

ELIGIBLE LIMITED HEALTH CARE FSA EXPENSES



Note: This listing is meant only as a guide. Claims submitted for expenses are eligible for reimbursement only if your employer's plan and IRS Guidelines allow it. IRS Guidelines are subject to change.

Anesthesiologist's fees associated with dental or vision care

Artificial teeth

Blood pressure monitoring devices

Braces

Braille books and magazines (above the cost of regular printed material)

Bridges

Child and adult immunizations (if not covered by insurance)

Cholesterol testing (if not covered by insurance)

Contact lenses and cleaning solutions

Crowns

Dental or vision co-insurance, co-pay amounts and deductibles

Dental reconstruction

Dental surgical fees (not cosmetic procedures)

Dental treatment (does not include cosmetic treatments such as teeth whitening, dental veneers, bonding, etc.)

Dental X-ray fees

Dentures

Diabetic supplies (insulin, syringes, testing strips, glucometers, etc.)

Diagnostic services not covered by insurance

Expenses related to orthodontia

Eye examination fees

Eyeglasses

Flu shots (if not covered by insurance)

Guide dog (dog, training, care)

Keratotomy

Lasik

Laser eye correction surgery

Mileage related specifically to a dental or vision condition (IRS Determined Rate)

Occlusal guards to prevent teeth grinding

Orthodontia (special reimbursement rules apply to pre-payments)

Optometrist fees

Periodic health evaluations, such as annual physicals (if not covered by insurance)

Prescription drugs for dental and vision (1)

Prescriptive sunglasses

Preventive care expenses not covered by insurance

Routine prenatal and well-child care (if not covered by insurance)

Screening services (if not covered by insurance)

Teeth grinding prevention

Telephone, television and audio display equipment for the hearing impaired

Tobacco cessation products

Vaccines (if not covered by insurance)

Vision correcting eye surgery or treatment

(1) Over-the-counter medicines purchased on or after January 1, 2011 will require a written prescription from your physician to be eligible for reimbursement from your Health Care FSA account. Please refer to the HSA-Compatible Limited Health Care FSA **Over-The-Counter Medicine Guide** at www.proviewbenefits.com/forms for additional information.

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*Dental or vision-related cosmetic surgery/
cosmetic procedures*

Dental (teeth) bleaching

Equipment for general health

*Expenses that have been reimbursed else-
where or that may be reimbursable from
another source*

*Expenses incurred outside the period of
your coverage*

General medical expenses

Household help

*Illegal treatments, operations, or drugs for
dental or vision*

Insurance premiums

Medical newsletters

*Nutritional supplements (vitamins, herbal
supplements, natural medicines, etc.)*

Pre-payment for services not yet provided

Prescription drug discount programs

*Preventive care services covered by the
insurance*

Safety glasses