HOW TO ESTIMATE FUTURE MEDICAL CARE EXPENSES

The best place to start is by looking at recurring annual expenses, such as physical exams, dental and vision checkups, prescription drugs, and care for an ongoing illness. Next, determine if you will have any unusual expenses, such as orthodontic work, maternity expenses, or an additional set of glasses or contact lenses.

When calculating these expenses, do NOT include your contribution(s) toward your employer's insurance programs.

IMPORTANT:

⇒ Only expenses not reimbursed by another provider or plan are eligible.

⇒ Base your election on expenses you expect to incur during the plan year, *do not include expenses you may incur in the grace period.*

MEDICAL SERVICES

$_____Physical Exams
$_____OB/GYN Expenses
$_____Physician Office Visits & Co-Pays
$_____Psychiatrist / Psychologist
$_____Physical Therapy
$_____Immunizations
$_____Hearing Devices
$_____Diagnostic Tests (Labs, X-Rays, etc.)
$_____Prescription Costs / Co-Pays
$_____Medical Equipment
$_____Expenses applied to Deductible

EYE CARE

$_____Eye Exam & Refractions
$_____Glasses & Frames
$_____Prescription Sunglasses
$_____Contact Lenses (including disposable)
$_____Lens Cleaners & Solutions
$_____Laser Eye Surgery

DENTAL CARE

$_____Exams & Cleanings
$_____X-Rays
$_____Fillings, Caps & Crowns
$_____Bridges & Dentures
$_____Root Canals
$_____Orthodontics

*OVER-THE-COUNTER EXPENSES**

$_____ Formerly "by prescription" Medicines
$_____Antacids
$_____Allergy Medicines & Antihistamines
$_____Anti-diarrhea & Laxatives
$_____Cold & Cough Medicines
$_____First Aid Creams, Bandages & Supplies
$_____Muscle/Joint Pain Cream
$_____Pedialyte
$_____Pregnancy Kits/Ovulation Kits
$_____Pain Reliever (Aspirin, Ibuprofen, etc.)
$_____Prenatal Vitamins
$_____Motion Sickness Medicines
$_____Blood Pressure Monitors
$_____Thermometers
$_____Nicotine Gum & Patches
$_____Eye Drops
$_____Wart Removal Treatments
$_____Reading Glasses

The following expenses are eligible if treating a specific medical condition and accompanied with a physician's note of medical necessity.

$_____Acne Medicine
$_____Dietary & Herbal Supplements
$_____Glucosamine/Chondrotin
$_____Hormone Therapy
$_____Fiber Supplements
$_____Orthopedic Shoes & Inserts
$_____Nasal Sprays
$_____Lactose Intolerance Pills

*Expenses for Over-the-Counter items such as "one a day" vitamins, toiletries, face creams, medicated soaps & shampoos, as well as procedures/products for cosmetic purposes are NOT eligible.

TOTAL $_____

This is not an all inclusive list. Please contact our office if you a specific question.

A recent IRS Ruling permits employers the option to extend a grace period (up to 2 ½ months) after a plan year ends in order to allow employees to both INCUR and/or SUBMIT eligible expenses. Expenses incurred and submitted during the Grace Period will be applied to your previous year's election provided a balance remains. **Please check with your employer in regards to the length of the grace period.**