

DENTAL DIRECT REIMBURSEMENT PLAN



Eligible employees can select one of the following two dental reimbursement plan options:

The Dental Direct Reimbursement Plan is a self funded dental plan through which District and employee premium contributions fund the claim payments processed by a third party administrator. Under the Dental Direct Reimbursement Plan:

- You may use any dentist of your choice
- You pay the dentist at the time of service. Then submit a claim form (available on the District Intranet under Human Resources-Benefits) along with the dentist's bill outlining services performed. Providing all information is submitted, reimbursements are normally received within two weeks of submission.

- **High Option Dental Reimbursement schedule** for each enrollee per plan year:*

- o 100% of 1st \$200
- o 50% of next \$3600

Maximum reimbursement = \$2000 per enrollee per plan year, including orthodontia benefits.

- **Low Option Dental Reimbursement schedule** for each enrollee per plan year:*

- o 100% of 1st \$200
- o 50% of next \$1600

Maximum reimbursement = \$1000 per enrollee per plan year

Orthodontia benefits are NOT included in the Low Option plan.

***Late entrants are eligible for one half the benefit schedule for a period of time as outlined in the following summary plan document.**

You must complete the enrollment form, electing the dental plan option of your choice in order to be enrolled in the dental plan. If you enroll dependents, you must also enroll in the same option.

You may enroll dependents in the dental plan without enrolling them in a district group health, vision, or dependent life insurance plan.

If you do not enroll in one of the two dental plan options upon hire when first eligible, your next opportunity to enroll will be during an open enrollment period unless you have a change in family/employment status.

If you enroll at a later time rather than when first eligible, you will be considered a “late entrant” with reduced benefits for a period of time as described in the plan document. Please see the following pages for additional information on the dental plan options.

HOW DO YOU CHOOSE THE DENTAL PLAN OPTION THAT’S RIGHT FOR YOU?

Some questions you might ask yourself in deciding on a dental plan option are:

- o What can I afford to spend each month for dental premiums?
- o How much dental work do I anticipate I or my enrolled family members may need in the next year?
- o Do I need orthodontia coverage?



Additional savings through the Sec. 125 Healthcare Spending Account!

Remember: You can fund your dental out-of-pocket expenses on a pre-tax basis through monthly payroll deductions to a Section 125 Healthcare Spending Account (HCSA). As an HCSA participant, you can then request reimbursement for your out-of-pocket dental expenses from your HCSA by submitting a copy of the dental bill and reimbursement summary. Because the funds in your HCSA were withheld on a pre-tax basis, you increase your savings. Please refer to the Section 125 portion of this booklet for details.