

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 anticipated 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 monies in the FSA at the end of the year, you may want to be conservative in your estimates.)

I. ESTIMATED ANNUAL MEDICAL EXPENSES

Medical

Deductible				\$ _____
Coinsurance				\$ _____
Copayments				
	Copay Amount	X	Number of Services	
Primary Care Physician	\$ _____	X	_____	= \$ _____
Specialist	\$ _____	X	_____	= \$ _____
Radiology	\$ _____	X	_____	= \$ _____
Inpatient Hospital	\$ _____	X	_____	= \$ _____
Outpatient Hospital	\$ _____	X	_____	= \$ _____
Amount paid over plan limits				\$ _____
<i>(Non-participating or out-of-network providers, visit or dollar maximums on services)</i>				
Total Annual Medical Expenses				\$ _____

Prescription Drug

Deductible				\$ _____
Coinsurance				\$ _____
Copayments				
	Copay Amount	X	Number of Prescriptions	
Generic Copays	\$ _____	X	_____	= \$ _____
Brand Name Copays	\$ _____	X	_____	= \$ _____
Non-Formulary Copays	\$ _____	X	_____	= \$ _____
Over-the-counter drugs				\$ _____
Total Annual Prescription Drug Expenses				\$ _____

Dental

Deductible	\$ _____
Copayments	\$ _____
Coinsurance	\$ _____
Orthodontics	\$ _____
Crown, Bridge	\$ _____
Other Dental Expenses	\$ _____
Total Annual Dental Expenses	\$ _____

Vision

Deductible	\$ _____
Copayments	\$ _____
Eye Exams	\$ _____
Glasses/Contacts	\$ _____
Other Expenses	\$ _____
Total Annual Vision Expenses	\$ _____

TOTAL ANNUAL MEDICAL FSA CONTRIBUTION

\$ _____

II. ESTIMATED ANNUAL DEPENDENT CARE EXPENSES

Child Care Expenses

Babysitter	\$ _____
Day Care Center	\$ _____
Nursery and Pre-School	\$ _____
After-School Care	\$ _____
Total	\$ _____

Elder Care Services

Day Care Center	\$ _____
In-Home Care	\$ _____
Total	\$ _____

TOTAL ANNUAL DEPENDENT CARE FSA CONTRIBUTION

\$ _____



**Independence
Blue Cross**

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, excludes personal items
- Immunizations
- Insulin
- Iron lung
- 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—certain limitations apply
- 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