



## Medical Expense Planning Worksheet

This worksheet will help you determine the dollar amount you will spend for medical expenses during the plan year.

	Annual Estimate
<b>Medical Expenses not covered by Insurance</b>	
Deductibles, co-pays, coinsurance	\$ _____
Physician visits/routine exams	\$ _____
Prescription Drugs	\$ _____
Insulin/Syringes	\$ _____
Annual physicals	\$ _____
Chiropractic treatments	\$ _____
Over-the-counter items ( <b>see notice below</b> )	\$ _____
Other: _____	\$ _____
<i>Subtotal Medical Expenses</i>	\$ _____

**Notice:** As of 1/1/2011, certain OTC drugs and medicines are considered ineligible unless you have a written prescription from your doctor. Please keep this in mind when deciding how much money you will put into your healthcare account.

<b>Dental Expenses not covered by Insurance</b>	
Checkups/cleanings	\$ _____
Fillings	\$ _____
Root Canals	\$ _____
Crowns/Bridges/Dentures	\$ _____
Oral Surgery	\$ _____
Orthodontia	\$ _____
Other: _____	\$ _____
<i>Subtotal Dental Expenses</i>	\$ _____

<b>Vision/Hearing Expenses not covered by Insurance</b>	
Exams	\$ _____
Eyeglasses	\$ _____
Prescription Sunglasses	\$ _____
Contact Lenses & Cleaning Solutions	\$ _____
Corrective Eye Surgery ( LASIK, cataract etc.)	\$ _____
Hearing exams/hearing aids & batteries	\$ _____
<i>Subtotal Vision/Hearing</i>	\$ _____

**TOTAL MEDICAL EXPENSES**    \$ \_\_\_\_\_

Visit *My HealthHub Resources* to access a detailed listing of eligible expense items.