

# ANNUAL HEALTHCARE COST BUDGET

Financial Planning Period: 2024 - 2025

Individual/Family Name: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

<b>EXPENSE CATEGORY</b>	<b>BUDGETED AMOUNT</b>	<b>NOTES / PROVIDER DETAILS</b>
<b>Monthly Premiums (x12)</b>	\$ 0.00	<i>Medical, Dental, Vision</i>
<b>Deductible Target</b>	\$ 0.00	<i>Out-of-pocket threshold</i>
<b>Prescriptions</b>	\$ 0.00	<i>Maintenance meds, refills</i>
<b>Primary Care / Copays</b>	\$ 0.00	<i>Annual physicals, check-ups</i>
<b>Specialist Visits</b>	\$ 0.00	<i>Dermatology, Cardiology, etc.</i>
<b>Dental Services</b>	\$ 0.00	<i>Cleanings, X-rays, Fillings</i>
<b>Vision &amp; Hardware</b>	\$ 0.00	<i>Exams, contacts, glasses</i>
<b>Mental Health</b>	\$ 0.00	<i>Therapy, counseling sessions</i>

<b>EXPENSE CATEGORY</b>	<b>BUDGETED AMOUNT</b>	<i>NOTES / PROVIDER DETAILS</i>
<b>Emergency / Urgent Care</b>	\$ 0.00	<i>Contingency fund</i>
<b>OTC / Medical Supplies</b>	\$ 0.00	<i>First aid, vitamins, monitors</i>
<b>ESTIMATED ANNUAL TOTAL</b>	<b>\$ 0.00</b>	

## **HSA/FSA Contribution Summary**

Annual Contribution Limit: \_\_\_\_\_  
Employer Contribution: \_\_\_\_\_

This document is a planning template only. Actual costs may vary based on insurance coverage and provider billing.