

# Health Care Flexible Spending Account Worksheet

## Estimating Your Eligible Medical Expenses

Complete the following chart to estimate your health care expenses for last year and this year. This chart will help you determine how much of your salary you may want to contribute to a health care reimbursement account. (For more information on types of expenses eligible for health care reimbursement, refer to our website at [www.beneflexinc.com](http://www.beneflexinc.com), or call us and we will fax you an information sheet on expenses that are covered under this type of plan.)

<b>Medical</b>	Last Year	This Year
Deductibles plus 100 percent of out-of-pocket expenses not covered by medical plan	\$ _____	\$ _____
Doctor's office visits	_____	_____
Well-baby care	_____	_____
Pap-smear	_____	_____
Physicals	_____	_____
Immunizations	_____	_____
Prescription drugs	_____	_____
Others	_____	_____
<b>Dental</b>		
Fillings	_____	_____
Bridges	_____	_____
Crowns	_____	_____
Dentures	_____	_____
Orthodontia	_____	_____
Braces	_____	_____
Exams	_____	_____
<b>Vision</b>		
Exams	_____	_____
Lenses	_____	_____
Frames	_____	_____
Contact Lenses	_____	_____
<b>Hearing</b>		
Exams	_____	_____
Hearing Aids	_____	_____
Miscellaneous	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total Medical Expenses</b>	<b>\$ _____</b>	<b>\$ _____</b>

Please refer to Section 213(d) of the Internal Revenue Code of the IRS definition of deductible medical expenses that are eligible for reimbursement. Note: An expense is not eligible if it is for cosmetic reasons only. Also, premiums for health coverage are not eligible for reimbursement.