

Health Spending Accounts Worksheet

Use this worksheet to estimate the amount you want to set aside for your Health spending accounts

Medical Expenses: (Estimate your uninsured medical costs per year)	Projected Expenses (Monthly)	Projected Expenses (Yearly)
Medical Insurance Deductibles.....	\$ _____	\$ _____
Medical Insurance Copayments.....	\$ _____	\$ _____
Medical Insurance CoInsurance.....	\$ _____	\$ _____
Dental Deductibles.....	\$ _____	\$ _____
Dental Expenses.....	\$ _____	\$ _____
Vision Deductibles.....	\$ _____	\$ _____
Vision Expenses.....	\$ _____	\$ _____
Hearing Expenses.....	\$ _____	\$ _____
Prescriptions.....	\$ _____	\$ _____
Other Medical Expenses.....	\$ _____	\$ _____
Total Medical Cost.....	\$ _____	\$ _____

** Do not include any expenses that can be reimbursed through another source.

If you are not sure that a procedure is eligible, please consult the Eligible/Non-eligible listing for reference.

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