



HEALTH CARE SPENDING ACCOUNT WORKSHEET

To help you plan the amount of your HCSA contribution, use this worksheet. You may want to look at what you spent on health care last year before making your decision. Include annual estimated expenses for health care services anticipated for the upcoming plan year that will not be reimbursed by your medical, dental, or other benefit plans. You may include expenses for you, your spouse, your qualifying children, and your qualifying relatives. You should also verify with your health care provider that you are a suitable candidate for any surgical procedure, such as laser eye surgery, before committing the money to your account.

If you are enrolling during the open enrollment period, use the chart below to estimate your expenses for the plan year. If you are joining the program with a change in status during the year, use the chart to estimate your expenses for the remainder of the calendar year. If you are a new employee, your HCSA coverage will begin on your 31st consecutive calendar day of employment.

TYPE OF EXPENSE	AMOUNT PER YEAR
Medical expenses, such as:	
Health plan deductible	
Office visit and hospital copayments	
Prescription drug copayments	
Routine physicals	
Non-covered prescriptions	
Hearing aids	
Planned, non-covered medical procedures	
Other eligible expenses	
Dental expenses, such as:	
Deductibles and copayments	
Routine check-ups, cleaning, and x-rays	
Orthodontia	
Non-cosmetic dental work (crowns, dentures, dental implants, etc.)	
Vision care expenses, such as:	
Exams	
Eyeglasses	
Contact lenses and contact lens solutions	
Total Expenses	
Remember, the minimum contribution is \$100, and the maximum contribution is \$3,300.	\$ 0.00