

Employee Worksheet

This worksheet will help you estimate the expenses for you, your spouse, and eligible dependents.
Transfer the plan year total for each section to the enrollment form in order to participate.

Premium Section

A. Group Medical Premiums

**Employer will deduct these premiums automatically pre-tax

Accident Insurance Cancer insurance Dental insurance Disability insurance*
 Group term-life insurance** Group health insurance HMO insurance Intensive care insurance
 Vision insurance

*Disability insurance benefits are taxable when premiums are placed pre-tax.

**Term-life limit: Up to \$50,000 pre-tax on employee only; spouse/dependent life not available.

Reimbursement Sections

B. HEALTH FSA

PLAN YEAR TOTAL \$ _____

Health Insurance Related Expenses

Doctor office visits co-pay
 Deductibles
 Dental
 Dental co-pay
 Prescriptions co-pay
 Routine Physical
 X-Rays

Dental Expenses

Deductibles
 Dentures
 Non-Cosmetic
 Orthodontia
 Surgery
 X-Rays

Vision Expenses

Contact lens & supplies
 Laser Eye Surgery
 Eye Glasses
 X-Rays
 Exams

General Medical Related Expenses

IRS \$.15/ per mile, tolls and parking (Medical)
 Alcoholism treatment (Inpatient)
 Ambulance
 Care for handicapped
 Chiropractors
 Diabetic supplies/insulin
 Diagnostic
 Drug addiction treatment (inpatient)
 Guide dog care
 Healing services
 Hearing aid batteries
 Hospital charges not covered by insurance
 Lab fees
 Learning disabilities care
 Over- the- Counter drugs
 Oxygen equipment
 Prescription ONLY expenses
 Prosthesis
 Wheelchair(s)

Most Over-the-Counter Items now eligible

The items purchased must be used to alleviate or treat personal injuries or sickness and not for general health

INELIGIBLE Medical Related Expenses

Non-prescription vitamins
 Supplements from chiropractor, acupuncturist, holistic healer, etc.
 Dental Bleaching or bonding
 Rogaine or Hair transplant
 Retin-A
 Electrolysis
 Illegal operations or treatments
 Diaper service
 Breast pumps
 Birthing classes
 Meals that are not for inpatient care

INELIGIBLE for general health purposes

Health Club Dues
 Massage Therapy
 Marital or family counseling
 Stop smoking and weight loss programs
 Whirlpools

Uncertain about whether or not an expense is deductible - email us at www.cdhplans.com

C. Dependent FSA:

PLAN YEAR TOTAL \$ _____

(\$5,000 Maximum for Married and Head of Household Filers or \$2,500 if Married Filing Separately. For Individuals with a spouse who is a student or disabled, refer to the Summary Plan Description.)

D. Individual Health Premium Account:

PLAN YEAR TOTAL \$ _____

(NOTE: The Premiums for these policies must be personally billed to the employee at home to qualify.)

Accident Insurance Cancer Insurance Dental Insurance Disability Insurance *
 Hospital Insurance Major Medical Insurance Medicare Insurance Vision Insurance

* Disability Insurance becomes taxable in the event of a claim if premiums are placed pre-tax.

THIS IS NOT AN ENROLLMENT FORM