crowns _____	\$ _____	\$ _____
Dentures _____	\$ _____	\$ _____
Orthodontia _____	\$ _____	\$ _____
Braces _____	\$ _____	\$ _____
Exams _____	\$ _____	\$ _____
Vision	Vision	Vision
Exams _____	\$ _____	\$ _____
Lenses _____	\$ _____	\$ _____
Frames _____	\$ _____	\$ _____
Contact Lenses _____	\$ _____	\$ _____
Miscellaneous	Miscellaneous	Miscellaneous
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total Eligible Medical Expenses _____	\$ _____	\$ _____

Please refer to Section 213(d) of the Internal Revenue Code for the definition of deductible medical expenses that are eligible for reimbursement.

Note: An expense is not eligible if it is for cosmetic reasons only. Also, insurance premiums and long term care expenses are not eligible for reimbursement.