

Health Care & Dependent Care Flexible Spending Account Worksheet

Health Care FSA Worksheet

Use this worksheet to help determine your Health Care Flexible Spending Account (FSA) election amount. You may want to review receipts from last year for your out-of-pocket health care expenses. To see your health care spending history, go to your Personal Health Statement on bcbst.com. Your statement shows expenses for the current year-to-date, as well as for the past year for each member of your family covered by your plan. Using these receipts and this worksheet, you can estimate the amount you want to elect for the Health Care FSA. Only budget for those expenses eligible for reimbursement through the Health Care FSA. Remember, eligible expenses include those for you, your spouse and your dependents*.

| Health Care FSA Worksheet | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------|----|
| Annual Family Medical Expenses | | Annual Family Dental Expenses | |
| Your Share of Doctor's Office Visit | \$ | Your Share of Dental Expenses | \$ |
| Your Share of Hospital Costs | \$ | Orthodontia Expenses | \$ |
| Your Out-of-Pocket Costs | \$ | Annual Family Vision Expenses | |
| Annual Prescription Expenses | | Your Share of Vision Exam Costs | \$ |
| Your Share of Prescription Drug Costs | \$ | Eyewear Costs | \$ |
| Your Over-the-Counter Drug Costs | \$ | Other Expenses | |
| Subtotal A | | Subtotal B | |
| | | | |
| Out-of-Pocket Health Care Expenses: This gives you a good idea of the amount you should elect to place into your Health Care FSA. Consider any factors that will affect your out-of-pocket health care costs during the upcoming plan year and adjust the amount as necessary (Add Subtotals A+B) | | \$ | |

Dependent Care FSA Worksheet

Use this worksheet to help you determine your Dependent Care FSA election amount. The Dependent Care FSA allows you to use pre-tax dollars to pay for child care services that make it possible for you and your spouse (if applicable) to work. Under certain circumstances, it also may be used to help pay for the care of elderly parents or a disabled spouse or dependent. Note that the Dependent Care FSA is intended to cover costs of child or elder care and does not cover any medical or health care costs for your dependents. Note: The individual Dependent Care FSA total cannot exceed \$5,000 (\$2,500 in case of a separate tax return by a married individual)*.

| Dependent Care FSA Worksheet | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----|
| Annual Child Care Expenses | \$ |
| Annual Elder Care Expenses | \$ |
| Summer Day Care Expenses | \$ |
| After School Program Expenses | \$ |
| Eligible Nursery School Expenses | \$ |
| Out-of-Pocket Dependent Care Expenses: This total gives you an estimated amount that you should elect to place into your Dependent Care FSA. | \$ |

* An eligible expense is defined as those expenses paid for care as described in **Section 213(d)** of the IRS Publication 502 for Health Care FSA and IRS Publication 503 for Dependent Care FSA. See www.bcbst.com/learn/consumer-directed/fsa for more information.

Note: To estimate your total tax savings with the FSA program, visit www.bcbst.com/learn/consumer-directed/fsa and use our FSA Expense Calculator.