

Flexible Spending Accounts (FSA) Worksheets

Health Care FSA

Use this worksheet to estimate eligible health care expenses that you and your qualifying dependents may incur during the 2012² plan year (eligibility date–December 31, 2012). This is not an all-inclusive listing of eligible expenses, but it contains some of the most common expenses.

Annual Family Health Care Expenses ¹	Estimate for Plan Year ²
Medical expenses (office visits, emergency or urgent care, surgery, lab work, therapy)	\$
Prescription drug expenses (copayments for home delivery or coinsurance for retail prescriptions)	\$
Over-the-counter (OTC) medications will require a doctor's prescription for reimbursement in 2012	\$
Vision care expenses (exams, lenses, frames, contact lenses and solution, LASIK surgery)	\$
Dental/orthodontia expenses (braces, cleanings, fillings, dentures/implants, extractions)	\$
Hearing care expenses (exams, hearing aids and batteries)	\$
Braille books and magazines, specialized telephones or televisions for the hearing or sight impaired (additional cost above regular cost for item)	\$
Tuition fees to a special school for a child with learning disabilities	\$
Certain other eligible health care expenses that may not be covered by insurance (wheelchair purchase and maintenance, transportation/parking costs essential to medical care, drug/alcohol treatment programs, guide dog, lead paint removal, nursing services, medically necessary weight loss programs)	\$
Total: Use as a contribution-level guideline for the 2012² plan year Contribution limits: \$100–\$5,000	\$

Dependent Care FSA

Use this worksheet to estimate your eligible child and dependent care expenses during the 2012² plan year (eligibility date–December 31, 2012). This is not an all-inclusive listing of eligible expenses, but it contains some of the most common expenses.

Annual Dependent Care Expenses ¹	Estimate for Plan Year ²
Dependent care center fees (qualifying child or adult daycare)	\$
Nursery school fees (excluding kindergarten)	\$
Before-/After-school care (latchkey)	\$
Private sitter (for expenses incurred while you, and spouse if married, work)	\$
Certain other eligible dependent care expenses	\$
Total: Use as a contribution-level guideline for the 2012² plan year Household contribution limits: \$250–\$5,000	\$

¹ For more information on eligible expenses, visit hr.osu.edu/benefits/flexiblespending.

² Through the university's extended plan year, you have until February 28, 2013, to incur expenses and be reimbursed from your 2012 accounts. While your 2012 FSA contributions end on December 31, 2012, a 14-month incur period gives you extra time to use your funds. Visit hr.osu.edu/benefits/flexiblespending for additional information.