

TexFlexSM Limited-purpose Flexible Spending Account (FSA)

Here is a list of some common eligible expenses.
 For more information or to view a full list of eligible items, visit www.TexFlexERS.com.

Dental expenses	Eligible for reimbursement	Special exceptions or requirements
Artificial Teeth (bridges, dentures, partials, implants)	Yes	
Braces and Other Orthodontics	Yes	
Dental Care and Prevention <ul style="list-style-type: none"> • Bonding and sealants for dentures • Braces or other orthodontics • Cleaning • Crowns or inlays • Dental X-rays • Dentures and simple repairs to dentures • Extractions • Fillings • Minor oral surgeries • Oral examinations (including routine exams) • Palliative emergency treatment • Periodontics services • Porcelain veneers (if allowed by the participant's dental plan, i.e., not cosmetic) • Root canal therapy • Routine cleanings • Space maintainers • Topical fluoride applications, such as fluoride rinses • Sealants (non-denture) 	Yes	Cosmetic procedures are usually not eligible for reimbursement; see below.
Dental Treatment - Cosmetic <ul style="list-style-type: none"> • Teeth whitening or bleaching • Porcelain veneers 	Possibly	<p>A cosmetic treatment or procedure can be an eligible expense if it is necessary to improve a deformity that arises from or is directly related to a birth defect, disfiguring disease or injury resulting from an accident or trauma.</p> <p>A <u>Letter of Medical Necessity</u> (see note below) and a "but for" statement from the participant will be required. A "but for" statement is an acknowledgment that the participant would not have obtained the treatment or incurred the expense had it not been for the recommendation of the dental provider.</p>
Dental Information <ul style="list-style-type: none"> • Electronic maintenance of dental plan info • Fees to transfer records due to a change in service providers 	Yes	Amounts paid to a service that keeps dental information in a computer data bank and retrieves and furnishes the information upon request are eligible expenses.
Personal Hygiene Products <ul style="list-style-type: none"> • Floss, mouthwash, toothbrush, toothpaste 	No	

Dental expenses (continued)	Eligible for reimbursement	Special exceptions or requirements
Water Fluoridation Units and Water Piks	Possibly	Water Fluoridation Units, Water Piks, and similar devices are considered personal in nature and are generally not eligible for reimbursement. A <u>Letter of Medical Necessity</u> and a “but for” statement from the participant will be required.
X-Ray Fees	Yes	

Vision expenses	Eligible for reimbursement	Special exceptions or requirements
Contact Lenses and Contact Lens Cleaner	Yes	Prescription contact lenses only
Eyeglasses and Eye Care <ul style="list-style-type: none"> • Artificial eye and polish • Contact lens, fitting fee, replacement lens • Contact lens solutions • Eye examinations (including routine exams) • Prescription glasses, prescription sports goggles, prescription sunglasses, scuba masks or safety glasses • Radial keratotomy, laser surgery or other vision correction surgery* • Reading glasses 	Yes	<p>Surgery is eligible if done primarily to promote the correct function of the eye.</p> <p>*A <u>Letter of Medical Necessity</u> (see note below) may be required to document the condition being treated.</p>
Vision Information <ul style="list-style-type: none"> • Electronic maintenance of vision plan info • Fees to transfer records due to a change in service providers 	Yes	Amounts paid to a service that keeps vision information in a computer data bank and retrieves and furnishes the information upon request are eligible expenses.
Sales Tax or Shipping & Handling	Yes	Costs for sales or state-mandated taxes and shipping or handling fees associated with an eligible expense; for example: shipping & handling fees for prescription contact lenses purchased over the internet

NOTE: Where noted, a Letter of Medical Necessity from your health care provider may be required for the expense to be considered eligible for reimbursement. To learn more and to review the related form, visit www.TexFlexERS.com.

Here are some examples of expenses **not eligible** under the limited-purpose FSA:

- Chiropractic services
- Clip-on sunglasses
- Cosmetic dental services
- Cosmetic vision services
- Eyeglass or other vision-related warranties
- Insurance premiums (medical, dental or vision)
- Medical coinsurance, deductibles and copays
- Medical expenses and doctor visits
- Mental health expenses
- Non-prescription cosmetic contact lenses (such as color-change-only lenses)
- Non-prescription sunglasses
- Over-the-counter (OTC) medicines, drugs and supplies
- Prescription medicines

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