

MEDICAL EXPENSE REIMBURSEMENT WORKSHEET

Randolph College

This worksheet will help you estimate your annual medical costs, which may not be reimbursed by a health plan. This list is not intended to be comprehensive, but it contains some of the more common medical expenses.

List all costs that are not reimbursed by other coverage incurred by you, your spouse or qualified dependents:

QUALIFIED EXPENSE	ESTIMATED ANNUAL EXPENSE
Medical doctors' fees	
Co-payments and deductibles	
Dental examinations and fees (cosmetic procedures not eligible)	
Dentures	
Orthodontic services	
Eye examinations and surgery	
Eye glasses prescribed by your doctor	
Contact lenses and solutions	
Prescriptions and medical supplies (i.e. syringes, needles, etc.)	
Medical equipment (i.e. crutches, wheelchairs, etc.)	
Over-the-counter drugs that are medically necessary like allergy medicine, aspirin, or antacids. Drugs that are treating a condition.	
Dietary supplements and vitamins with doctor's letter of medical necessity.	
Chiropractic services	
Psychiatric care and psychologist's fees	
Hearing aids and batteries	
Smoking cessation programs	
Smoking cessation over-the-counter drugs	
Weight-loss programs and over-the counter drugs with doctor's letter of medical necessity	
X-rays	
Lab fees	
Ambulance service	
Nursing home costs	
Total Estimated Expenses	(A) \$
Number of Pay Periods	(B)
Amount of Reduction Per Pay Periods	(A/B) \$