



*Accurate budgeting of out-of-pocket medical expenses not reimbursed or covered by insurance is necessary to gain maximum benefit from the Health Care Spending Account. Only expenses that you know you or your family will incur during the plan year can be included in the program. You should consider your cost of deductibles and coinsurance features of any medical and dental insurance policies as well as those costs not covered by insurance.*

This is only a worksheet and just for your use. Visit [www.mywealthcareonline.com/higginbotham](http://www.mywealthcareonline.com/higginbotham) for more information.

# HEALTH CARE SPENDING ACCOUNT WORKSHEET

## Planned Medical Expenses

Known annual medical expenses (not covered by insurance that your entire family will incur during the plan year for the following services):

- Deductibles — Coinsurance \_\_\_\_\_
- Prescriptions and Doctor Visits (Copays) \_\_\_\_\_
- Over-the-Counter Medications (with RX) \_\_\_\_\_
- Massage Therapy (RX needed) \_\_\_\_\_
- LASIK Eye Surgery \_\_\_\_\_
- Medical Supplies and Equipment \_\_\_\_\_
- Therapist, Psychologist or Chiropractor Fees \_\_\_\_\_
- Hearing Aids and Supplies \_\_\_\_\_
- Laboratory and X-ray Expenses \_\_\_\_\_

## Planned Dental Care

Your portion of these expenses:

- Deductibles \_\_\_\_\_
- Fillings and Crowns \_\_\_\_\_
- Extractions, Dentures and Bridgework \_\_\_\_\_
- Oral Surgery \_\_\_\_\_
- Orthodontic Expenses \_\_\_\_\_

## Planned Vision Care

- Examination \_\_\_\_\_
- Glasses/RX Sunglasses \_\_\_\_\_
- Contact Lenses, Solution and Materials \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Total Expenses/\_\_\_\_ (# of pay periods) = \$ \_\_\_\_\_