

HEALTH SAVINGS ACCOUNT ANNUAL EXPENSE ESTIMATE WORKSHEET

	Actual Expenses Last Year	Estimated Expenses New Year
High-Deductible Health Plan		
<i>Expenses toward plan deductible</i>		
Prescriptions	\$ _____	\$ _____
Physician visits	\$ _____	\$ _____
Hospital	\$ _____	\$ _____
Laboratory/testing	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Miscellaneous Health Expenses <u>Not</u> Covered by Insurance		
Over-the-counter medication	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Dental Expenses		
Dental visits	\$ _____	\$ _____
Fillings	\$ _____	\$ _____
Major work (root canals, crowns, dentures, etc.)	\$ _____	\$ _____
Orthodontia (braces)	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Vision Expenses		
Eye examination	\$ _____	\$ _____
Eyeglasses	\$ _____	\$ _____
Contact lenses and solution	\$ _____	\$ _____
LASIK surgery	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Hearing Expenses		
Hearing examination	\$ _____	\$ _____
Hearing aid	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Miscellaneous Dental, Vision, and Hearing Expenses <u>Not</u> Covered by Insurance		
Over-the-counter medication	\$ _____	\$ _____
Other: _____	\$ _____	\$ _____
Subtotal:	\$ _____	\$ _____
Additional Contribution to Maximize Annual Savings		
	\$ _____	\$ _____
Total Annual Amounts:	\$ _____	\$ _____



TASC Customer Care | Phone 844-786-3947 or 608-316-2408 | Email 1customercare@tasconline.com

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 ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.
 LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).