## **MEDICAL EXPENSE VALUES**

| Expense Category                                | Expense Type   |
|---|--|
| Actual Utilities                                | Electricity – Not Used to heat or cool                                       |
|   | Water/Sewage/Garbage   |
| Blind Work Expense                              | Blind Work Expense   |
| Child Support - Court Ordered                   | Child Support - Court Ordered  |
|   | Healthcare Insurance Premium   |
| Cost of Home - Temp Absence                     | Illness/Disaster   |
|   | Work/Training  |
| Dependent Care                                  | Actual   |
|   | Family Share   |
| Health Insurance Premiums                       | BC/BS  |
|   | Medicare Supplement Policy   |
|   | LTC Insurance Policy   |
|   | Other  |
|   | Health Insurance Premiums  |
| Home Repairs - Natural Disasters - Fires/Floods | Home Repairs – Natural Disasters – Fires/Floods                              |
| Impairment Related Work Expense                 | Impairment Related Work Expense  |
| MAGI Deductions                                 | Alimony Paid   |
|   | Business Expenses  |
|   | Domestic Production Activities Deduction                                     |
|   | Educator Expenses  |
|   | Health Savings Account Deduction   |
|   | IRA Deduction  |
|   | Moving Expenses  |
|   | Penalty on Early Withdrawal of Savings                                       |
|   | Self-Employed SEP, SIMPLE and Qualified plans (self-<br>employed and clergy) |
|   | Self-Employed Health Insurance Deduction                                     |
|   | Student Loan Interest  |
|   | Tax Deductible Portion of the Self Employment Tax                            |
|   | Tuition and Fees   |
| Medical Expenses                                | Past Due Owing   |
|   | Non-Participating HH members   |
|   | Private Pay LTC Expense  |
|   | Non-covered medical expense  |
|   | ,  |

## **MEDICAL EXPENSE VALUES**

| Expense Category | Expense Type                       |
|------------------|------------------------------------|
|                  | Durable Medical Equipment/Supplies |
|                  | Allocation of Income               |
|                  | Override Allocation of Income      |
|                  | Medical Transportation             |
|                  | Prescriptions                      |
|                  | HCBS Obligation                    |
|                  | Medical Expense (FA Only)          |
|                  | Medical Expense (Medical Only)     |
|                  | Payment Plan                       |
|                  | Working Healthy Premium            |
| Shelter          | Rent                               |
|                  | Lot Rent                           |
|                  | Mortgage                           |
|                  | Second Mortgage                    |
|                  | Home Taxes                         |
|                  | Home Insurance                     |
|                  | Association/Mandatory Fee          |
| Utility          | Allowance                          |