

HEALTH CARE PSA PLANNING WORKSHEET

This worksheet is designed to help you estimate your Health Care PSA needs. Remember to estimate conservatively so you will be sure to use all the money in your account by the end of the plan year (June 30). You will lose any money left in your account after the close of the plan year.

Unreimbursed Medical Expenses

- Health insurance deductibles \$ _____ per year
- Co-insurance (\$30.00, 20%, 50%, etc.) \$ _____ per year
- Vision Care (eye exams, contact lenses, glasses) \$ _____ per year
- Prescription drug co-payments \$ _____ per year
- Hearing Care \$ _____ per year
- Other \$ _____ per year

Unreimbursed Dental Expenses

- Examinations and Cleanings \$ _____ per year
- Braces, retainer or other orthodontia \$ _____ per year
- Fillings, crowns and bridges \$ _____ per year
- Dentures, including replacements \$ _____ per year
- Implants, inlays and x-rays \$ _____ per year
- Fluoride treatments \$ _____ per year
- Other \$ _____ per year

Other Unreimbursed Health Care Expenses \$ _____ per year

Total Unreimbursable Health Care Expenses \$ _____ per year

*Indicate the Total Unreimbursable Health Care Expenses on the “Rhodes College – Benefits Enrollment/Change Form”. The annual allocation will be divided into equal amounts based on how often you are paid (i.e. 26, 22 or 20 pay periods) and deducted from each paycheck or a before-tax basis.