

"Limited Purpose" Medical Flexible Spending Account

for Participants enrolled in HSA programs

- All services must be provided by licensed practitioner.
- Stockpiling of supplies is prohibited by the IRS.
- Services must be rendered or items purchased during the plan year.

ELIGIBLE DENTAL SERVICES:

- Crowns
- Bridges
- Dentures
- Denture Adhesive
- Implants
- Orthodontia
- Cleanings
- Fluoride Treatments
- Fillings
- X-rays
- Extractions

ELIGIBLE VISION SERVICES:

- Eye Exams
- Eye Glasses (Frames & Lenses)
- Prescription Sunglasses
- Safety Glasses
- Reading Glasses (OTC)
- Contact Lenses & Contact Lens Solution
- LASIK Surgery

PREVENTIVE CARE SERVICES:

- Periodic Health Examinations
- Tests & Diagnostic Procedures in conjunction w/evaluation
- Well-baby care
- Immunizations for adults and children
- Tobacco Cessation
- Weight Loss treatment with a diagnosis of obesity

POST DEDUCTIBLE EXPENSES:

- All IRS code 213 eligible medical expenses after you have incurred the statutory HSA deductible limit. A statement from your health carrier showing limits have been met is required.

INELIGIBLE SERVICES

INELIGIBLE DENTAL SERVICES:

- Teeth Whitening or bleaching
- Perishables supplies - e.g. toothpaste, toothbrush, floss
- Electronic toothbrushes/cleaning systems (even if recommended by a dentist)
- Pre-payment of services not yet received
- Otherwise eligible items that will be fully or partially reimbursed from another source

INELIGIBLE VISION SERVICES:

- Contract fees for maintenance or replacement of contact lenses or eyeglasses
- Pre-payment of services not yet received
- Otherwise eligible items that will be fully or partially reimbursed from another source

A Word of Caution about Receipts

The IRS requires that you have an ITEMIZED RECEIPT of services received.

AN ITEMIZED RECEIPT CONTAINS THE FOLLOWING:

Provider's Name / Patient Name / Date of Service / Description of Service / Cost of Service.
Credit card slips are not sufficient.