

GUIDELINES FOR DENTAL/VISION PLAN REIMBURSEMENT

- An **itemized statement of services rendered**, from the provider, is **required** for each claim submission.
- **Claim forms must be completely filled out**, do not write “See Attached” on the claim form—doing so may cause your claim to be denied.
- Ensure that you **inform GRCC Human Resources of any address changes**. Any discrepancy in addresses may delay the processing of your claim.
- **Do not** to send in copies of personal checks and/or credit card statements as proof of payment/receipt; an actual receipt from the provider needs to be submitted.
- **Do not** submit photos of claim forms or photos of receipts. This makes it much harder for the claims analysts to decipher and claims may be denied.
- **A separate claim form needs to be submitted for each patient**. If ASR receives a claim form and/or bills that **do not** clearly separate expenses by patient, ASR will suspend the claim and request a separate claim form by patient. **Claim forms have been posted on GRCC’s HR website.**
- Expenses must be considered eligible for reimbursement per the ASR Plan Document. **The current reimbursement of warranties/insurance for eyeglasses is not permissible**. A list of reimbursable expenses can be found in the ASR Plan Document that is available on the GRCC Employee Benefits webpage, or you may stop by the HR/Benefits Department to look at a copy.
- **Oral Surgery—Removal of Wisdom Teeth**: be sure to check with your health insurance provider (BC/BSM Customer Service: (877) 752-1233 regarding coverage as ASR will require an EOB for this type of service when reimbursement is submitted.
- **Since our plan is a “secondary plan”, GRCC requires** ASR to determine if there is other primary insurance available, and requires a **copy of the primary carrier’s Explanation of Benefits (EOB)**, when applicable.
If an employee indicated on the ASR Enrollment Form that a spouse or dependents have other insurance, an “EOB” will be required from the primary carrier, and should accompany your initial claim submission. Without an “EOB”, ASR will pend the claim and request additional information regarding possible other insurance.
- **Orthodontics**: Reimbursement for orthodontics is only available on the initial payment for services, and then for each additional monthly payment on the balance. The plan will **not** reimburse a participant a one lump-sum payment at the end of the treatment period. When submitting a reimbursement request for orthodontic services, please provide ASR with the orthodontic contract, which details the total cost, the initial down payment, the monthly payment schedule, and the date on which the contract will be paid in full.
- **Any bills that are not “paid in full” will not be reimbursed**, until they are paid in full. Any bills for services that are not being treated currently will be denied as an ineligible expense.
Exception: If services are for **Orthodontics**, monthly payments will be reimbursed only during the period of time services are being rendered.
- **Procedure codes** are used for all dental procedures. To speed up processing, ask your dentist to include the code on your receipt, then transfer the code to your claim form when requesting reimbursement.

We have attempted to summarize the established processing guidelines to minimize future frustration and confusion. Please feel free to contact HR/Benefits with any questions or, if you need additional clarification on any related area.