

# GUIDELINES FOR DENTAL/VISION PLAN REIMBURSEMENT

**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.

A separate claim form needs to be submitted for each patient.

An **itemized statement of services rendered**, from the provider, is **required** for each claim submission.

Ensure that you **inform GRCC Human Resources of any address changes**. Any discrepancy in addresses may delay the processing of your claim.

**Do not** 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.

Expenses must be considered eligible for reimbursement per the Dental and Vision Reimbursement Plan Document.

**The current reimbursement of warranties/insurance for eyeglasses is not permissible.** A list of reimbursable expenses can be found in the Plan Document that is available on the GRCC Employee Benefits web-page at: <https://www.grcc.edu/humanresources/employeebenefits/dentalandvisionreimbursementbenefitplan>

**Since our plan is a “secondary plan” GRCC requires** Flex Administrators 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 Enrollment Form that a spouse or dependents has other insurance an “EOB” will be required from the primary carrier and should accompany your initial claim submission. Without an “EOB” Flex Administrators will pend the claim and request additional information regarding possible other insurance.

**Coverage for Oral Surgery-Wisdom Teeth Extraction** is covered under the WMHIP Community Blue Health Plans. Please review instructions on how to submit your reimbursement request to BC/BS. Instruction are posted on the HR/Benefits Website under Dental and Vision Reimbursement Plan.

Flex Administrators will require an EOB for this type of service.

**Orthodontics:** Reimbursement for orthodontics is only available on the initial payment for services (maximum initial down payment limit 25%), 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 Flex Administrators 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.

**Submit Claim**-sign and date the claim form where indicated, attach the EOB from the other health plan, (if you have other coverage), attach a copy of the itemized bill or invoice, attach evidence of payment, and then submit all to Flex Administrators via one of the following methods:

Mail: Flex Administrators  
3980 Chicago Drive-Suite 230  
Grandville, MI 49418

Email: [claims@flexadministrators.com](mailto:claims@flexadministrators.com)  
Fax: (616) 454-6090  
Phone: (616) 456-7908

*Please feel free to contact HR/Benefits at (616) 234-4175 or (616) 234-4052 with any questions or, if you need additional clarification on any related area.*