

Healthcare Expense Worksheet

This worksheet will help you estimate your annual healthcare costs which will not be reimbursed by a health insurance plan. This list is not intended to be comprehensive, but it contains some of the more common healthcare expenses.

List all costs incurred by you, your spouse or qualified dependent that will not be reimbursed with other coverage.

| Qualifying Expense Type | Estimated Annual Expense |
|---------------------------------------|---------------------------------|
| Medical doctors' fees | _____ |
| Annual physical examinations | _____ |
| Dental examinations | _____ |
| Eye examinations | _____ |
| Eyeglasses | _____ |
| Contact lenses and solutions | _____ |
| Prescription drugs | _____ |
| X-rays | _____ |
| Lab fees | _____ |
| Hospital services | _____ |
| Chiropractors | _____ |
| Hearing aids | _____ |
| Surgery | _____ |
| Ambulance service | _____ |
| Dentures | _____ |
| Acupuncture | _____ |
| Orthodontics | _____ |
| Over-the-counter medications/supplies | _____ |
| | |
| TOTAL ESTIMATED ANNUAL EXPENSES | _____ |
| NUMBER OF PAY PERIODS | _____ (required) |
| AMOUNT OF PAY PERIOD REDUCTION | _____ |

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