

Limited Purpose FSA Eligible Expenses

A limited-purpose FSA covers eligible dental and vision expenses only and is intended for employees enrolled in a Deductible-Based Health Plan with a Health Savings Account (HSA).

Eligible Dental Expenses

Eligible Vision Expenses

Dental care for non-cosmetic purposes, such as:	Contact lenses
Cleanings and exams	Contact lens solution
Crowns and bridges	Diagnostic services
Dental reconstruction, implants	Eye exams
Dentures and denture care	Eye related equipment/materials
Diagnostic services	Eyeglasses (over-the-counter and prescription)
Fillings	Eyeglass repair kit
Root canals	Eye surgery Guide dog (dog, training and care)
X-rays	Optometrist/ophthalmologist fees
Dental plan copays	Orthokeratology
Dental plan co-insurance	Over-the-counter vision products that do not
	contain a drug or medicine
Dental plan deductibles	Over-the-counter vision products that contain a
	drug or medicine*
Dental surgery	Sunglasses (prescription only)
Orthodontia	Vision plan co-insurance
Over-the-counter dental products that do not	Vision plan copays
contain a drug or medicine	
Over-the-counter dental products that contain a	Vision plan deductibles
drug or medicine*	
Teeth grinding prevention devices, such as	Vision correction, such as corneal keratotomy
occlusal guards	and Lasik eye surgery

* Requires a physician prescription