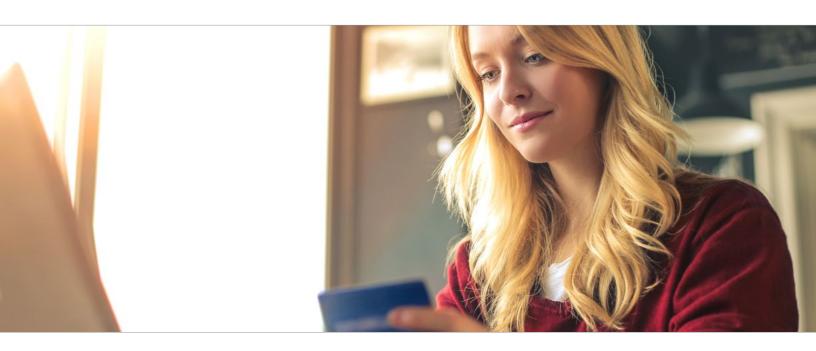
## The BESTIFLEX™ Plan

# **BESTIFIEX** Limited Health FSA Eligible Expenses



There are two types of Health Care FSAs: a standard health FSA and a limited health FSA. Your **limited health FSA** allows you to pay for eligible vision and dental expenses that are not covered by another health plan. A limited health FSA is a great option if you (or your spouse, if you're married) contribute to a health savings account (HSA) because you can participate in both of these plans at the same time.

### Examples of Eligible Expenses:

- Dental Expenses
- Dental X-Rays
- Exams/Teeth Cleanings, Gum Treatments
- Fillings, Crowns/Bridges
- Oral Surgery, Extractions, Dentures
- Orthodontia/Braces

#### Vision Expenses

- Contact Lenses, Contact Lens Solution and Cleaners
- Eye Examinations
- Eyeglasses, Reading Glasses, Prescription Sunglasses
- Laser Eye Surgeries, Radial Keratotomy/LASIK

This list is not meant to be all inclusive. Other expenses not listed may also qualify. Please contact us if you have any questions.



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#### Examples of Ineligible Expenses:

- Canceled Appointment Fees
- Drugs or treatments that are illegal under Federal law
- Cosmetic Treatments or Procedures
- Toiletries or Sundry Items
- Nonprescription Vitamins or Supplements for General Dental or Vision Health
- Medical Expenses other than Dental or Vision Care
- Product Warranties

Personal care items or services for general health are not usually eligible, but if your dental or vision provider recommends an otherwise personal product or service to treat a specific diagnosis, you can submit the expense for reimbursement with a *Letter of Medical Necessity*. This is a letter from your health care provider that includes a recommendation of the item or service to treat your diagnosis, and the duration of the recommendation. Depending on the expense, you may have to provide additional documentation to show the expense would not have been incurred "but for" the diagnosis.

Sometimes a personal or general use item may be specialized for the purpose of treating or alleviating a dental or vision condition. In this case, only the excess cost of the specialized item over the non-specialized item can be reimbursed. A *Letter of Medical Necessity* may be requested for these items as well.