

MEDICAL FLEXIBLE SPENDING ACCOUNT WORKSHEET

ANNUAL

MEDICAL EXPENSES OUT-OF-POCKET

1. DRUG CO-PAYMENTS (the amount you pay after insurance pays its portion) _____
2. OVER-THE-COUNTER MEDICATIONS _____
3. OFFICE CO-PAYS (the amount you pay after insurance pays its portion) _____
4. DEDUCTIBLES (your plan and your spouse's plan for medical, dental and/or vision) _____

DENTAL EXPENSES

1. CROWNS, BRIDGES _____
2. ORTHODONTICS PAYMENTS _____
3. X-RAYS, FILLINGS, ETC. _____

VISION EXPENSES

1. EYE EXAMS _____
2. GLASSES, FRAMES, LENS _____
3. CONTACTS _____
4. LASIK SURGERY _____

ANNUAL AMOUNT _____

Divide your annual total by the number of pay periods deductions are made in the plan year and enter that amount on your enrollment form.