

Internal Services Agency
Department of Personnel Services
Employee Benefits Office



Terry Schutten, County Executive
Mark Norris, Agency Administrator
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County of Sacramento

Medical Reimbursement Account

Worksheet

Estimated Medical Expenses (not reimbursed by insurance):

Health insurance deductible	\$ _____
Co-insurance (insurance paid 80%, you pay 20%)	\$ _____
Routine exams/physicals	\$ _____
Immunizations	\$ _____
Insulin	\$ _____
Laboratory	\$ _____
Therapy treatments	\$ _____
Wheelchair, crutches, splints, corrective devices	\$ _____
Prescription drugs	\$ _____
Office visits	\$ _____
Chiropractic visits	\$ _____
Other	\$ _____
Subtotal	\$ _____

Estimated Dental Expenses (not reimbursed by insurance):

Dental insurance deductible	\$ _____
Co-insurance (insurance paid 80%, you pay 20%)	\$ _____
Examinations and cleanings	\$ _____
Fillings, crowns, and bridges	\$ _____
Dentures (including replacement)	\$ _____
Implants, in-lays, x-rays	\$ _____
Orthodontia	\$ _____
Other	\$ _____
Subtotal	\$ _____

Estimated Vision Expenses (not reimbursed by insurance):

Vision insurance deductible	\$ _____
Co-insurance (insurance paid 80%, you pay 20%)	\$ _____
Vision examinations	\$ _____
Lenses and frames	\$ _____
Contacts	\$ _____
Other	\$ _____
Subtotal	\$ _____

Total Estimated Expenses: \$ _____

Per Pay Period Amount: (Total / 24 pay period) \$ _____