



## FLEXsmart Benefits Worksheet

This worksheet will help you determine how much you should set aside in your account.

### Flexible Spending Account (expenses not covered by insurance)

- |  |          |                                    |          |
|--|----------|------------------------------------|----------|
| • Insurance Deductible   | \$ _____ | • Dental Fillings, Bridges, Crowns | \$ _____ |
| • Co-Pays/Coinsurance  | \$ _____ | • Dentures                         | \$ _____ |
| • Medical Exams  | \$ _____ | • Orthodontia                      | \$ _____ |
| • Prescription Drugs   | \$ _____ | • Dental Exams                     | \$ _____ |
| • Diabetic Supplies  | \$ _____ |                                    |          |
| • Chiropractic   | \$ _____ | • Vision Exams                     | \$ _____ |
| • Over-the-Counter Medicines<br>(aspirin, cough medicine, band-aids, etc.) | \$ _____ | • Glasses<br>(lenses and frames)   | \$ _____ |
|  |          | • Contact Lenses                   | \$ _____ |
| • Hearing Exams  | \$ _____ | • Contact Lens Solution            | \$ _____ |
| • Hearing Aid  | \$ _____ | • Corrective Eye Surgery           | \$ _____ |
| • Hearing Aid Battery  | \$ _____ | • <b>Total Plan Year Expenses</b>  | \$ _____ |

### Dependent Care Spending Account

- May reimburse an employee for up to \$5,000 of dependent care expenses each year.  
(\$2,500 for a married employee filing separate tax returns)
- Eligible dependent care must be for the purpose of allowing the employee or the employee's spouse, to be gainfully employed or to attend school full-time.
- **Eligible Dependents**
  - Children age 12 and under whom you claim as a dependent for tax purposes
  - Care of a disabled spouse or disabled dependent of any age
- **Eligible Expenses**
  - Day Care
  - Babysitter
  - Nanny
  - Preschool
  - Before and After School Care
- **Ineligible Expenses**
  - Nursing home, Respite care or other residential care centers
  - Expenses while on vacation or night-time babysitting
  - Your own dependent under age 19 babysitting your own dependents

_____ x	_____ =	_____
Weekly Amount	Number Weeks of Care Annually	Total Dependent Reimbursement Expenses