

## Examples of Items Reimbursable Through a Limited-Purpose Health Flexible Spending Account (FSA)



| DENTAL AND VISION EXPENSES                | ELIGIBLE |
|---|----------|
| *Crowns                                   | Yes      |
| *Dental co-pays/deductibles/co-insurance  | Yes      |
| *Dental treatments                        | Yes      |
| *Dentures                                 | Yes      |
| *Eye exam                                 | Yes      |
| *Fillings                                 | Yes      |
| *Orthodontics/Braces/Invisalign           | Yes      |
| *Prescription glasses/Contact lenses      | Yes      |
| *Retainer                                 | Yes      |
| *Vision correction procedure (Lasik, ICL) | Yes      |
| *Vision screening                         | Yes      |

| OTC DENTAL AND VISION EXPENSES  | ELIGIBLE |
|---------------------------------|----------|
| *Contact lens cleaning solution | Yes      |
| *Denture adhesives and cleaners | Yes      |
| *Eye drops                      | Yes      |
| *Occlusal guard                 | Yes      |
| *Reading glasses                | Yes      |

\*This is a list of expenses that is reimbursable through a limited purpose FSA. The products on the OTC portion of the list are newly added and eligible as of 1/1/2020 due to the Cares Act.