ORTHODONTIA EXPENSES

Orthodontic treatment is typically rendered over an extended period of time. Therefore depending on your company’s policy, expenses would be eligible for reimbursement as treatment is provided.

To calculate and document your eligible orthodontic expenses for the plan year, you will need an orthodontic treatment plan (copy enclosed) to be completed by your orthodontist/dentist or your doctor’s fully itemized treatment plan. Whether your orthodontist/dentist completes our form or provides his/her own treatment plan, the document must include:

- Date treatment began (date appliances are placed)
- Estimated length of treatment (including beginning and ending dates)
- Total cost of treatment
- Insurance information
- Your out-of-pocket costs for the down payment and monthly payments.

IMPORTANT: Out of pocket cost is defined as the amount you are responsible for after insurance reimbursement, whether the insurance reimbursement is made to your orthodontist or sent to you. Example: You are required to pay your orthodontist $4,500 for treatment spanning 18 months. The initial banding fee is $1,000 and subsequent monthly fees are approximately $194.50 per month. If insurance is reimbursing you, your actual out of pocket responsibility (monthly fees) will be less than what the orthodontist is billing you.

HOW TO CALCULATE EXPENSES FOR A PLAN YEAR

Unless your company states otherwise, only expenses for services provided in a plan year are eligible for reimbursement from that plan year. In many cases, participants will have eligible orthodontic expenses in more than one plan year so please consider this when making your election.

Orthodontic services that begin during a Plan Year:
During the first year of orthodontic treatment, claim your out-of-pocket costs for banding, x-rays, records and other associated initial charges, as well as the monthly adjustment/visit charges.

Orthodontic services for second and subsequent plan years:
From the Orthodontic Service/Payment Agreement or Treatment Plan, multiply monthly out-of-pocket costs by the number of adjustment/visit charges for the year. That total is the amount to include in your Flexible Benefits election for orthodontic expenses minus insurance coverage.

Important Notice:
Changes to the Service/Payment Agreement or Treatment Plan are allowed only if there is a necessary change in treatment. A new contract, including an explanation of the change in treatment, must be completed and signed by the Orthodontist. Changes are not allowed if they are made for financial reasons.

HOW TO CLAIM REIMBURSEMENT

Your first orthodontic claim:
Submit a completed, signed Reimbursement Request Form, along with a copy of the Orthodontic Service/Payment Agreement or Treatment Plan from your orthodontist. The Flexible Benefits Department will maintain that information on file to serve as third-party documentation for future claims.

Subsequent monthly orthodontic claims:
Once your Service/Payment Agreement is on file with us, there is no need to attach a proof of payment receipt to each Reimbursement Request. Simply note the month of the adjustment/visit and the amount due for that month. Claims can be submitted as early as the first of each month for that month’s services. If your company’s policy allows reimbursement for advance months within the plan year, a paid receipt is required.