

# Health Care, Limited Purpose and Dependent Care

## Flexible Spending Account Worksheet

A Flexible Spending Account (FSA) lets you use pre-tax dollars to pay for certain family expenses. The best way to plan for next year is to look at your past expenses.

### Health Care and Limited Purpose FSA Worksheet

1. Determine your FSA type: Health Care (medical, dental, vision) or Limited Purpose (dental and vision only).
2. Review your Personal Health Statement in BlueAccess<sup>SM</sup> at [bcbst.com/member](http://bcbst.com/member) and last year's receipts to calculate your spending history.
3. Fill in the form with your family's historical expenses to help you budget for next year.<sup>1</sup>

The total provides an estimate of the amount you could elect for your Health Care or Limited Purpose FSA. Consider adjustments for any factors that may affect your costs during the upcoming benefit period. Maximum annual election is \$2,600 in 2017 and \$2,650 in 2018.

### Dependent Care Worksheet

The Dependent Care FSA allows you to pay for child care services (or sometimes the care of elderly parents or a disabled spouse or dependent) so that you and your spouse, if applicable, can work.

Dependent Care FSA funds don't cover medical or dental care. The individual Dependent Care FSA total can't exceed \$5,000, or \$2,500 in case of a separate tax return by a married individual.<sup>1</sup>

**Note:** To estimate what you'll save in taxes using an FSA, use our FSA Expense Calculator at [bcbst.com/learn/consumer-directed/fsa/calculator.shtml](http://bcbst.com/learn/consumer-directed/fsa/calculator.shtml)

<sup>1</sup>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 [bcbst.com/learn/consumer-directed/fsa](http://bcbst.com/learn/consumer-directed/fsa) for more information.

<sup>2</sup>FSA funds will only cover medicine if prescribed by a medical provider.

#### Annual Family Medical Expenses

Your Share of Doctor's Office Visit	\$
Your Share of Hospital Costs	\$
Your Out-of-Pocket Costs	\$

#### Annual Prescription Expenses

Your Share of Prescription Drug Cost	\$
Your Over-the-Counter Drug Costs <sup>2</sup>	\$

<b>Subtotal A</b>	<b>\$</b>
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#### Annual Family Dental and Vision Expenses

Your Share of Dental Expenses	\$
Orthodontia Expenses	\$

#### Annual Family Vision Expenses

Your Share of Vision Exam Costs	\$
Eyewear Costs	\$
Other Expenses	\$

<b>Subtotal B</b>	<b>\$</b>
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<b>Total Out-of-Pocket Health Care Expenses</b> (Add Subtotals A+B):	<b>\$</b>
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Annual Child Care Expenses	\$
Annual Elder Care Expenses	\$
Summer Day Care Expenses	\$
After School Program Expenses	\$
Eligible Nursery School Expenses	\$

This total gives you an estimated amount that you could elect to place into your Dependent Care FSA.

<b>Total Out-of-Pocket Dependent Care Expenses:</b>	<b>\$</b>
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For a complete list of FSA-qualifying expenses, talk to your tax advisor or visit [bcbst.com](http://bcbst.com). You can also find additional details and FSA claim forms at [bcbst.com](http://bcbst.com). If you have specific questions about your FSA, your Consumer Coach is ready to help.



1-800-527-9206



[ConsumerCoach@bcbst.com](mailto:ConsumerCoach@bcbst.com)

BlueCross BlueShield of Tennessee (BlueCross) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BlueCross does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

BlueCross:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as: (1) qualified interpreters and (2) written information in other formats, such as large print, audio and accessible electronic formats.
- Provides free language services to people whose primary language is not English, such as: (1) qualified interpreters and (2) written information in other languages.

If you need these services, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711).

If you believe that BlueCross has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance ("Nondiscrimination Grievance"). For help with preparing and submitting your Nondiscrimination Grievance, contact a consumer advisor at the number on the back of your Member ID card or call 1-800-565-9140 (TTY: 1-800-848-0298 or 711). They can provide you with the appropriate form to use in submitting a Nondiscrimination Grievance. You can file a Nondiscrimination Grievance in person or by mail, fax or email. Address your Nondiscrimination Grievance to: Nondiscrimination Compliance Coordinator; c/o Manager, Operations, Member Benefits Administration; 1 Cameron Hill Circle, Suite 0019, Chattanooga, TN 37402-0019; (423) 591-9208 (fax); Nondiscrimination\_OfficeGM@bcbst.com (email).

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

BlueCross BlueShield of Tennessee, Inc., an Independent Licensee of the BlueCross BlueShield Association.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-565-9140 (TTY: 1-800-848-0298).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-565-9140-1 (رقم هاتف الصم والبكم: 1-800-848-0298).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-565-9140 (TTY:1-800-848-0298)。

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-565-9140 (TTY:1-800-848-0298).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-565-9140 (TTY: 1-800-848-0298) 번으로 전화해 주십시오.

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-565-9140 (ATS : 1-800-848-0298).

ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາລາວ, ການບໍລິການລູກຄ້າຂອງພວກເຮົາ ຈະມີພາສາລາວ, ໂດຍບໍ່ຄ່າ ຈຳນວນ ພ້ອມທັງ ທ່ານ. ໂທສ 1-800-565-9140 (TTY: 1-800-848-0298).

ማሳሰቻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች: በነጻ ሊያገዝዎት ተዘጋጅተዋል: ወደ ሚከተለው ቁጥር ይደውሉ 1-800-565-9140 (መስማት ለተሳናቸው: 1-800-848-0298).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-565-9140 (TTY: 1-800-848-0298).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-565-9140 (TTY:1-800-848-0298)

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-565-9140 (TTY:1-800-848-0298) まで、お電話にてご連絡ください。

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-565-9140 (TTY:1-800-848-0298).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-565-9140 (TTY:1-800-848-0298) पर कॉल करें।

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-565-9140 (телетайп: 1-800-848-0298).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با تماس بگیرد. 1-800-565-9140 (TTY:1-800-848-0298)

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-565-9140 (TTY: 1-800-848-0298).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-565-9140 (TTY: 1-800-848-0298).

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-800-565-9140 (TTY: 1-800-848-0298).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-565-9140 (TTY: 1-800-848-0298).

Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hóló, kojí' hódíilnih 1-800-565-9140 (TTY: 1-800-848-0298).