

# Use your health care FSA for orthodontic costs

Put your FSA to work for you. Use your tax-free dollars for orthodontic care.

## Get the most out of your FSA

Using your health care Flexible Spending Account (FSA) is a smart way to help you pay for your orthodontic costs.

With an FSA, you can elect to have money taken from your pay on a pretax basis. Then you can use the money for reimbursements on your or your dependents' eligible, out-of-pocket health care expenses. It's budgeting made easy!

Check out the examples below to see how an FSA works with orthodontic costs.

### HERE'S HOW IT WORKS

Let's say that your treatment starts January 2009

Total cost for 24 months of treatment	\$4,000
Estimated amount covered by insurance	-\$1,000
Amount your FSA can reimburse you	\$3,000
Your January 2009 down payment	-\$700
Amount due for treatment minus the down payment	\$2,300
Monthly treatment cost for February 2009 to December 2010	\$100

So in 2009, you can expect to spend \$1,800 — that's \$700 for your down payment, plus the \$1,100 for your monthly payments from February to December. This means that in 2009 you can be reimbursed for \$1,800!

### What does this mean for 2010?

Well, it's simple. If you want to receive full reimbursement for the treatment, you must remain enrolled in an FSA. After 2009, you'll have \$1,200 left to pay for your treatment (\$3,000 – \$1,800). So if you re-enroll your Aetna<sup>+</sup> FSA for 2010, you can receive \$1,200 (\$100 x 12 months) in that year.

What if treatment begins in a month other than January? No problem. If orthodontic treatments begin in May for example, you would determine the amount you need to set aside in your FSA based on the cost from May to December.



## How to get reimbursed

It's easy to get reimbursed for eligible orthodontic expenses. Just follow the steps below.

- After the first orthodontic visit for child or adult braces, send us:
  - > A completed and signed FSA health care claims form.
  - > The orthodontic treatment contract. This might also be called a financial agreement. It should include:
    - total treatment cost and estimated insurance payment
    - treatment start date and duration
    - proof of partial or full down payment
  - > A receipt or statement from the orthodontist with the following; cancelled checks will not be accepted as proof of payment:
    - patient's name
    - provider's name and address
    - service date(s) and type
    - dollar amount charged
- Submit all required documentation at once.
- Make sure the charges you submit are eligible for reimbursement within your current plan year. If your FSA runs from January 1 through December 31, 2009, the service date must fall within that period.

## Choose how you want to be reimbursed

Using the example provided, if you pay:

- **\$700**, your down payment, and then \$100 each month, we only need proof of payment for the down payment, not for the monthly amounts.
- **\$1,800**, your down payment plus the 2009 monthly payments, in a lump sum, just send us proof of payment for the entire amount.
- **\$3,000**, the total treatment cost, the amount you are eligible for each year remains the same — \$1,800 for 2009 and \$1,200 for 2010. Again, this is because your FSA will only reimburse you for services that occur in your current plan year.

With this in mind, you would submit the proper proof of loss showing the \$1,800 for your 2009 services. Then in 2010, if you renewed your FSA, you would do the same for the \$1,200.

*An automated reimbursement option, "Streamline," may also be available to you. Check your Summary Plan Description for more details or contact Member Services. With streamline, your orthodontist submits a claim to Aetna. Then we process it and reimburse you automatically from your FSA. You may need to manually submit proof of payment for any amount over your scheduled insurance benefit.*



**Take advantage of your FSA today! To find out more, visit [www.aetnafsa.com](http://www.aetnafsa.com) or call Member Services.**

\*Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies (Aetna). FSA plans are administered by Aetna Life Insurance Company.

This material is for informational purposes only. Dental expenses must be submitted to the supplemental plan before submitting to your Aetna FSA. Eligible out-of-pocket expenses incurred during the year will be reimbursed from your FSA with tax-free dollars. Estimate your contributions carefully. Unused contributions will be forfeited either after the last day of the plan year or two months and 15 days into the following plan year, depending on your plan design. While this material is believed to be accurate as of the production date, it is subject to change. For more information about Aetna plans, refer to [www.aetna.com](http://www.aetna.com).