

Orthodontia Expenses (Braces) Health Care Flexible Spending Account



Employees may use their Health Care FSA for orthodontia expenses (braces), **however there are specific rules and guidelines.**

The State of Delaware allows employees to be reimbursed for a **reasonable** down payment (at the time the payment is made), and a monthly contracted amount. **Claims submitted for upfront payments paid in full will not be eligible for reimbursement under the State of Delaware's Health Care FSA.**

If such payments are made on an ASIFlex Debit Card, the employee may be required to pay the amount back to the Plan.

How do I receive reimbursement for Orthodontia Expenses?

In order to receive reimbursement for orthodontia expenses (braces), **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.

Orthodontia expenses (braces) are incurred at the time a monthly payment is due and paid. These monthly payments **must** be spread out evenly over the expected period of treatment. You may also submit a claim for a reasonable down payment of the orthodontic treatment if the down payment is made at the time the braces are placed.

Important things to consider:

- ↳ Claims for payments made prior a due date or that otherwise do not meet the above requirements **will not be processed.**
- ↳ Claims for the entire fee paid at the beginning of treatment or claims for an entire year's payments made at the beginning of the year **will not be processed.**
- ↳ To claim a **reasonable** down payment, you must include a copy of the treatment contract and payment schedule along with proof of payment or a receipt of payment stating the date the braces were placed.

Example: Pat works for the State of Delaware and her Health Care FSA **does not** allow full upfront payment. Pat makes a reasonable down payment of \$800 and arranges monthly installments for the 15-month contract period of \$200 per month. Pat submits **1) Copy of the Contract 2) Proof of Payment for the Down Payment and 3) Proof of Payment for the first monthly installment** to ASIFlex for reimbursement.

Each month an installment payment is made to the orthodontist, Pat submits proof of payment to ASIFlex for reimbursement, until the 15-month contract expires.

If you have questions about using your Health Care FSA dollars for orthodontia expenses, visit www.asiflex.com or email asi@asiflex.com.

Have Questions?

Please contact the Statewide Benefits Office Customer Service Team by phone at 1-800-489-8933 or by email at benefits@delaware.gov.