



Limited-Scope Health Flexible Spending Account (LSFSA)

Eligible Expenses

A limited-scope health flexible spending account (LSFSA) is an option for you if you are not eligible for your employer's health plan, or any other employer's health plan. Similar to a traditional health flexible spending account (FSA), it allows you to use pretax dollars for certain dental and vision expenses. You can begin using your LSFSA contributions as soon as your plan begins. LSFSA contributions will be taken out of your paycheck in regular, equal amounts throughout the year.

- An LSFSA only allows you to pay for eligible dental and vision expenses.
- An LSFSA can be a good option for people who are not eligible and not enrolled in an employer's group sponsored medical plan.
- The purchase of excessive quantities of generally eligible items for future use may not be reimbursable.

All expenses must be incurred for "healthcare," and not cosmetic or general health purposes. To be considered an eligible expense, any items listed as "potentially eligible" will require a letter of medical necessity or prescription from your healthcare provider. The letter or prescription must include the item prescribed, condition being treated, and duration of treatment. For your convenience, a Letter of Medical Necessity form is available at **PSA. PacificSource.com/forms** under FSA/HRA Benefits.

On the next page is a list of eligible and potentially eligible expenses with an LSFSA. The list is of commonly requested expenses, and is not comprehensive. It's also subject to change.

Continued >

Email

PSACustomerService@
pacificsource.com

Phone

Toll-free

(800) 422-7038

TTY (800) 735-2900

En Español

Sin costo (866) 281-1464

PacificSource.com/PSA



Expense Type	Eligibility	Comments and Special Rules (if applicable)
Artificial teeth	Eligible	
Contact lenses, materials, and equipment	Eligible	Materials and equipment needed for using lenses (saline solution and enzyme cleaner) qualify if the lenses are needed for medical purposes. Contact lenses for cosmetic purposes (for example, to change one's eye color) do not qualify. Contact lens insurance does not qualify.
Crowns, dental	Potentially Eligible	Will not qualify if they are obtained for cosmetic reasons.
Dental sealants	Eligible	
Dental treatment	Eligible	
Dentures and denture adhesives	Eligible	
Eye drops	Potentially Eligible	Requires letter of medical necessity or prescription from your healthcare provider.
Eye exams, eyeglasses, and equipment	Eligible	Materials and equipment needed for using and cleaning the eyeglasses, and reading glasses purchased over the counter are also eligible.
Fluoride rinses	Potentially Eligible	Requires letter of medical necessity or prescription from your healthcare provider.
Laser eye surgery; Lasik	Eligible	
Medical Expenses	Ineligible	Medical expenses, including deductibles, coinsurance, copays, and prescription drugs are ineligible.
Occlusal guards to prevent teeth grinding	Eligible	
Preventive care screenings	Ineligible	Preventive care screenings, such as tests used for medical diagnosis, are ineligible. Examples of ineligible expenses include hearing and vision screenings.
Reading glasses	Eligible	
Sunglasses	Potentially Eligible	Prescription sunglasses qualify.
Teeth whitening	Potentially Eligible	Won't qualify if tooth discoloration is simply the result of aging, and the whitening is done for cosmetic purposes. But if tooth discoloration was caused by disease, birth defect, or injury, expenses for teeth whitening might qualify. To show that the expense is primarily for medical care, a letter of medical necessity is required.
Toothache and teething pain relievers	Potentially Eligible	Requires letter of medical necessity or prescription from your healthcare provider.
Vision correction procedures	Eligible	



FSA — Limited-Scope Health Flexible Spending Account (LSFSA)

Frequently Asked Questions

When will I have access to my entire LSFSA election?

You can begin to use your contributions once the plan year starts. You'll have access to the full amount of your contribution at this time.

What is the turnaround time for processing and reimbursing an LSFSA reimbursement request?

Reimbursement takes about one week from the date we receive your claim.

How soon must I submit claims?

You have until 90 days after the end of the plan year to submit requests for reimbursement. If your plan offers the grace period, the plan year is extended by an additional 45 days, after which the 90-day period begins.

How do I submit a claim?

Complete and sign a Request for Reimbursement from the FSA or HRA form or log into the FSA/HRA online consumer portal at **PSA.PacificSource.com/fsa-hra-benefits**.