

ESTIMATING ELIGIBLE HEALTH CARE EXPENSES

Complete the following chart to estimate your eligible 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 an Un-reimbursed Health Care Expense Account.

<u>MEDICAL</u>	LAST YEAR	THIS YEAR
Deductibles plus 100% of out-of-pocket expenses not covered by the medical plan	_____	_____
Office visit co-payments	_____	_____
Well baby care	_____	_____
Pap-smear	_____	_____
Physicals	_____	_____
Immunizations	_____	_____
Prescription drugs	_____	_____
Other	_____	_____
<u>DENTAL</u>		
Deductibles	_____	_____
Fillings	_____	_____
Bridges	_____	_____
Crowns	_____	_____
Dentures	_____	_____
Orthodontia	_____	_____
Braces	_____	_____
Exams	_____	_____
X-rays	_____	_____
<u>VISION</u>		
Co-payments	_____	_____
Exams	_____	_____
Lenses	_____	_____
Frames	_____	_____
Contact lens & cleaning solutions	_____	_____
Laser Eye Surgery	_____	_____
<u>HEARING</u>		
Exams	_____	_____
Hearing Aid	_____	_____
<u>MISCELLANEOUS</u>		
Chiropractic	_____	_____
Physical Therapy	_____	_____
Acupuncture	_____	_____
Mileage (\$.19 per mile)	_____	_____
<u>TOTAL ELIGIBLE OUT-OF-POCKET EXPENSES</u>	\$ _____	\$ _____

A Pacific Benefit Consultant's representative is available to assist you in estimating your tax savings based on the amount you contribute to the "Un-reimbursed Health Care Account".
For assistance, please call 1 - (800) 800-2090 or 1 - (916) 363-2101.