

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

- Dental whitening procedures and kits
- Disease management programs
- Cosmetic procedures
- Electric toothbrushes
- Insurance premiums
- Medical expenses, including deductibles, co-insurance and copays
- Prescription medications
- Over-the-Counter items
- Vision expenses that are processed under the medical plan (i.e. cataract surgery)

Estimate Your Reimbursable Costs For:

Dental _____ \$ _____

Vision _____ \$ _____

Per paycheck amount _____ Total estimated reimbursable dental/vision expenses \$ _____

\$ _____ / _____ = \$ _____/paycheck
Total reimbursable expenses Pay periods/year