

Your Health Care FSA Calculator		Your Dependent Day Care FSA Calculator	
<i>Estimate your eligible health care expenses for the new plan year.</i>		<i>Estimate your eligible dependent day care expenses for the new plan year.</i>	
Health insurance deductibles (medical and/or dental)	\$ _____	Child Care Expenses	
Medical care (coinsurance or copays)	\$ _____	Day care services	\$ _____
Dental care (coinsurance)	\$ _____	In-home care/nanny services	\$ _____
Vision care (copays or amounts over allowance)	\$ _____	Nursery and preschool	\$ _____
Prescription drugs (copays)	\$ _____	After-school care	\$ _____
Over-the-counter drugs (physician prescribed only)	\$ _____	Summer day camps	\$ _____
Other eligible expenses	\$ _____	Elder Care Expenses	
		Day care center	\$ _____
		In-home care	\$ _____
Total health care expenses	\$ _____*	Total dependent day care expenses	\$ _____*
<i>Divide by 24</i>	÷ _____	<i>Divide by 24</i>	÷ _____
Your per-paycheck contribution =	\$ _____	Your per-paycheck contribution =	\$ _____

* This is the amount you should consider contributing to a health care and/or dependent day care FSA, up to the applicable limits.