



Health Flexible Spending Worksheet

1. Estimate your uninsured health care costs per year (refer to list of eligible expenses)

- A. Health insurance deductibles.....\$ _____
- B. Co-insurance.....\$ _____
- C. Office visit copays, prescription copays.....\$ _____
- D. Vision care (eye exams, contacts, eyeglasses).....\$ _____
- E. Routine exams (Ob-Gyn, school physicals, etc.).....\$ _____
- F. Chiropractic Services.....\$ _____
- G. Other.....\$ _____
- Subtotal.....\$ _____**

2. Estimate your uninsured dental costs per year

- A. Examinations and cleanings.....\$ _____
- B. Braces and retainers.....\$ _____
- C. Fillings, crowns and bridges.....\$ _____
- D. Dentures, including replacements.....\$ _____
- E. Implants, inlays, X-rays.....\$ _____
- F. Other.....\$ _____
- Subtotal.....\$ _____**

Add the total health care expenses. This amount is an estimate of the amount of dollars you should put into a Flexible Spending Account in order to get the most of your pre-tax dollars. \$ _____



Combined Services LLC On-line Calculator:
<http://www.combinedservices.com/pages/fsacalculator.php>



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