ELECTION WORKSHEET
HOW MUCH SHOULD I CONTRIBUTE?

Surency FLEX

Use this worksheet to help estimate your annual FSA or HSA election*:

Medical Expenses not Covered by Insurance	Current Year's Out-of-Pocket Expenses ($)	Next Year's Estimated Out-of-Pocket Expenses ($)
Annual Physical/Routine Exam		
Copays/Coinsurance		
Deductibles		
Diabetic Supplies		
Immunizations (flu shots, etc.)		
Laboratory Fees		
Maternity Expenses		
Over-the-Counter Drugs		
Prescription Drugs		
Psychiatric/Psychologist Fees		
Other:		
Dental Expenses not Covered by Insurance		
Check Ups/Cleanings		
Copays/Coinsurance		
Crowns/Bridges/Dentures		
Deductibles		
Fillings		
Oral Surgery		
Orthodontia (braces)		
Root Canals		
Other:		
Vision Expenses not Covered by Insurance		
Contact Lenses		
Contact Cleaners/Solutions		
Copays/Coinsurance		
Corrective Eye Surgery		
Deductibles		
Eye Exams		
Eyeglasses		
Other:		
Total Out-of-Pocket Expenses:	$ 0.00	$ 0.00

When deciding how much to set aside for next year's medical expenses, think about the following:

- Does anyone in your family have any medical, dental or vision expenses that will not be covered by insurance?
- Does anyone in your family need prescription eyeglasses, contact lenses and contact solutions or cleaners?
- Is anyone in your family currently in orthodontics (braces) or do you expect anyone to begin treatment in the next year?
- Does anyone in your family have an ongoing illness that requires frequent doctor visits and/or medication?

**Election amount may not exceed your plan's cap or the maximum contribution amount allowed by the IRS, whichever is less.*

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