



Your FLEXible Spending Account Worksheet

This will help you determine your annual out-of-pocket costs for each Account.

- Remember to budget carefully •
- Be conservative •

Unreimbursed Medical Account

	Annual
Deductible(s)	\$ _____
Co-Pays	\$ _____
Co-Insurance	\$ _____
Prescription Drugs	\$ _____
Special Equipment	\$ _____
Physicals	\$ _____
Medical Travel Costs	\$ _____
Hearing Aids	\$ _____
Check-up/exam	\$ _____
Orthodontia	\$ _____
Monthly Treatments	\$ _____
Dentures	\$ _____
Bridgework	\$ _____
Partial Plates	\$ _____
Eye Exams	\$ _____
Contacts & Supplies	\$ _____
Other _____	\$ _____
Total Medical, Dental & Vision	\$ _____

Dependent Day Care Account

	Annual
Day Babysitters	\$ _____
Day Care Centers	\$ _____
Elder Care	\$ _____
Day Camp	\$ _____
After-School Programs	\$ _____
Nursery School	\$ _____
Other _____	\$ _____
Total Dependent Care	\$ _____

Premium Expense Account

	Annual
Non-Employer Health	\$ _____
Non-Employer Vision	\$ _____
Non-Employer Dental	\$ _____
COBRA	\$ _____
Contact Lens Plans	\$ _____
Medicare Part B	\$ _____
Supplemental Health	\$ _____
Other _____	\$ _____
Total Premium Expense	\$ _____

Examples of Eligible Medical Expenses:

- | | |
|--|---|
| Acupuncture | Lasik Eye Surgery & Radial Keratotomy |
| Alcoholism Treatment | Mammography |
| Ambulance Services | Mental Health Care |
| Artificial Limbs | Nursing (RN/LPN) |
| Braille Books | OB/GYN Examinations |
| Chiropractors | Orthodontia |
| Contact Lenses and Supplies | Orthopedic Shoes & Braces |
| Contraceptives | Over-the-counter drugs (FDA approved) |
| Co-Pays | *Rx Generally Needed |
| Crowns, Bridges, and Dentures | Physicals |
| Crutches | Physical Therapy |
| Deductibles | Prescriptions |
| Dental Cleanings | Psychiatric Services |
| Dermatologists | Seeing Eye Dog & Upkeep |
| Eye Examinations | Sterilizations & Reversals |
| Eyeglasses and Prescription Sunglasses | Substance Abuse Treatment |
| Fillings | Surgical Expenses |
| Hearing Aids and Batteries | Telephone Equipment for the Deaf |
| Home Health Care | Transportation for Medical Purposes and Mileage |
| Home Improvements for Medical Purposes | Reimbursement |
| Hospital Bills | Well-Child Care Visits |
| Infertility Treatment | Wheelchairs |
| Insulin & Syringes | X-Rays |
| Laboratory Fees | |

*See A to Z listing on www.ThePreferredGroup.com

Examples of Eligible Employment Related Dependent Day Care Expenses:

- Babysitters (Daytime Only)
- Before/After School Programs
- Day Care Centers
- Elder Care Centers
- Nursery School
- Summer Day Camps

Examples of Eligible Privately Held Insurance Premium Expenses:

- COBRA
- Non-Employer Health, Vision, Dental
- Medicare Part B
- Supplemental Health
- Contact Lens Insurance



CUSTOM BENEFITS SOLUTIONS

The Preferred Group

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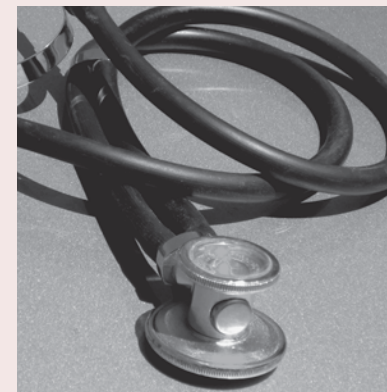
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www.ThePreferredGroup.com

The Preferred Group Plans, Inc. Section 125 Plans are NYSUT Member Benefits Trust (Member Benefits)-endorsed programs. Member Benefits has an expense reimbursement/endorsement arrangement of \$20 per participant per month. All such payments to Member Benefits are used solely to defray the costs of administering its various programs and, where appropriate, to enhance them. Member Benefits acts as your advocate; please contact Member Benefits at (800) 626-8101 if you experience a problem with any endorsed program.



CUSTOM BENEFITS SOLUTIONS



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I.R.S. SECTION 125 FLEXIBLE BENEFIT PLANS

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