

Healthcare Account Annual Expense Estimate Worksheet

	Actual Expenses Last Year	Estimated Expenses New Year
MEDICAL		
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Co-pays / expenses		
Prescriptions	\$ _____	\$ _____
Physician visits	\$ _____	\$ _____
Hospital visit co-pays / expenses (including Emergency)	\$ _____	\$ _____
Laboratory / testing expenses	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Over-the-counter items (medicines require a prescription)	\$ _____	\$ _____
VISION		
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Eye examination	\$ _____	\$ _____
Eyeglasses	\$ _____	\$ _____
Contact lenses and solution	\$ _____	\$ _____
LASIK surgery	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
HEARING		
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Hearing examination	\$ _____	\$ _____
Hearing aid	\$ _____	\$ _____
DENTAL		
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Co-pays / expenses		
Dental visits	\$ _____	\$ _____
Fillings	\$ _____	\$ _____
Major work (root canals, crowns, dentures, etc.)	\$ _____	\$ _____
Orthodontia (braces)	\$ _____	\$ _____
Deductible expenses	\$ _____	\$ _____
Other expenses	\$ _____	\$ _____
Total annual amounts	\$ _____	\$ _____

Dependent Daycare Account Annual Expense Estimate

CHILD DAYCARE *

Full-time daycare (per week)

Child one \$ _____

Child two \$ _____

Part-time daycare (per week)

Child one \$ _____

Child two \$ _____

1. Estimate the cost per week
for each category of care

2. Calculate the annual cost
(Weekly full-time daycare plus
weekly part-time daycare X
number of weeks per year)

3. Total amount \$ _____

*Child must be less than 13 years of age.

DISABLED / ELDER DAYCARE*

Caregiver
monthly cost \$ _____

Multiply monthly
cost times number
of months
estimated \$ _____

* Daycare provided for a dependent of
any age who requires assistance with the
basic tasks of daily life due to physical or
mental challenges.



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