



This worksheet will help you determine the dollar amount you will spend for medical expenses during the upcoming plan year. *Don't forget that expenses for any of your tax dependents are eligible for your employer's Flexible Spending Account program, even if they aren't enrolled in your employer's insurance program.*

UNREIMBURSED MEDICAL EXPENSES

Annual Estimate

Medical Expenses Not Covered by Insurance

Deductibles, co-pays, coinsurance	\$ _____
Physician visits/routine exams	\$ _____
Prescription drugs	\$ _____
Diabetic supplies	\$ _____
Annual physicals	\$ _____
Chiropractic treatments	\$ _____
Eligible over-the-counter medicines/drugs	\$ _____
Other: _____	\$ _____

Subtotal Medical Expenses \$ _____

Dental Expenses Not Covered by Insurance

Checkups/cleanings	\$ _____
Fillings	\$ _____
Root canals	\$ _____
Crowns/Bridges/Dentures	\$ _____
Oral surgery	\$ _____
Orthodontia (please contact ASIFlex for details)	\$ _____
Other: _____	\$ _____

Subtotal Dental Expenses \$ _____

Vision/Hearing Expenses Not Covered by Insurance

Exams	\$ _____
Eyeglasses	\$ _____
Prescription sunglasses	\$ _____
Contact lenses and cleaning solutions	\$ _____
Corrective eye surgery (LASIK, cataract, etc.)	\$ _____
Hearing exams and hearing aids (and batteries)	\$ _____

Subtotal Vision/Hearing Expenses \$ _____

Total Medical Expenses \$ _____