

Savings Calculator -Unreimbursed Medical Expenses

<i>Medical Expenses Not Covered by Insurance</i>	Annual Estimate
Deductibles, Co-Pays, Co-Insurance	
Dr. Visits and Routine Exams	
Prescription Drugs	
Annual Physicals	
Chiropractic Treatments	
Immunizations	
Other out of pocket medical expenses	
Total Medical Expenses	

<i>Dental Expenses Not Covered by Insurance</i>	Annual Estimate
Deductibles, Co-Pays, Co-Insurance	
Check-Ups and Cleanings	
Root Canal	
Crowns, bridges and dentures	
Oral surgery	
Other out of pocket dental expenses	
Total Dental Expenses	

<i>Vision and Hearing Expenses Not Covered by Insurance</i>	Annual Estimate
Exams	
Eyeglasses / Contact Lenses	
Prescription Sunglasses	
Corrective eye surgery (LASIK, cataract, etc.)	
Hearing exams, aids and batteries	
Other out of pocket vision or hearing expenses	
Total Vision and Hearing Expenses	

<p>Total Unreimbursed Health Care Expenses (subject to plan limitations)</p> <p align="right">Annual Tax Savings**</p>	
<p>** For purposes of this illustration a savings of _____ assumes Federal, State and Social Security taxes of 15% Federal, 5% State, and 7.65% Social Security. Your individual tax savings will depend on your salary, the exemptions you claim and your other tax deductions.</p>	