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Flexible Spending Account Worksheet

Out-of-Pocket Medical Care Expenses:

- 1) Medical Out-of-Pocket Expenses \$ _____
- 2) Medical & RX Co-Pays \$ _____
- 3) Medical expenses not covered by the Plan \$ _____
- 4) Vision care expenses not covered by the Plan \$ _____
- 5) Hearing care expenses not covered by the Plan \$ _____
- 6) Dental Care Deductible \$ _____
- 7) Dental Care expenses not covered by the Plan \$ _____

- 8) **Total qualified expenses** \$ _____

When reviewing eligible expenses, just think about your out-of-pocket health care expenses for yourself, your spouse, and your eligible dependents. You will be surprised how quickly these out-of-pocket expenses add up.

Please check your Company's benefit chart to aid you in your thought process for potential out-of-pocket expenses.