



Preferred Health Plan of the Carolinas

Flexible Spending Account Employee Tax Savings Worksheet

include eligible expenses for you, your spouse, and your dependents

1. Non-Reimbursed Medical Expenses

Deductibles, coninsurance, copays	\$ _____
Hearing Expenses	\$ _____
Medical Equipment/Repair	\$ _____
Physical Exams	\$ _____
Prescription Drugs	\$ _____
Chiropractic Care	\$ _____
Dental, including orthodontia	\$ _____
Vision, exams and hardware	\$ _____
Diabetic Supplies	\$ _____
Total Out of Pocket	\$ _____

2. Dependent Care (Daycare) Expenses

Weekly expenses	\$ _____
Total Annual Daycare Expenses	\$ _____

3. Flexible Benefit Plan

Totals form 1 & 2 above	\$ _____
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Multiplied by estimated Tax savings of 28%	X 28%
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Your estimated Annual Tax Savings	\$ _____
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