Health Care Expense Planning Worksheet

*Not required, for employee use in estimating expenses

| Common Medical Expenses | Estimated Plan Year Total |
|---|----------------------------------|
| Medical Expenses: | |
| Co pays | |
| Deductible | |
| Chiropractor | |
| Prescriptions | |
| Other | |
| Dental Expenses | |
| Cleanings | |
| Fillings | |
| Crowns | |
| Other | |
| | |
| Vision Expenses | |
| Glasses | |
| Contacts | |
| Exams | |
| Lasik | |
| Other | |
| 0 7 0 4 5 | |
| Over-The-Counter Expenses Band Aids | |
| | |
| Contact lens solution | |
| Pain Reliever (only with Rx) | |
| Other(Medicines, Vitamins and Supplements only with Rx) | |
| | NTAL. |
| IC | OTAL: |

*All eligible out-of-pocket medical expenses for you, your spouse and your dependents can be reimbursed regardless of insurance coverage. A listing of eligible expenses can be found in the accompanying enrollment guide or http://rockymountainreserve.com/health-care-expenses-table.

Dependent Care Account

- *A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you.
- *The care must be necessary for you or your spouse to be gainfully employed or to go to school.
- *Care may be provided by anyone other than your spouse or your children under the age of 19.
- *Expenses for schooling, kindergarten and above, overnight camp and nursing homes are not reimbursable.
- *The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - -\$5,000 Married and filing federal taxes jointly or a single parent
 - -\$2,500 Married and filing separate federal tax return
- *The amount contributed year-to-date, is available for reimbursement.

All elected "Pre-Tax" amounts are exempt from Federal, State, FICA, and Medicare taxes.

Services must be incurred within the plan year in order to be eligible for reimbursement.

Be conservative in your election! Any amount that is not used during the plan year and/or applicable grace period will revert back to your employer.