HEALTH CARE EXPENSE PLANNING WORKSHEET

This worksheet will help you determine an election amount for the upcoming Health Care Spending Account (HCSA) plan years. **Don’t forget that your tax dependents’ health care expenses are eligible for the GIC’s HCSA program.** An expense calculator is also available at [www.asiflex.com/gic](http://www.asiflex.com/gic).

<table>
<thead>
<tr>
<th>Fiscal Plan Year</th>
<th>7/1/2018 – 6/30/2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimated Expenses</td>
<td>Up to $2,650*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical Expenses not covered by Insurance</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductibles, co-pays, coinsurance</td>
<td></td>
</tr>
<tr>
<td>Physician visits/routine exams</td>
<td></td>
</tr>
<tr>
<td>Prescription drugs</td>
<td></td>
</tr>
<tr>
<td>Over-the-Counter health care products</td>
<td></td>
</tr>
<tr>
<td>Diabetic supplies</td>
<td></td>
</tr>
<tr>
<td>Annual physicals</td>
<td></td>
</tr>
<tr>
<td>Chiropractic treatments</td>
<td></td>
</tr>
<tr>
<td>Mileage Expenses</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal Medical Expenses**  

<table>
<thead>
<tr>
<th>Dental Expenses not covered by Insurance</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checkups/cleanings</td>
<td></td>
</tr>
<tr>
<td>Fillings</td>
<td></td>
</tr>
<tr>
<td>Root canals</td>
<td></td>
</tr>
<tr>
<td>Crowns/Bridges/Dentures</td>
<td></td>
</tr>
<tr>
<td>Oral surgery</td>
<td></td>
</tr>
<tr>
<td>Orthodontia</td>
<td></td>
</tr>
<tr>
<td>Mileage Expenses</td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal Dental Expenses**  

<table>
<thead>
<tr>
<th>Vision/Hearing Expenses not covered by Insurance</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exams</td>
<td></td>
</tr>
<tr>
<td>Eyeglasses</td>
<td></td>
</tr>
<tr>
<td>Over-the-Counter reading glasses</td>
<td></td>
</tr>
<tr>
<td>Prescription sunglasses</td>
<td></td>
</tr>
<tr>
<td>Contact lenses &amp; cleaning solutions</td>
<td></td>
</tr>
<tr>
<td>Corrective eye surgery (LASIK, cataract, etc.)</td>
<td></td>
</tr>
<tr>
<td>Hearing exams and hearing aids (and batteries)</td>
<td></td>
</tr>
<tr>
<td>Mileage Expenses</td>
<td></td>
</tr>
</tbody>
</table>

**Subtotal Vision/Hearing**  

<table>
<thead>
<tr>
<th>Total Health Care Expenses</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum Limit *</td>
<td>$ 2,650</td>
</tr>
</tbody>
</table>

*Limit is subject to change by IRS regulations.  

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