

Orthodontic Information

Overview

There is a \$2,000 LIFETIME cap on orthodontia reimbursement per individual under age 26, payable during one or more plan years.

Orthodontic claims are calculated at 100% reimbursement until the lifetime max has been reached.

Orthodontic benefit is available to individuals through the last day of the month in which they turn 26 years old.

Orthodontic costs refers to the expense incurred from dental orthopedic correction of abnormal dental relationships including related abnormalities in facial structure, as well as appliances such as, but not limited to aligner trays, permanent and replacement retainers. There may be treatment at dental office that are coded and classified as orthodontics, the code used will determine if the treatment is considered dental or orthodontic.

Pre-Treatment Planning

Your orthodontic claims are processed based on the date of payment, not the date of treatment. Be sure to submit your claims within the appropriate plan year to receive reimbursement.

If you are considering using a Flexible Spending Plan/Health Savings Account (pre-tax dollars). Keep your copy of Explanation of Benefits from DCUE Dental as documentation for you to submit a claim to your pre-tax dollar account. Contact your account holder for instructions/details. Claims should be processed through DCUE Dental before making a claim to your Flex Spending/HAS account. If you pay with a benefit card then your payment is not eligible to be reimbursed by DCUE Dental.

If you are thinking about using aligner type treatment for orthodontia (i.e. Invisalign), through a third-party online company, contact DCUE Dental to make sure your treatment/aligners are eligible for reimbursement.

Filing Orthodontic Claims

A copy of the **Treatment Plan/Payment Plan/Financial Agreement** with your FIRST orthodontic claim submission is required. Treatment chare and payment plan details are required.

A basic receipt/ledger showing **proof of payment** is your supporting documentation- "itemized statement". It should be a receipt from the orthodontic/dental office that includes the patient's name/account, date and dollar amount of payment.

Fully complete all sections of Claim Form (A); please be sure to mark if there is other insurance in Section 3 and that you have attached an itemized statement in Section 4. Include the *date the payment(s)* was made and the amount. Attach a receipt(s) that includes the payment(s) you are requesting reimbursement for.

If there is other insurance involved an EOB from your primary insurance is NOT required, however the primary insurance portion/expected coverage amount needs to be indicated on your treatment plan from the orthodontist.

You may file for reimbursement monthly or group together multiple payments, there is no need to complete a separate claim form for each individual payment when submitting at the same time. There is no late filing penalty for orthodontic claims. Be sure to submit your claim within the appropriate plan year. The **absolute deadline** for ALL claims, each plan year, is October 31.

Do NOT file claims that overlap two program years on the same claim form (i.e. do not file August and September payments, on the same form).

The dental program automatically computes when the patient has reached the \$2000 LIFETIME limit and a notification to that effect will appear on your Explanation of Benefits.

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