

How to Submit Reimbursement Request for Oral Surgery—Removal of Wisdom Teeth

GRCC's dental and vision reimbursement 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 has dental insurance through any other source, an "EOB" will be required from the primary dental insurance carrier or any other plan that provides coverage for services.

In addition under GRCC's dental and vision reimbursement plan, if services are covered under the medical plan, the medical plan will provide primary coverage and dental reimbursement plan will coordinate coverage on any balance. Please note: WMHIP Community Blue Plans do provide coverage for oral surgery. Oral surgery coverage was expanded; the benefit allows dental surgery for the removal of wisdom teeth whether simple, full or partial bony (impacted or not impacted).

Information for employee's with other dental insurance coverage:

All claims should be submitted to the dental insurance carrier first. Any other dental insurance coverage is considered primary under GRCC's dental and vision reimbursement plan. The dental insurance carrier should provide you with an Explanation of Benefits (EOB). Balance not covered by dental insurance can be submitted to BC/BS and/or ASR for reimbursement.

Employees with other dental insurance coverage and covered under WMHIP-Community Blue Plans

Any unpaid balance from the dental insurance carrier should be submitted to BC/BS for reimbursement. **Follow instruction on how to submit your claim to BC/BS**. Balance not covered by BC/BS (if any) can be submitted to ASR for reimbursement.

Submitting claim to ASR:

Complete the dental reimbursement claim form and submit completed form along with the itemized paid receipt from the provider, copy of the dental insurance carrier EOB and BC/BS- EOB (explanation of benefits).

Employees with other dental insurance -covered under WMHIP-Simply Blue plans or waive GRCC medical coverage

Balance not covered by dental insurance can be submitted to ASR for reimbursement.

Submitting claim to ASR:

Complete the dental reimbursement claim form and indicate on the claim form that you are enrolled under the Simply Blue health plan or waive GRCC medical coverage. Submit completed form along with the itemized paid receipt from the provider along with a copy of the dental insurance carrier EOB. ASR will contact HR/Benefits to verify coverage information before processing your claim.

Information for employee's enrolled under the WMHIP- Community Blue Health Plans:

Employees and dependents enrolled under the Community Blue Health Plans (Select 1, Select 5, Versatile or H.S.A (*High Deductible Health Plan*)) oral surgery coverage was expanded; the benefit allows dental surgery for the removal of wisdom teeth whether simple, full or partial bony (impacted or not impacted).

Please view your medical plan highlights for description of coverage listed on Page-3, under Surgical Services: Oral Surgery Wisdom teeth extractions. WMHIP plan highlights can be found on the HR website:

<https://www.grcc.edu/humanresources/employeebenefits/healthbenefitinformation>

***Instruction on How to submit your claim to BC/BS:**

You will need to submit your claim to your medical plan, by completing the [BC/BS application for payment consideration form](#). Please follow instructions on the application and submit completed form with required documentation to:

Blue Cross Blue Shield of Michigan
Member Claims MC 0010600
E. Lafayette Blvd.
Detroit, MI 48226-2998

Please allow 6 weeks for processing. If you need to check on the status of your claim you can contact BC/BS of Michigan Customer Service at 877 752-1233. Once claim processing is finalized, BC/BS will issue the explanation of benefits and reimbursement. Balance not covered by BC/BS (if any) can be submitted to ASR for reimbursement.

Submitting claim to ASR:

Complete the dental reimbursement claim form and submit completed form along with the itemized paid receipt from the provider and copy of the BC/BS- EOB (explanation of benefits).

Information and Instructions for employees enrolled under the WMHIP Simply Blue Health Plans

Employees and dependents enrolled under the **WMHIP Simply Blue Health Plans** (Select 5-tiered or Versatile-tiered) oral surgery is not a covered benefit under the Simply Blue plans. Submit oral surgery claim reimbursement request to ASR.

Submitting claim to ASR:

When you complete the dental reimbursement claim form you must indicate on the claim form that you are enrolled under the Simply Blue health plan. You can write this on the claim form. Submit completed form along with the itemized paid receipt. ASR will contact HR/Benefits to verify coverage information before processing your claim.

Employees waiving GRCC's medical plans:

Submit oral surgery reimbursement request to ASR.

Submitting claim to ASR:

Employees that waive GRCC's medical coverage. When you complete the dental reimbursement claim form you must indicate on the claim form that you waive GRCC's medical coverage. You can write this on the claim form. Submit completed form along with the itemized paid receipt. ASR will contact HR/Benefits to verify coverage information before processing your claim.

We have attempted to summarize the established processing guidelines for oral surgery 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. HR/Benefits (616) 234-4175 or (616) 234-4052.