

**Health Care Reimbursement Account Worksheet**

Estimate Your Eligible Expenses – Below is a partial list of eligible expenses to help you estimate your annual out-of-pocket healthcare cost:

**Expenses Eligible for Reimbursement**

- Insurance Deductible ..... \$
  - Insurance Co-payment ..... \$
  - Prescription drug co-payments (including birth control)..... \$
  - Over the counter drugs and supplies for pain relief or medical care ..... \$
  - Routine physicals, including gynecological exam..... \$
  - Unreimbursed Dental expenses ..... \$
  - Unreimbursed Orthodontia expenses..... \$
  - Unreimbursed Vision expenses ..... \$
  - Hearing exams and hearing aids ..... \$
  - Unreimbursed Chiropractic exams and treatment ..... \$
  - Unreimbursed Occupational Therapy..... \$
  - Unreimbursed Psychiatric care ..... \$
  - Special care for handicapped ..... \$
  - Unreimbursed Therapy for Drug and Alcohol addiction..... \$
  - Transportation to receive health care  
(including 2008 mileage at .27 cents per mile)..... \$
  - Special durable medical equipment prescribed  
by a physician ..... \$
  - Other expenses specifically prescribed by a physician  
for treatment of a specific diagnosis..... \$
- Total Estimated Eligible Expenses.....\$**

**Some Expenses NOT Eligible for Reimbursement**

- Cosmetic Surgery
- Health Club expenses to keep physically fit
- Insurance premiums
- Expenses reimbursed under another health plan
- Teeth Bleaching

Additional information on deductible medical expenses may be found in *IRS Publication 502 Medical and Dental Expense*. That document is available on the *Form Download* page at [www.tri-starsystems.com](http://www.tri-starsystems.com).