

Orthodontia Reimbursement Overview and Calculator:

Each employer determines how they will allow ASIFlex to reimburse orthodontia expenses. Some employers allow employees to pay for the entire orthodontia contract in full, up front, and receive reimbursement for this expense at the time payment is made. Other employers only allow employees to be reimbursed for a reasonable down payment (at the time this payment is made), and a monthly contracted amount. For specifics on your plan, please refer to your Enrollment Guide, or contact ASIFlex's customer service department at (800) 659-3035.

In order to receive reimbursement for orthodontic work, a copy of the original contract must be submitted to ASIFlex showing the total dollar amount the participant is responsible for, less any down payment amount as well as the estimated length of time the treatment will last.

Below, example one describes how ASIFlex can reimburse participants who work for an employer that allows full upfront payment of the contract. Example two describes how a reasonable down payment and monthly contracted amount may be reimbursed.

Example 1: Dr. Johnson (the Orthodontist) offers a 10% discount for orthodontic contracts that are paid in full, up front. Sue Johnson pays the full contract cost of \$3,600 (a 10% discount of the full contract price of \$4,000) up front and submits a claim to ASIFlex for reimbursement. Ms. Johnson's employer allows ASIFlex to pay for orthodontic expenses as they are paid, so assuming all proper documentation is submitted with the orthodontic receipt, ASIFlex will approve the claim and Ms. Johnson will be reimbursed.

Example 2: Sue Johnson works for an employer that does not allow full upfront payment. Ms. Johnson makes a reasonable down payment of \$1,000 and arranges monthly installments for the 15 month contract period of \$200 per month. Ms. Johnson submits a copy of the contract, along with the proof of payment for the down payment and the first monthly installment to ASIFlex for reimbursement. Each month an installment is made to the orthodontist, Ms. Johnson submits proof of payment to ASIFlex for reimbursement, until the 15 month contract expires.

Either proof of payment or proof that the expense has been incurred must be submitted with your reimbursement request.

Monthly Installment Orthodontia Reimbursement Calculator:

Total Cost of Treatment	
Insurance Portion	
Patient's Out-of-pocket expense	
Initial Down Payment	
Expected Length of Treatment (in months)	
Amount you can be reimbursed per month	

If you have further questions regarding how orthodontic reimbursement works, please contact ASIFlex's Toll-Free Customer Service Center at (800) 659-3035, Monday through Friday, 7:00 a.m. to 7:00 p.m. or Saturday, 9:00 a.m. to 1:00 p.m. Central Standard Time.