



Green Plan and Orange Plan Limited Purpose Health Care Flexible Spending Account (FSA) Calculation Worksheet

Your Limited Purpose Health Care FSA Worksheet

If you participate in the Green plan or Orange plan, reimbursable expenses under the Health Care FSA are limited to dental, LASIK eye surgery and vision hardware expenses.

As you complete this worksheet for you and your eligible dependents, list any estimated dental and/or vision hardware expenses that are eligible for reimbursement. Under federal guidelines, expenses incurred by domestic partners/domestic partner children are not eligible.

DO NOT INCLUDE YOUR OR YOUR SPOUSE'S HEALTH AND DENTAL PLAN PREMIUMS.

| Estimated Eligible Limited Purpose Health Care FSA Expenses | Annual Cost |
|---|-------------|
| Dental plan deductibles and coinsurance | \$ _____ |
| Dental / Orthodontic expenses | \$ _____ |
| Prescription eye glasses, contact lenses, and contact lens solution (vision exams not eligible) | \$ _____ |
| Radial Keratotomy (Lasik Surgery) | \$ _____ |
| TOTAL Annual Estimated Dental and Vision Hardware Expenses (maximum of \$3,300) | \$ _____ |
| To calculate the per pay period contribution amount, divide the above annual estimated amount by the number of remaining pay periods in the year. | |