

Annual Reimbursable Expenses
Expense Estimation Worksheet
 (for expenses not paid by insurance)

By completing the following information, you can calculate your annual reimbursable expenses. Please take into consideration the services to be provided during the upcoming plan year for you and your dependents.

<u>Expense Categories</u>	<u>Itemized Expenses</u>	<u>Annual Expense</u>
Health Care Flexible Spending Account		
Medical Deductibles	\$ _____	
Medical Co-Pays	\$ _____	
Physician Visits	\$ _____	
Annual Physical	\$ _____	
Prescriptions	\$ _____	
Over-the-Counter Drugs/Medicines	\$ _____	
Hearing Aids	\$ _____	
Childbirth	\$ _____	
Contraceptives	\$ _____	
Other	\$ _____	
		Total: \$ _____ (1)
Vision Exams	\$ _____	
Eye Surgery	\$ _____	
Lenses/Frames	\$ _____	
Contacts	\$ _____	
Solutions	\$ _____	
Other	\$ _____	
		Total: \$ _____ (2)
Dental Routine Check-ups	\$ _____	
Teeth Cleaning	\$ _____	
Fillings/Crowns	\$ _____	
Root Canal	\$ _____	
Orthodontics	\$ _____	
Other	\$ _____	
		Total: \$ _____ (3)
Dependent Care Flexible Spending Account		
Dependent Day Care - Children	\$ _____	
Dependent Day Care - Adults	\$ _____	
		Total: \$ _____ (4)
Adoption Assistance Flexible Spending Account		
Legal Adoption Fees	\$ _____	
Adoption Court Costs	\$ _____	
Adoption Attorney Fees	\$ _____	
		Total: \$ _____ (5)
Health Savings Account Contributions		
		Total: \$ _____ (6)

Total Annual Expenses [TAE]: \$ _____
 [add (1) - (6) together]

Tax Bracket Percentage [TBP]: _____ %
 [see Tax Estimate Table]

Annual Tax Savings: \$ _____
 [multiply TAE by TBP]

Savings per Paycheck: \$ _____
 [divide TAE by paychecks per year]

Tax Estimate Table

Based on a combination of Social Security, Federal and state income taxes.

Annual Household Earnings	Estimated Tax Rate
< \$30,000	25%
\$30,000 - \$40,000	29%
\$40,000 - \$70,000	33%

These tax rates are estimates based on national averages and may not reflect your actual rate.