



BLUE Plan Option General Purpose Health Care Flexible Spending Account (FSA) Calculation Worksheet

Your General Purpose Health Care FSA Worksheet

As you complete this worksheet for you and your eligible dependents, list any estimated medical, prescription drug or dental expenses that are eligible for reimbursement. Under federal guidelines, expenses incurred by Domestic Partners/Domestic Partner Children are not eligible. Over-the-counter medicines and drugs obtained without a prescription are not eligible for reimbursement under the Health Care FSA.

DO NOT INCLUDE YOUR OR YOUR SPOUSE'S HEALTH AND DENTAL PLAN PREMIUMS.

Estimated Eligible General Purpose Health Care FSA Expenses*	Annual Cost
Health Plan deductibles and coinsurance** Prescription Drug Plan deductibles**	\$ _____
Prescription eye glasses, contact lenses, and contact solution	\$ _____
Hearing aids and hearing exams not covered by insurance	\$ _____
Dental Plan deductibles and coinsurance payments	\$ _____
Dental / Orthodontic expenses ***	\$ _____
Acupuncture	\$ _____
Radial Keratotomy (Lasik Surgery)	\$ _____
Smoking cessation program prescribed by your physician or a drug for which a prescription is necessary. (Cost of the over-the-counter products, including nicotine gum and nicotine patches are not eligible for reimbursement.)	\$ _____
Prescribed over-the-counter medicines and drugs that are used to treat a specific medical condition. (Vitamins and dietary supplements that are merely beneficial to general health are not eligible for reimbursement.)	\$ _____
TOTAL Annual Estimated Medical, Prescription Drug and Dental Expenses (maximum of \$2,550)	\$ _____
To calculate the per pay period contribution amount, divide the above annual estimated amount by the number of remaining pay periods in the year. (Annual minimum contribution amount is \$600)	

Reminder: Assurant makes a company contribution to your HRA (\$200 for Employee-only coverage and \$400 for Employee & Family coverage). Your HRA funds will first be used to pay for deductibles, coinsurance, and prescription medications under the Health Plan. Please consider this when determining your annual FSA contribution amount.

*Reimbursements from your General Purpose Health Care FSA will be directly deposited into the same bank account as your paycheck (default account in EPIC). If you are not on direct deposit, you will receive a check at your home address on file for the eligible expenses that you submit.

**Generally, in-network preventive care services and generic preventive medications are covered at 100 percent under the Health Plans. Please consider this when determining your annual contribution amount.

***Initial reimbursement for orthodontic services is limited to 25 percent of the employee cost (Total Charges less insurance estimate = employee cost). The Assurant Ortho worksheet must be completed by your Orthodontist and included with your initial claim for reimbursement.