

**LPFSA
QUALIFIED EXPENSES***
(FOR LIMITED PURPOSE FSA COMBINED WITH AN HSA)



** This list is by no means exhaustive. For additional information, please contact MGIS at 866.937.3539.*

DENTAL	
ELIGIBLE EXPENSES	INELIGIBLE EXPENSES
Artificial Teeth	Toothbrushes, Dental Floss, Tooth Paste
Coinsurance & Deductibles (expenses in excess of an insurance plan's usual, customary reasonable charges)	Teeth Whitening/Bleaching (may be eligible if prescribed by a physician to treat a congenital abnormality, disfiguring disease, or treatment resulting from personal injury from an accident or trauma)
Dental Implants (eligible if primary purpose is to treat or correct an existing dental condition that meaningfully promotes the proper function of the body and/or is not for cosmetic reasons)	Dental Implants (not eligible if the primary purpose is to improve the patient's appearance and/or if solely for cosmetic purposes)
Dental Treatment (including fees for X-Rays, fillings, braces, extractions, dentures, etc.)	
Fluoridation Device	
Occlusal Guards to prevent teeth grinding	
Orthodontia (including fees associated with maintenance work)	

VISION	
ELIGIBLE EXPENSES	INELIGIBLE EXPENSES
Contact Lenses and related materials and equipment (i.e., saline solution and cleaners)	Sunglasses (non-prescription)
Eye Examinations, Eyeglasses and related materials and equipment (must be prescribed by a physician for medical purposes)	
Laser Eye Surgery (including Lasik & Radial Keratotomy)	
Optometrist/Ophthalmologist Expenses	
Reading Glasses	
Sunglasses (must be prescription and not for cosmetic purposes)	