

Personal Planning Worksheet

Use this worksheet to estimate expenses for you, your spouse, and eligible dependents. If you participate in your employer's insurance plan(s), premiums will automatically be deducted pre-tax, unless you notify your Human Resource Department differently. **This is not an enrollment form.**

Health Related Expenses

- _____ Doctor office visits co-pays
- _____ Deductibles
- _____ Routine physical
- _____ X-Rays
- _____ Breast Pump
- _____ Dental co-pays
- _____ Dental deductibles
- _____ Non-cosmetic dental services
- _____ Orthodontia
- _____ Dental surgery
- _____ Dental x-rays
- _____ Contact lens & supplies
- _____ Laser eye surgery
- _____ Eye glasses
- _____ Vision x-rays
- _____ Vision exams
- _____ Medical miles, paid according to IRS annual limits.
- _____ Alcoholism treatment
- _____ Ambulance
- _____ Medical Supplies (bandages, crutches, first-aid, etc.)
- _____ Sunscreen SPF 15
- _____ Chiropractic Visits
- _____ Over-the-counter drugs
- _____ Diabetic supplies/insulin
- _____ Acupuncture
- _____ Drug addiction treatment
- _____ Feminine Hygiene Products
- _____ Eligible hospital charges not covered by insurance
- _____ Lab fees
- _____ Learning disabilities care
- _____ Prescription expenses (co-pays)
- _____ Prosthesis
- _____ Wheelchair(s)
- _____ Holistic healing services (medically necessary), not including holistic remedies or supplements

\$ _____ **Health Plan Year Total**

Examples of **Health-related expenses that require a letter of medical necessity and prescription include:** non-prescription vitamins • supplements from holistic healer • chiropractor, acupuncture • Rogaine or hair transplant • Retin-A • electrolysis • health club memberships • massage therapy • whirlpools.

Examples of **Ineligible health-related expenses include:** dental bleaching or bonding • Illegal operations or treatments • diaper service • meals that are not for inpatient care • marital or family counseling • services by a holistic healer who isn't licensed to practice medicine.

Dependent Care Expenses

- _____ Day-care centers
- _____ Elder care
- _____ Family child care
- _____ Day camps
- _____ Preschool
- _____ After-school care
- _____ Nanny/au pair

\$ _____ **Dependent Plan Year Total**

Ineligible dependent expenses include: meals • overnight camps • diapers • educational expenses including kindergarten • incidental fees such as activity fees and field trips.

Visit fsastore.com for a completed list of eligible and ineligible items.

