

Medical Expense Worksheet

Estimate your annual out-of-pocket medical expenses for the coming plan year on the following worksheet. Be sure to include all members of your immediate family. Remember to estimate conservatively and consider only those expenses you are sure you will incur. Remember, insurance premiums may not be paid through a reimbursement account.

| | <u>Last Year's Expenses</u> | <u>This Year's Projected Expenses</u> |
|---|-----------------------------|---------------------------------------|
| 1. Medical Expenses: | | |
| Insurance Deductibles | _____ | _____ |
| Insurance Co-Payments | _____ | _____ |
| Dental Co-Payments orthodontia | _____ | _____ |
| Immunizations, Injections and Vaccinations | _____ | _____ |
| Routine Examinations and Physicals | _____ | _____ |
| Dental Expenses (including crowns, root canals, extractions and non-cosmetic repairs) | _____ | _____ |
| Prescription Drugs or Co-Payment Amount | _____ | _____ |
| Eyeglasses and Contacts | _____ | _____ |
| Hearing Examinations | _____ | _____ |
| Transportation to and from Medical Provider | _____ | _____ |
| Medically Necessary Nursing Home Care | _____ | _____ |
| Non-Cosmetic Surgery (LASIK, etc.) | _____ | _____ |
| Other Expenses | _____ | _____ |
| 2. Total Expenses for the Year: | _____ | _____ |
| 3. Divide Estimated Total by Your Number of Regular Pay Periods. | _____ | _____ |
| 4. Enter this amount on your Election Form. This is the amount that will be taken out of each regular paycheck and put into your Medical Expense Reimbursement Account. | _____ | _____ |