

An LP FSA covers eligible dental, orthodontia, and vision expenses only.

The following lists give you a general overview of qualified and non-qualified medical expenses. These lists are not all-inclusive and are subject to change by the IRS. Some items are only eligible with a prescription or may require a Letter of Medical Necessity.

Eligible Dental & Orthodontia Expenses

- Dental care for non-cosmetic purposes, such as:
 - Cleanings and exams
 - Crowns and bridges
 - Dental reconstruction, implants
 - Dentures and denture care
 - Diagnostic services
 - Fillings
 - Root canals
 - X-rays
- Dental plan copays
- Dental plan co-insurance
- Dental plan deductibles
- Dental surgery
- Diagnostic services
- Orthodontia work and appliances
- Over-the-counter dental products that do not contain a drug or medicine
- Over-the-counter dental products that contain a drug or medicine
- Teeth grinding prevention devices, such as occlusal guards

Eligible Vision Expenses

- Contact lenses
- Contact lens solution
- Diagnostic services
- Eye exams
- Eye related equipment/materials

- Eyeglasses (over-the-counter and prescription)
- Eyeglass repair kit
- Eye surgery
- Guide dog (dog, training and care)
- Optometrist/ophthalmologist fees
- Orthokeratology
- Over-the-counter vision products that do not contain a drug or medicine
- Over-the-counter vision products that contain a drug or medicine
- Sunglasses (prescription only)
- Vision plan co-insurance
- Vision plan copays
- Vision plan deductibles
- Vision correction, such as corneal keratotomy and Lasik eye surgery

Non eligible items for reimbursement

- Cosmetic Dental Surgery
- Dental Hygiene Products (Ex: Toothpaste, Toothbrushes, Mouth Wash)
- Elective cosmetic surgery
- Eye serums or wrinkle creams
- Insurance premiums
- Medical Treatment & Care
- Teeth Bleaching/Whitening