

# MEDICAL EXPENSE REIMBURSEMENT WORKSHEET



This worksheet will help you estimate your annual medical 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 medical expenses.

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

Qualifying Expense	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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