

## Health Expense Diary

To decide which benefits may be right for you and your family, it helps to remember how you used your coverage last year. This Health Expense Diary can be a useful tool in the process of choosing your benefits.

**Helpful resources to jog your memory:**

Your calendar, cancelled checks, receipts and the Explanation of Benefits summaries you received from your plan can be helpful resources.

Just fill in the blanks below, and then add the totals for sections 2 and 3 to get a snapshot of your health expenses for the past 12 months.

1. Over the past 12 months, how often did you and your family use the following services?

Service	How Many Times
Doctor visits	
Visits to an emergency room or urgent care center	
Hospital admission	
Lab tests	
Outpatient surgery	
<b>TOTAL:</b>	

2. *Medical services:* How much did you and your family pay (co-payment, deductibles and coinsurance) for the following services?

Type of Payments	Amount You Paid
<b>Copayments:</b>	
Doctor visits	\$
Emergency or urgent care visits	\$
Hospital admissions	\$
Lab tests	\$
Outpatient surgery	\$
*Annual deductible (if applicable):	\$
*Coinsurance (if applicable):	\$
Any other payments:	\$
<b>TOTAL:</b>	\$

*\*Plan A's built-in reimbursement fund can help you reduce these costs*



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*Other health services:* How much did you and your family pay (copayments, deductibles or coinsurance) for the following services?

Type of Service	Amount You Paid
Vision care (eye exams, glasses, contacts)	\$
Hearing (exams, hearing aids)	\$
Dental (exams, X-rays, treatments)	\$
Mental health counseling	\$
Chiropractor (X-rays, treatments)	\$
Alternative medicine (non-traditional forms of treatment, such as massage therapy or acupuncture)	\$
Other:	\$
<b>TOTAL:</b>	\$

*Prescription drugs:* How much did you and your family pay for prescription medications? (List all drugs and the total amount of co-payments for each).

Name of Drug	Amount You Paid
	\$
	\$
	\$
	\$
	\$
<b>TOTAL:</b>	\$

3. How much did you and your family pay for the following items or services?

Items or Services	Amount You Paid
Health club dues	\$
Vitamins or supplements (nonprescription)	\$
Over-the-counter drugs	\$
Medical equipment for home use	\$
Stop-smoking nicotine patches	\$
Dieting/nutrition advice	\$
Other expenses	\$
<b>TOTAL:</b>	\$
<b>GRAND TOTAL:</b>	\$

This is the amount you and your family paid last year for medical prescriptions, dental, vision prescriptions and services related to your overall health and lifestyle.

Have this information close by as you review this year's benefits choices. Knowing what medical services you used and what you spent last year will help you.



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