

## **LIMITED PURPOSE HEALTH CARE FLEXIBLE SPENDING ACCOUNT**

Examples of Eligible and Ineligible Expenses under a Limited Purpose Health Care 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 (non-medical)
- ✓ Orthodontia\*\*\*
- ✓ Prophylaxis
- ✓ Retainers
- ✓ Space Maintainers

### **Dental Practitioners**

- ✓ Dentist
- ✓ Denturist
- ✓ Endodontist
- ✓ Periodontist

### **Vision Services**

- ✓ Contact Lenses, Materials and Supplies
- ✓ Eye Examinations
- ✓ Glasses
- ✓ Lasik/Laser Vision Correction
- ✓ Ophthalmologist (but not for medical eye care)
- ✓ Optometrist
- ✓ Prescription Sunglasses
- ✓ Radial Keratotomy
- ✓ Reading Glasses

### **Insurance Related Items**

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

### **Other Equipment**

#### **Supplies, and Services**

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

### **Over the Counter Items**

- ✓ Contact Lens Solutions
- ✓ Contact Lens Rewetting Drops
- ✓ Visine and other Eye Drops

### **Post-Deductible Medical Expenses**

- ✓ Must include EOB from medical carrier

### **Prescription Medications**

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

### **Preventative Medical Services**

- ✓ Routine physical exams
- ✓ Routine prenatal and well-child care
- ✓ Vaccinations/ Immunizations
- ✓ Routine Screening Exams
- ✓ Blood Pressure Monitoring Devices
- ✓ Glucose Monitoring Equipment
- ✓ Smoking Cessation Programs
- ✓ Nicotine Gum, Lozenges or Patches for Smoking Cessation Purposes
- ✓ Pre-natal Vitamins

**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
- ✓ Toothpaste (Prescription Only)
- ✓ Toothache Relievers
- ✓ WaterPik/Electric Flosser

### **Items that are NOT eligible for reimbursement under a Limited Purpose Health Care Flexible Spending Account:**

- ✓ Cancer screening with a medical diagnosis and applied to your deductible
- ✓ COBRA Premiums
- ✓ Colonoscopy that is applied to your deductible
- ✓ 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
- ✓ Mammogram that is applied to your deductible
- ✓ Medical Eye Treatment
- ✓ Missed Appointment Fees
- ✓ Non-Prescription Glasses
- ✓ Non-Prescription Sunglasses
- ✓ Personal hygiene products
- ✓ Prepayments for Services
- ✓ Premiums for group coverage
- ✓ Routine exams and screenings when associated with a medical diagnosis and applied to your deductible
- ✓ Teeth whitening
- ✓ Toiletries
- ✓ Toothbrushes (electric or otherwise), even if a dentist recommends for treating a medical condition
- ✓ Veneers
- ✓ Vision Discount Program Cost
- ✓ Warranties for glasses or other medical devices

\*Updated 7/9/2021. For the most up-to-date information, please visit: <https://www.irs.gov/publications/p969> for rules regarding Flexible Spending Arrangements and <https://www.irs.gov/pub/irs-pdf/p502.pdf> for Qualifying Medical Expenses

## 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:

As orthodontia treatment typically spans over a period of years, individuals are often charged an initial, up-front payment and then must make periodic payments over the rest of the treatment period. FSA reimbursement is based on service date(s), therefore **the expense must be claimed within the active treatment period**. The contract Start Date and estimated Length of Treatment are required to determine the amount eligible for reimbursement within the FSA plan year.

*If orthodontic contract does not indicate insurance information, we will require you to submit the lifetime maximum for orthodontia from insurance carrier.*

## Convert Your Account to a full Health Care Flexible Spending Account:

While you are meeting your Medical Plan deductible, and are enrolled in a Limited Health Care Spending Account, your plan expenses are limited to reimbursing only your qualified dental, vision, and preventive expenses. Once you have met your Medical Plan deductible, you may opt to rollover your plan into a full Health Care Flexible Spending Account, from which all qualifying medical, dental, vision, and prescription expenses may be reimbursed.

To rollover your account, please complete the **Limited Health Care FSA Post-Deductible Expense Certification Form**, available online in the Spending Account portal under Tools & Support.

Once the Spending Account Service Center has received your Certification, your account will be rolled into a full Health Care Flexible Spending Account and your MMA Blue Card will allow for the reimbursement of post-deductible medical expenses