This worksheet can assist you in estimating your eligible out of pocket health related expenses for you and your dependents for the 2015 Health Savings Account plan year.

A health savings account can be used to reimburse health care expenses you owe after insurance has paid their portion. Over-the-counter drugs and medicines will be considered ineligible expenses unless you have a prescription from your physician. Please refer to the Sanford Health Plan Brochure for more information about eligible health related expenses.

HEALTH SAVINGS **ACCOUNT WORKSHEET**		
MEDICAL EXPENSES:	This year's Actual Expenses	Next Year's Estimated Expenses
Insurance Deductibles/Coinsurance	$	$
Other eligible health care expenses including band-aids, braces & supports, first aid supplies, infant electrolytes & dehydration solutions and walkers & canes	$	$
Dental and orthodontia expenses not reimbursed by your dental plan	$	$
Glasses, contact lenses and solutions, eye exams, laser eye surgery not reimbursed by your vision plan	$	$
Hearing exams and hearing aids	$	$
Prescription drugs, diabetic supplies including syringes, lancets and test strips not reimbursed by your medical plan	$	$
Drugs and medicines purchased over-the-counter need a written prescription	$	$
TOTAL ANNUAL EXPENSES:	**$**	**$**