



FSA Expense Allocation Worksheet

Please note: This is not an enrollment form. Use this worksheet to calculate the estimated annual amount you'll allocate on your enrollment form. It is for your records only.

Calculate Your Monthly Expenses

A. Health FSA

Monthly health insurance deductibles . . \$ _____
 Monthly co-insurance and co-pays \$ _____
 Monthly vision care \$ _____
 Monthly dental care \$ _____
 Monthly prescription drugs \$ _____
 Monthly subtotal \$ _____

B. Dependent Care

What do you pay per month for dependent childcare or eldercare while you and/or your spouse work, look for work, or attend school? \$ _____

C. Health Insurance Premiums

..... \$ _____

How Do I Save?

To calculate your income tax savings, take-home pay, and monthly savings, fill in the data from A, B, and C in both the pre- and posttax rows in the right hand column.

- 1 Gross monthly salary
- 2 Health FSA expenses (from **A** above)
- 3 Dependent care (from **B** above)
- 4 Health insurance premiums (from **C** above)
- 5 Adjusted salary (subtract lines 2, 3, and 4 from 1)
- 6 **Income tax** (estimated at 22%; multiply line 5 by .22)
- 7 Net salary (subtract line 6 from 5)
- 8 After-tax healthcare (from **A** above)
- 9 After-tax dependent care (from **B** above)
- 10 After-tax premiums (from **C** above)
- 11 **Take-home pay** (subtract lines 8, 9, and 10 from line 7)
- 12 **Monthly savings** (add lines 2, 3, and 4 and multiply by .22)
- 13 **Annual savings*** (multiply line 12 by 12)

	Sample Without FSA	Sample With FSA	Your Calculation
1	\$ 2,000	\$ 2,000	_____
2	\$ 0	\$ 50	_____
3	\$ 0	\$ 400	_____
4	\$ 0	\$ 200	_____
5	\$ 2,000	\$ 1,350	_____
6	\$ 440	\$ 297	_____
7	\$ 1,560	\$ 1,053	_____
8	\$ 50	\$ 0	_____
9	\$ 400	\$ 0	_____
10	\$ 200	\$ 0	_____
11	\$ 910	\$ 1,053	_____
12		\$ 143	_____
13		\$ 1,716	_____

Reimbursement for limited flexible spending accounts is limited to vision and dental expenses and sometimes preventive care. This list is not comprehensive and is subject to change. Additional restrictions may still apply. For a more extensive list of eligible expenses, see our Examples of Eligible Expenses at https://psa.pacificsource.com/Forms_Flex.aspx.

Generally Reimbursable Expenses

Acupuncture and chiropractic	Co-insurance and deductibles**	Dental and orthodontia
Bandages and first aid kits	Contact lenses, solution, and	Immunizations and vaccines
Blood glucose and pressure monitors	reading/prescription glasses	Sunscreen (SPF 15+ or broad spectrum)

* Assumed 22% federal and FICA taxes combined. In states with income tax, savings may be as high as 44% depending on your tax bracket.

** Co-insurance and deductibles are only reimbursable if not reimbursed by another source (e.g., secondary insurance).