

Health Care Spending Account – Worksheet to Estimate Expenses

ESTIMATED HEALTH CARE EXPENSES

You may set aside up to \$ _____ annually for unreimbursed Health Care expenses.

- A. Expenses Not Covered – In this part, you can list health care expenses for you or your family that are not covered by any health care plan or insurance (yours or your spouse’s). These items can be reimbursed to you through your Health Care Spending Account.

	This Year’s Expenses	Next Year’s Estimated Expenses
Routine or periodic physical exams	\$ _____	\$ _____
Vision Care	\$ _____	\$ _____
Hearing care (including hearing exams and hearing devices)	\$ _____	\$ _____
Over-the-Counter Drugs	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____
		Section A Total \$ _____

- B. Expenses Not Reimbursed – You can also use your Health Care Spending Account to reimburse yourself for deductibles, co-payments, and any other amounts not fully paid by your (or your spouse’s) health care plan. You can list those items in this part.

	This Year’s Expenses	Next Year’s Estimated Expenses
Doctors visits	\$ _____	\$ _____
Surgery (including Hospitalization)	\$ _____	\$ _____
Dental Care	\$ _____	\$ _____
Orthodontia	\$ _____	\$ _____
Prescription Drugs	\$ _____	\$ _____
Other Expenses	\$ _____	\$ _____
		Section B Total _____ \$

Total Estimated Health Care Expenses

Add the totals in Section A and Section B together. This is an estimate of your annual health care expenses that could be paid through a Health Care Spending Account.

Decide what you want to set aside and enter your decision on your Enrollment Form. \$ _____