



FLEXSYSTEM ORTHODONTIA CONTRACT

A NEW CONTRACT IS REQUIRED AT THE BEGINNING OF EACH PLAN YEAR

CLIENT NAME: THE MCCLATCHY COMPANY

CLIENT ID: 4701-9830-5604

PARTICIPANT NAME: _____

PARTICIPANT ID: _____

PROVIDER NAME: _____

ADDRESS: _____

INITIAL DOWN PAYMENT: \$ _____ DATE PAID _____

AMOUNT PAID PER MONTH: \$ _____

PLAN YEAR COST: \$ _____

(Please list **TOTAL PLAN YEAR COST** of orthodontia expenses **WITHIN** your Plan Year, even if amount exceeds Plan Year maximum)

DATES OF SERVICE WITHIN PLAN YEAR: ____/____/____ - ____/____/____

(Please specify only the dates **WITHIN** the Plan Year that you will be contracted with the aforementioned provider)

The above information is true and correct.

Signed by Orthodontist

Date

THIS INFORMATION, WHEN SIGNED, WILL COVER YOUR ORTHODONTIA RECEIPTS (FOR THE CONTRACT AMOUNT) FOR THE CURRENT PLAN YEAR ONLY, OR UNTIL YOU ARE NO LONGER INCURRING EXPENSES, WHICHEVER COMES FIRST.

I understand, by endorsing any reimbursement checks, I confirm the Medical Reimbursement expenses, for which the check is issued, have been incurred, that no other coverage applies, and that the expenses have been incurred for eligible dependents.

Employee Signature

Date

Should your amount or provider change, it is your responsibility to keep us informed of these changes and submit a new contract to TASC immediately.

TASC • Premium Service • PO Box 14629 • Madison, WI 53708-4629 • 1-800-422-4661 • Fax: 608-661-9602

The information in this communication is confidential and may only be used by the authorized Recipient for its intended purpose. Any other use or disclosure is prohibited.

MEDICAL REIMBURSEMENT ACCOUNT

ORTHODONTIA EXPENSES

According to the IRS guidelines, orthodontia treatment can be reimbursed from a Medical Reimbursement Account in two different methods, which depend on the type of financial agreement between the orthodontist and responsible party.

1. **Full Reimbursement:** In this case, the orthodontist must specify that the full cost of the orthodontic services must be prepaid, or paid in full, at the beginning of the treatment. If the orthodontist does not provide other financial payment options, the full amount of the charge incurred (up to the participant's full annual election) can be reimbursed upon payment to the provider.
2. **Periodic Reimbursement:** In this case, the orthodontist may offer two or more financial payment options from which the responsible party can choose. Regardless of the method chosen by the responsible party, reimbursement must be issued in accordance with the length of the orthodontic treatment. For example, if the patient has treatment for 24 months, and the total cost of the treatment is \$2,400.00 (regardless of payment option chosen), the maximum reimbursement amount per month is \$100.00.

Due to the nature and recurrence of orthodontia expenses, TASC offers two methods of reimbursement for participants in the Medical Reimbursement Plan.

1. **Voucher Submission Reimbursement:** The participant can submit their proof of expenses (supporting documentation) along with a Request for Reimbursement form (voucher) to TASC at any time. Reimbursement checks will be issued based on a preset reimbursement schedule that coincides with their employer's current payroll schedule.
2. **Orthodontia Contract Reimbursement:** The participant and their orthodontist can obtain a FlexSystem Orthodontia Contract from TASC. The participant and the orthodontist will need to complete the form and then submit it to TASC. Reimbursement checks will be issued based on a preset reimbursement schedule that coincides with their employer's current payroll schedule. The contract will only need to be submitted once for each Plan Year, unless any of the information contained in the contract changes. **Please refer to the FlexSystem Orthodontia Contract on the reverse side.**