

Fill This Out To Save

Worksheet: Estimated Unreimbursed Health Care Expenses

The following is a worksheet to assist you in identifying your health care expenses.

This worksheet only identifies a few of the most common expenses. There are many more eligible expenses reimbursable under the plan. Please refer to your communication brochure for a more extensive list of eligible expenses.

Medical

Deductibles \$ _____

Coinsurance payments* \$ _____

Copayments \$ _____

Office Visit Copays \$ _____

Well-baby care \$ _____

Physicals/Annual checkups \$ _____

Pap Smears \$ _____

Immunizations \$ _____

Prescription Drugs \$ _____

Contraceptives \$ _____

Insulin \$ _____

Laboratory tests \$ _____

Splints, supports, corrective devices \$ _____

Hearing devices \$ _____

Therapy treatments (medical reasons only) \$ _____

Other expenses \$ _____

Dental

Deductibles \$ _____

Coinsurance payments* \$ _____

Fillings/crowns/bridges \$ _____

X-Rays \$ _____

Cleaning \$ _____

Fluoride treatments \$ _____

Dentures \$ _____

Orthodontia** \$ _____

Vision

Deductibles \$ _____

Coinsurance payments* \$ _____

Examinations \$ _____

Lenses \$ _____

Frames \$ _____

Contact Lenses \$ _____

Contact Solution \$ _____

Over-the-Counter Items & Medications

Used to treat or alleviate an injury or illness. Common OTC items are pain relief medications, cold and flu products, allergy products, heartburn medications, and menstrual products.

\$ _____

Total Annual Unreimbursed Health Care Expenses

Cannot exceed your plan maximum as noted on the other side of this form. \$ _____

Estimated Dependent Day Care Expenses

(when you *and* your spouse work)

Child care/Day care centers \$ _____

Child care in home \$ _____

After-school care \$ _____

Care of other dependents \$ _____

Total Annual Dependent Day Care Expenses (Cannot exceed \$5,000 per calendar year or earned income of employee or spouse, whichever is less.)

Total Dependent Care \$ _____

* Please keep in mind that any coordination of benefits with another group plan will reduce your out-of-pocket expenses.

** Please see Brochure regarding Orthodontia before entering your estimated cost here.