

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**	\$ _____

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

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 \$7,500 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.