



ORTHODONTIA EXPENSE PROCEDURES

ADMINISTRATORS FOR EMPLOYEE BENEFITS PLANS

Mailing Address: P.O. Box 1894 • Tacoma, WA 98401

Physical Address: 1101 Pacific Ave. Suite 300, Tacoma, WA 98402

Phone: 253.564.5611 ext. 210 • **Fax:** 253.564.5881 • **Toll Free:** 800.426.9786 ext. 210

Orthodontic treatment is typically rendered over an extended period of time. Often, there is no direct relationship between payment and treatment. Some individuals pay for the entire treatment in full, while others make monthly or periodic payments toward the total cost. In each case, visits to the orthodontist may occur several times a month, or once every few months for adjustments.

TPSC Benefits allows reimbursement for pre-paid orthodontia expenses based on the orthodontic treatment plan and/or payment arrangement contract with the orthodontist. A copy of the orthodontic treatment plan and/or payment arrangement contract must be submitted

with the initial request for reimbursement form and this document will be referenced for any additional requests for orthodontia reimbursement during the current or future plan years. Please note that orthodontia differs from other dental procedures that require the actual service to be performed and paid for within the current plan year (and any applicable grace period).

An employee may seek reimbursement for all eligible family members. If there is coverage under any other dental plan, payment from the Health FSA will be reduced by the amount paid by any other dental coverage.

Initial Evaluation Fees

Orthodontia services initially performed, such as moldings, diagnostic record fees, consultation fees, etc, are reimbursable when incurred if the expenses are separate from the contracted treatment plan. These expenses are typically not included in the total treatment cost for orthodontia and would require a fully completed reimbursement request form with an itemized bill from the orthodontist that indicates the patient responsibility after all payments from dental coverage, or an explanation of benefits from a dental carrier. If these services are incurred during the current plan year (and any applicable grace period) in which you are requesting reimbursement, they would be considered eligible.

Initial Fee vs. Down Payment

- It is a common practice for providers to require an initial fee before the start of orthodontia treatment. This expense is eligible for reimbursement with a fully completed reimbursement request form, a copy of the orthodontic treatment plan and/or payment arrangement contract that shows the initial banding date, and an itemized bill showing the payment made, or a paid receipt indicating the payment date of the initial payment.
- A down payment prior to the initial banding date is not eligible for reimbursement as it does not represent any incurred services.

Important Note: *After the initial fee has been paid, you may choose from only one of the following reimbursement methods. The two forms of reimbursement may not be combined.*



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Full or Other Periodic Pre-Payments For Orthodontic Treatment

- If arrangements have been made with the orthodontist for full or another form of periodic pre-payment (e.g., quarterly, semi-annual, annual, etc.), a copy of the orthodontic treatment plan and/or payment arrangement contract with the orthodontist must be included with the first request for orthodontia reimbursement.
- The reimbursement request form must indicate that the expense is being requested for orthodontia and should include the due date of the full or periodic prepayment, the provider name, the family member being treated, and the dollar amount being requested. Also, a paid receipt indicating the payment date of the full or periodic pre-payment must be included.
- All future reimbursement requests for periodic prepayment must include a fully completed, signed, and dated reimbursement request form, as indicated above.
- The FSA administrator will then refer to the orthodontic treatment plan and/or payment arrangement contract on file for the named provider and family member to determine the eligibility of the request for reimbursement.

Monthly Payments For Orthodontic Treatment

- If arrangements have been made with the orthodontist for monthly payments, a copy of the orthodontic treatment plan and/or payment arrangement contract with the orthodontist must be included with the first request for orthodontia reimbursement.
- The reimbursement request form must indicate that the expense is being requested for orthodontia and should indicate the due date of the monthly payment, the provider name, the family member being treated, and the dollar amount being requested.
- All future requests for monthly reimbursement must include a fully completed, signed, and dated reimbursement request form, as indicated above.
- The FSA Administrator will then refer to the orthodontic treatment plan and/or payment arrangement contract on file for the named provider and family member to determine the eligibility of the request for reimbursement.
- Proof of payment is not required for monthly payments but TPSC Benefits can only pay for the monthly expense on the due date indicated on the orthodontic treatment plan and/or payment arrangement contract. If a paid receipt is included, which indicates a pre-payment of the monthly payment has been made, the payment can be released for that month.

Please Note: *The amount of the monthly payment or other periodic pre-payment may only be changed by providing TPSC Benefits a copy of the revised orthodontic treatment plan and/or payment arrangement contract from the orthodontist.*

Finance charges are not eligible for reimbursement under the Health FSA.

If you have additional questions please contact a TPSC Benefits Customer Service Representative at

Phone: 253.564.5611 ext. 210

Fax: 253.564.5881

Toll Free: 1.800.426.9786 ext. 210

Monday through Friday, 8:00 A.M. until 5:00 P.M.

You can also email your questions to benefitsupport@tpscbenefits.com.