



Purple and Blue Plan General Purpose Health Care Flexible Spending Account (FSA) Calculation Worksheet

Your General-Purpose Health Care FSA Worksheet

As you complete this worksheet for you and your eligible dependents, list any estimated medical, prescription drug or dental expenses that are eligible for reimbursement. Under federal guidelines, expenses incurred by domestic partners/domestic partner children are not eligible. Over-the-counter medicines and drugs obtained without a prescription are not eligible for reimbursement under the Health Care FSA.

DO NOT INCLUDE YOUR OR YOUR SPOUSE'S HEALTH AND DENTAL PLAN PREMIUMS.

Estimated Eligible General-Purpose Health Care FSA Expenses	Annual Cost
Health plan copays, deductibles and coinsurance* Prescription Drug Plan deductibles*	\$ _____
Prescription eyeglasses, contact lenses, and contact solution	\$ _____
Hearing aids and hearing exams not covered by insurance	\$ _____
Dental plan deductibles and coinsurance payments	\$ _____
Dental / Orthodontic expenses	\$ _____
Acupuncture	\$ _____
Radial Keratotomy (Lasik Surgery)	\$ _____
Smoking cessation program prescribed by your physician or a drug for which a prescription is necessary. (Cost of the over-the-counter products, including nicotine gum and nicotine patches are not eligible for reimbursement.)	\$ _____
Prescribed over-the-counter medicines and drugs that are used to treat a specific medical condition. (Vitamins and dietary supplements that are merely beneficial to general health are not eligible for reimbursement.)	\$ _____
TOTAL Annual Estimated Medical, Prescription Drug and Dental Expenses (maximum of \$3,300)	\$ _____
To calculate the per pay period contribution amount, divide the above annual estimated amount by the number of remaining pay periods in the year.	

*Generally, in-network preventive care services and generic preventive medications are covered at 100% under the health plan. Please consider this when determining your annual contribution amount.