

**Orthodontia Reimbursement Overview and Calculator:**

Orthodontic expenses are reimbursed according to the prorated monthly fee. ASI can reimburse the initial down payment amount and then must breakdown the remainder of the charges according to the monthly fee assessed. In order to receive reimbursement for orthodontic work, a copy of the original contract must be submitted to ASI 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. For example, if the total participant responsibility for orthodontic work is \$4,000, the initial down payment amount is \$1,000 and the expected treatment time is 15 months, ASI can reimburse the \$1,000 initially and then \$200 per month thereafter. Per IRS regulations, ASI is required to see that the down payment and monthly payment(s) has been paid in order to issue the reimbursements. Please remember that even if you pay for the entire amount of the orthodontic work up front, the expenses will be reimbursed only on a monthly basis.

However, if you pay the orthodontist the entire amount up front, you can submit a claim request for the entire plan year. ASI will reimburse you the prorated monthly amount each month. In order to get the auto payment set up, please submit a claim form requesting reimbursement for the month that the braces were put on to the end of the current plan year, along with the expected monthly reimbursement amount (total cost, less insurance, divided by expected months of treatment). You must also include a copy of the contract with your orthodontist, proof of payment (cancelled check, credit card receipt, paid receipt, etc.) and a short letter from you detailing what you are requesting and how you came up with the dollar amount. Please also include a daytime phone number so an ASI benefits counselor can contact you with any questions.

Payment will be issued on the first business day of each month. If the duration of the treatment spans more than one plan year, you must submit a new request with the same information required to initially set up the program, at the beginning of every plan year.

**Orthodontia Reimbursement Calculator:**

Total Cost of the Treatment	_____
Insurance Portion	_____
Patient's Obligation	_____
Initial Down Payment	_____
Expected Length of Treatment ( <i>in months</i> )	_____
Amount you can be reimbursed per month:	_____

If you have questions regarding how orthodontic reimbursement works, please contact ASI's benefit counselors Monday through Friday, 7 a.m. to 7 p.m. Central Time at (800) 659-3035.