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 (HMO) $ _____
- 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:

$ _____

Total Annual Unreimbursed Health Care Expenses; Transfer this Total to Part B of the Enrollment Form

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.)

Transfer this total to Part C of Enrollment Form $ _____

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

More Important Information on Front