

# HEALTHCARE EXPENSE FSA ESTIMATOR

Estimate your annual costs and enter in the boxes to the right.

Copays for doctor visits

Copays for prescription drug purchases

Teeth cleaning, fillings, etc.

Crowns, inlays and other major dental work

Orthodontia

Cost of eyeglasses, contacts, contact solution, etc.

Feminine hygiene products

Over the counter medications

Other out of pocket expenses

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**TOTAL Healthcare Expenses**

*Total expenses cannot exceed the healthcare FSA limit.*

**Your Potential FSA Tax Savings @**

*Your actual savings will depend upon your income amounts and income tax bracket.*

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