

LIMITED FLEXIBLE SPENDING ACCOUNTS

Examples of Eligible and Ineligible Expenses under a Limited Flexible Spending Account

Dental Services

- ✓ Artificial Teeth
- ✓ Crowns/Bridges
- ✓ Dental Cancer Screenings
- ✓ Dental Implants
- ✓ Dental Sealants
- ✓ Dental X-rays
- ✓ Dentures
- ✓ Exams/Teeth Cleaning
- ✓ Extractions
- ✓ Fillings
- ✓ Fluoride Treatments
- ✓ Mouth Guards
- ✓ Occlusal Guards
- ✓ Oral Surgery
- ✓ Orthodontia***
- ✓ Prophylaxis
- ✓ Retainers
- ✓ Space Maintainers

Insurance Related Items

- ✓ Dental Copay Amounts
- ✓ Dental Co-insurance
- ✓ Dental Deductibles
- ✓ Vision Copay Amounts
- ✓ Vision Co-insurance
- ✓ Vision Deductibles

Prescription Medications

- ✓ Prescription medication to the extent that the prescription is for dental or vision treatment

Dental Practitioners

- ✓ Dentist
- ✓ Denturist
- ✓ Endodontist
- ✓ Ophthalmologist (but not for medical eye care)
- ✓ Optometrist
- ✓ Periodontist

Other Equipment

Supplies, and Services

- ✓ Contact Lens Materials and Equipment
- ✓ Denture Adhesives
- ✓ Dental Records Charges
- ✓ Vision Records Charges

Vision Services

- ✓ Contact Lenses, Materials and Supplies
- ✓ Eye Examinations
- ✓ Glasses
- ✓ Lasik/Laser Vision Correction
- ✓ Prescription Sunglasses
- ✓ Radial Keratotomy
- ✓ Reading Glasses

****Over the Counter Medications may only be covered when accompanied by a medical practitioner's note or prescription. Items must be used to treat a specific medical condition of limited duration:**

- ✓ OTC Temporary Fillings
- ✓ Toothache Relievers
- ✓ Visine and other Eye Drops

Items that are NOT eligible for reimbursement under a Limited Flexible Spending Account:

- ✓ COBRA Premiums
- ✓ Concierge, Boutique or Practice Fees
- ✓ Cosmetic Dentistry
- ✓ Dental bleaching or any other teeth whitening
- ✓ Discount Plan Expenses
- ✓ Finance Charges
- ✓ Illegal operations, treatments and medications
- ✓ Items paid or payable by insurance
- ✓ Insurance Premiums
- ✓ Late Fees
- ✓ Medical Eye Treatment
- ✓ Missed Appointment Fees
- ✓ Non-Prescription Glasses
- ✓ Non-Prescription Sunglasses
- ✓ Personal hygiene products
- ✓ Prepayments for Services
- ✓ Premiums for group coverage
- ✓ Teeth whitening
- ✓ Toiletries
- ✓ Toothpaste or toothbrushes (electric or otherwise), even if a dentist recommends treating a condition
- ✓ Veneers
- ✓ Vision Discount Program Cost
- ✓ Warranties for glasses or other medical devices

Whose Expenses can I Reimburse?

You can generally include medical expenses you pay for yourself as well as those you pay for someone who was your spouse, qualifying child or qualifying relative when the product or services were acquired. **Domestic partners do not qualify for reimbursement unless they are a qualifying relative.**

- A *qualifying child* is an individual who (a) bears a specified relationship to the employee (relationship test); (b) has the same principal abode as the employee for more than half of the year (residency test); (c) meets certain age requirements (age test); (d) has not provided more than half of his or her own support for the year (limited self-support test); and (5) has not filed a joint tax return (other than only for claim of refund) with his or her spouse for the year (marital/tax filing status test).

- A *qualifying relative* is an individual (a) who bears a specified relationship to the employee (relationship test); (b) whose gross income is less than the exemption amount in Code §151(d) (income test); (c) with respect to whom the employee provides over half of the individual's support (support test); and (d) who is not anyone's qualifying child.
- *Individuals Who Generally Are Ineligible Under Code §152.* An individual generally will not be a Code §152 dependent if he or she is a dependent of a Code §152 dependent, a married dependent filing a joint tax return, or a citizen or national of a country other than the United States.

*****Orthodontia Special Note:**

Due to recent IRS guidance, upfront payments for **Orthodontia** may be reimbursed even though the services for all treatments have not as of yet been incurred.

There are two options for the reimbursement of Orthodontia expenses:

- One time reimbursement, when proof of up-front payment is submitted
- Per the terms and length of your treatment contract, including initial payment and monthly payments after insurance coverage

If you choose to be reimbursed over your treatment contract, **pre-payments** of services will not be accepted and must be submitted for reimbursement over the course of treatment. With your reimbursement request you must submit the contract which specifies payment and total amount of the contract and the start date of the treatment *or* complete the orthodontia claim form including provider signature. *Please note, if orthodontic contract does not indicate insurance information, we will require you to submit the lifetime maximum for orthodontia from insurance carrier.*