Limited Purpose FSA Eligible Expense List

An LP FSA covers eligible dental, orthodontia and vision expenses only and is intended for employees enrolled in a Health Savings Account (HSA).

Eligible Dental & Orthodontia Expenses

Dental care for non-cosmetic purposes, such as:
• Cleanings and exams
• Crowns and bridges
• Dental reconstruction, implants
• Dentures and denture care
• Diagnostic services
• Fillings
• Root canals
• X-rays

Dental plan copays
Dental plan co-insurance
Dental plan deductibles
Dental surgery
Diagnostic services
Orthodontia work and appliances
Over-the-counter dental products that do not contain a drug or medicine
Over-the-counter dental products that contain a drug or medicine
Teeth grinding prevention devices, such as occlusal guards

Eligible Vision Expenses

Contact lenses
Contact lens solution
Diagnostic services
Eye exams
Eye related equipment/materials
Eyeglasses (over-the-counter and prescription)
Eyeglass repair kit
Eye surgery
Guide dog (dog, training and care)
Optometrist/ophthalmologist fees
Orthokeratology
Over-the-counter vision products that do not contain a drug or medicine
Over-the-counter vision products that contain a drug or medicine
Sunglasses (prescription only)
Vision plan co-insurance
Vision plan copays
Vision plan deductibles
Vision correction, such as corneal keratotomy and Lasik eye surgery

Ineligible Expenses Examples

Teeth Bleaching/Whitening
Cosmetic Dental Surgery
Dental Hygiene Products (Ex: Toothpaste)
Medical Treatment & Care

*Although Over-The-Counter (OTC) dental and vision medicines and drugs do not need a prescription to purchase, one is needed for the item to be FSA eligible.

NOTE: OTC dental and vision medicines and drugs will not work with the Benefit Strategies debit card. You will need to pay with another means and submit for reimbursement through one of our manual reimbursement methods. Remember to submit the prescription, along with the detailed documentation.

If you have questions on what constitutes an LP FSA eligible expense, please contact our Customer Relations Team through online chat, 1-888-401-FLEX(3539) or email info@benstrat.com.
The Limited Purpose FSA and Dependent Care Election Worksheets can help you determine how much to set aside in your FSA. You can also use the Tax Savings Calculator at benstrat.com.

Important: Make a conservative election, only considering expenses that are expected to be incurred by you and your FSA eligible dependents while you are enrolled during the FSA plan year.

### Dental and Vision Expenses Per Plan Year

<table>
<thead>
<tr>
<th>Expenses</th>
<th>For You</th>
<th>For Your Spouse</th>
<th>For Your Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental copays, co-insurance, deductibles</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Dental Exams and Dental Work and Orthodontia</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Orthodontia</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Eye Exams, LASIK Surgery</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Prescription Eyeglasses, Reading Glasses, Contact Lenses etc.</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Eligible Dental and Vision Expenses</td>
<td>$</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

Total each family member column

(A)$ (B)$ (C)$

Total cost of dental and vision expenses for the plan year

(A) + (B) + (C)$

Maximum LP FSA election amount

(refer to your LP FSA enrollment form for plan maximum)

(E)$

Election Amount. Enter (D) or (E), whichever is less

(F)$

Number of pay periods in a plan year

(G)

Payroll deduction amount per pay period

(F) ÷ (G)$

### Dependent Care FSA Election Worksheet

<table>
<thead>
<tr>
<th>Expenses</th>
<th>(A)$</th>
<th>(B)</th>
<th>(C)$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible weekly dependent care cost</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weeks of dependent care you will have in the plan year</td>
<td>(B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total cost of dependent care for the plan year</td>
<td>(C)$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you are single or married filing jointly enter $5,000 If you are married filing single, enter $2,500</td>
<td>(D)$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Election amount. Enter (C) or (D), whichever is less</td>
<td>(E)$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of pay periods in a plan year</td>
<td>(F)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payroll deduction amount per pay period</td>
<td>(G)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>