

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.*