

### Health Care Spending Account Worksheet

Use this worksheet to estimate your health care expenses for the next year. It may be easier if you also list expenses you paid last year.

Item	Expenses You Paid Last Year	Expenses for Next Year
<b>Medical Expenses</b>		
Medical plan deductible	\$	\$
Medical plan copays and coinsurance (include doctor office visit copays, prescription drug copays, out-of-network charges, etc.)	\$	\$
Other expenses not covered by any medical plan (amounts in excess of UCR limits or over schedules fees, for example)	\$	\$
<b>Dental Expenses</b>		
Exams	\$	\$
Fillings	\$	\$
Bridges	\$	\$
Crowns	\$	\$
Dentures	\$	\$
Orthodontia/braces	\$	\$
Other expenses not covered by any dental plan (amounts in excess of UCR limits or over scheduled fees in district dental options, for example)	\$	\$
<b>Vision Expenses</b>		
Exams	\$	\$
Lenses	\$	\$
Frames	\$	\$
Contact lenses	\$	\$
Lasik surgery	\$	\$
Other expenses not covered by any vision plan	\$	\$
<b>Hearing Expenses</b>		
Exams	\$	\$
Hearing aids	\$	\$
Other expenses not covered by any hearing plan	\$	\$
<b>Other expenses not covered by any other health plan</b>	\$	\$
<b>Total</b>	\$	\$
Pay Period Cost (Total ÷ 24 (or 20 if you receive 20 paychecks per year) or the number of pay periods remaining in the year if your coverage begins after January 1	\$	\$

If you are enrolling for the current year, divide by the number of pay periods remaining after your benefits coverage begins.