

MEDICAL CARE REIMBURSEMENT EXPENSE WORKSHEET

Use the list below to estimate your **out-of-pocket** medical care expenses. This worksheet will help you determine how much of your pre-tax dollars you will want to contribute to your Medical Care Reimbursement Account. For more information on eligible medical care expenses, refer to the list included in your enrollment packet.

MEDICAL CARE

Deductibles\$ _____
 CoInsurance.....\$ _____
 Physicals\$ _____
 Office Visits.....\$ _____
 Baby Well Care.....\$ _____
 Immunizations\$ _____
 Chiropractor\$ _____
 Lab Fees\$ _____
 OB/GYN exams\$ _____
 Prescription drugs.....\$ _____
 Physical Therapy\$ _____
 Psychologist.....\$ _____
 OTC(pain relievers/antacids etc) \$ _____
 Other.....\$ _____

SUBTOTAL.....\$ _____

DENTAL

Deductibles\$ _____
 CoInsurance.....\$ _____
 Orthodontics\$ _____
 Exams/Cleaning.....\$ _____
 Fillings.....\$ _____
 Crowns/Bridges.....\$ _____
 Dentures\$ _____
 X-rays.....\$ _____
 Other.....\$ _____
 Other.....\$ _____

SUBTOTAL.....\$ _____

HEARING

Exams\$ _____
 Hearing Aid.....\$ _____
 Hearing Aid batteries.....\$ _____
 Other.....\$ _____

SUBTOTAL.....\$ _____

VISION

Eye exam\$ _____
 Glasses/Contact Lenses.....\$ _____
 Contact Lens Solution.....\$ _____
 Other.....\$ _____

SUBTOTAL.....\$ _____

TOTAL ESTIMATED YEARLY HEALTH CARE EXPENSE\$ _____

Helpful Hints:

- Your checkbook is normally a good source of information to find medical care expenses that were paid last year to guide you for this year's estimate.
- Consider the medical care expenses that you have been postponing.
- **Don't forget to allot an amount for eligible over-the-counter purchases.**