



Limited Flexible Spending Account Eligible Expense Worksheet

The Limited Flexible Spending Account allows an employee to set aside pre-tax dollars to pay for specific dental and vision expenses that are not paid by insurance. You can include out-of-pocket expenses incurred by you, your spouse, and your qualified dependents. You can have this account and also make and receive contributions to a Health Savings Account.

Examples of Reimbursable Expenses

- Dental (ex: cleanings, cavities, x-rays, restorative work, crowns, orthodontics, bridge work and dentures)
- Vision (ex: eye exams, glasses, contacts, contact solution and supplies, and LASIK surgery)

Examples of Non-Reimbursable Care Expenses

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| <ul style="list-style-type: none"> • Dental whitening procedures and kits • Disease management programs • Cosmetic procedures • Electric toothbrushes • Insurance premiums • Medical expenses, including deductibles, co-insurance and copays | <ul style="list-style-type: none"> • Prescription medications • Over-the-Counter items • Vision expenses that are processed under the medical plan (i.e. cataract surgery) |
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Estimate Your Reimbursable Costs For:

<u>Dental</u>	_____	\$ _____
	_____	_____
<u>Vision</u>	_____	\$ _____
	_____	_____
	Total estimated reimbursable dental/vision expenses	\$ _____

Per paycheck amount

$$\frac{\$ \text{_____}}{\text{Total reimbursable expenses}} \div \frac{\text{_____}}{\text{Pay periods/year}} = \$ \text{_____} / \text{paycheck}$$