



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

Medical Expenses not covered by Insurance

Deductibles, co-pays, coinsurance	\$ _____
Physician visits/routine exams	\$ _____
Prescription Drugs	\$ _____
Insulin/Syringes	\$ _____
Annual physicals	\$ _____
Chiropractic treatments	\$ _____
Over-the-counter medicines/drugs (allergy, antacids, cold medicines, pain relievers etc.)	\$ _____
Other: _____	\$ _____
Subtotal Medical Expenses	\$ _____

Dental Expenses not covered by Insurance

Checkups/cleanings	\$ _____
Fillings	\$ _____
Root Canals	\$ _____
Crowns/Bridges/Dentures	\$ _____
Oral Surgery	\$ _____
Orthodontia	\$ _____
Other: _____	\$ _____
Subtotal Dental Expenses	\$ _____

Vision/Hearing Expenses not covered by Insurance

Exams	\$ _____
Eyeglasses	\$ _____
Prescription Sunglasses	\$ _____
Contact Lenses & Cleaning Solutions	\$ _____
Corrective Eye Surgery (LASIK, cataract etc.)	\$ _____
Hearing exams/hearing aids & batteries	\$ _____
Subtotal Vision/Hearing	\$ _____

TOTAL MEDICAL EXPENSES \$ _____

To view a listing of eligible expenses, please click on the **Eligible Expense Items** tab at www.mypayflex.com