

## Expense Estimation Worksheet for Unreimbursed Healthcare Costs

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As part of your benefits program, you can decide to direct part of your salary to the Health Care Spending Account. This account permits you to pay for the otherwise unreimbursed health care expenses on a pre-tax basis. This worksheet will help you estimate what expenses you are likely to face in the next plan year.

**Remember the Use-It-Or-Lose-It Rule.** Be conservative in your estimates. It is better to estimate less rather than more since you will have to forfeit any money left in your account at the end of the plan year. For each of the following categories, estimate the amount of expenses you anticipate to incur in the coming Plan Year for which you do not expect to be reimbursed by your insurance carrier.

Medical Deductible

(Major medical and/or any per admission deductibles) .....\$ \_\_\_\_\_

Dental Deductible.....\$ \_\_\_\_\_

Co-Payments (Your share of expenses after any deductibles, up to the out-of-pocket limit):

Medical.....\$ \_\_\_\_\_

Dental.....\$ \_\_\_\_\_

Orthodontia.....\$ \_\_\_\_\_

Vision Exams.....\$ \_\_\_\_\_

Routine Physical Exams.....\$ \_\_\_\_\_

Other planned uncovered expenses.....\$ \_\_\_\_\_

**TOTAL ESTIMATED HEALTH CARE EXPENSES**.....\$ \_\_\_\_\_

The **Total Estimated Health Care Expenses** figure is the maximum amount you should consider putting in your Health Care Flexible Spending Account. This total amount will be divided by the appropriate number of pay periods to reach a per pay period account deposit amount. The deposit amount will be deducted on a pre-tax basis saving you the amount of tax you normally would have paid on the deposit amount.