Worksheet to Determine Your Eligible Out of Pocket FSA Expenses

Type of Expense	Number of Times Incurred in 12 Months	Multiplied By	Amount of Expense	Total For 12 Month Period
Health FSA:				
Office Visits		X		
Prescriptions		X		
Annual Well Woman		X		
Annual Mammogram		X		
Chiropractic Care		X		
Therapist Visits		X		
Routine Lab Work		X		
Maternity Care		X		
Infertility Treatments		X		
Dermatologist Visits		X		
Claritin/Pepto/Tylenol/ Contact Lense Solutions,etc. type expenses		X		
Speech Therapy Visits				
Physical Therapy Visits				
Out of Network Provider Fees				
Dental Exams		X		
Cavities & Sealants		X		
Crowns/Dentures				
Orthodontia Fees		X		
Eye Exams		X		
Contact Lenses		X		
Frames & Lenses		X		
Lasik Procedures				
Total Health FSA:				
Day Care FSA:				
Day Care/Schooling Costs for Children 0 – 5 (or kindergarten)		X		
Baby Sitter/Nanny Fees		X		
Before & After School Care		X		
Activity Programs/Camps				
Summer Day Camps		X		
Total Day Care:				
Additional Expenses Not Listed:				
		X		
		X		
		X		
		X		
Grand Total:				

Now that you have established the total that you and your family spends out of pocket on the expenses listed above, go to www.taxsaverplan.com and click on the Benefits Calculator to realize the dollars that you will save by participating in this Plan. Those saved dollars translate into more dollars that you and your family have to spend on entertainment, vacations and college funds.