

Calculate your BlueSaverSM FSA contribution



Interested in a BlueSaver FSA, but not sure how much to contribute? Use this tool to calculate your annual eligible expenses and see how much you can save with a BlueSaver FSA. In order to determine how much you should contribute, review your health care expenses from last year and consider any new health care expenses that you, your spouse, and your dependents may have. (Please see reverse side for a partial listing of eligible expenses.) Fill in the amount for each item that applies. Add the totals from Section I to estimate your Total Annual Medical FSA Contribution. To determine your estimated Total Annual Dependent Care FSA Contribution, add your totals from Section II. (Because you may forfeit money in the FSA at the end of the year, you may want to be conservative in your estimates.)

I. Estimated annual medical expenses			
Medical		Prescription drug	
Deductible		Deductible	\$ _____
Coinsurance		Coinsurance	\$ _____
Copayments	Copay amount X Number of services	Copayments	Copay amount X Number of prescriptions
Primary care physician	\$ _____ X _____ = \$ _____	Generic copays	\$ _____ X _____ = \$ _____
Specialist	\$ _____ X _____ = \$ _____	Brand name copays	\$ _____ X _____ = \$ _____
Radiology	\$ _____ X _____ = \$ _____	Non-formulary copays	\$ _____ X _____ = \$ _____
Inpatient hospital	\$ _____ X _____ = \$ _____	Total annual medical expenses	\$ _____
Outpatient hospital	\$ _____ X _____ = \$ _____		
Amount paid over plan limits	\$ _____		
(Nonparticipating or out-of-network providers, visit or dollar maximums on services)			
Total annual medical expenses	\$ _____		
Dental		Vision	
Deductible	\$ _____	Deductible	\$ _____
Copayments	\$ _____	Copayments	\$ _____
Coinsurance	\$ _____	Eye exams	\$ _____
Orthodontics	\$ _____	Glasses/contacts	\$ _____
Crown, bridge	\$ _____	Other expenses	\$ _____
Other dental expenses	\$ _____	Total annual vision expenses	\$ _____
Total annual dental expenses	\$ _____		
Total annual medical FSA contribution		\$ _____	
II. Estimated annual dependent care expenses			
Child care expenses		Elder care services	
Babysitter	\$ _____	Day care center	\$ _____
Day care center	\$ _____	In-home care	\$ _____
Nursery and pre-school	\$ _____		
After-school care	\$ _____	Total	\$ _____
Total	\$ _____		
Total annual dependent care FSA contribution		\$ _____	

Eligible medical expenses

Below is a partial listing of eligible expenses as defined in IRS code Section 213(d). For a complete list, please refer to IRS Publication 502, which is available online at www.irs.gov.

- Deductibles and coinsurance
- Dental fees
- Legal abortions
- Alcohol treatment
- Ambulance fees
- Artificial limbs
- Artificial teeth
- Automobile modifications for physically handicapped persons
- Braille books and magazines for only the amount over and above the cost of regular printed material
- Chiropractic services
- Contact lenses and contact lens solutions
- Contraceptives by prescription
- Crutches
- Deaf person's services
- Drug addiction recovery services
- Eyeglasses and eye examinations
- Fertility services if they are performed to overcome the inability to have children
- Flu shots
- Hearing aids
- Home care only if services qualify as nursing services, not custodial
- Hospital services not covered by your hospitalization plan, excluding personal items
- Immunizations
- Insulin
- Laboratory fees
- Lamaze or childbirth classes—30% of cost
- Language training for a child with dyslexia or disability
- Laser eye and eye surgery
- Over-the-counter medications with a prescription
- Orthopedic shoes
- Oxygen or oxygen equipment
- Pregnancy tests (over the counter)
- Prescription drugs
- Prosthetics or orthotics
- Psychoanalysis
- Psychologists', psychotherapists', and licensed clinical social workers' fees
- Sexual dysfunction treatment
- Smoking cessation programs
- Sterilization
- Teeth guards prescribed to treat grinding teeth
- Transplant donor costs
- Transportation essential to medically necessary care
- Vaccines
- Vasectomy
- Wheelchair
- Wigs needed because of hair loss resulting from a medical or physical condition, but not from male pattern baldness

Eligible dependent care expenses

- Au pair services
- Babysitting and day care services
- Day camp fees, excluding overnight camp
- Nanny services
- Specialty camps



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Independence Blue Cross offers products directly, through its subsidiaries Keystone Health Plan East and QCC Insurance Company, and with Highmark Blue Shield—independent licensees of the Blue Cross and Blue Shield Association.