



# LISD DENTAL PLAN

# Reimbursement Program Plan Specifications

## **Purpose**

The purpose of this plan is to provide financial assistance with dental expenses for covered employees and their families.

## **Covered Employees and Dependents**

Coverage for eligible employees is effective their start date or the 1<sup>st</sup> of the month following their actively at work date. Employees may cover their eligible dependents. The cost per month is as follows:

Employee Only	\$ 0.00
One Dependent	\$20.00
Two or more dependents	\$40.00

Employees may drop/add dependent coverage during the month of November only. Dependents added will require a 90-day waiting period after the Risk Management Office receives the change. Dependent eligibility for the Dental Expense Reimbursement Program will be the same as outlined in the LISD Employee Group Health Plan. Newborn coverage begins from the date of birth if added within 30-days of birth. Spouse coverage begins from the date of marriage if added within 30-days of marriage. Dependent child coverage ceases at the end of the month of the 26<sup>th</sup> birthday. (Unless the birthday falls on the 1<sup>st</sup> of a month.)

## **Coverage**

All procedures performed by or under the direction of a dentist licensed by the state in which the provider practices are covered without limitation. Dental prescriptions for medication are not covered by this plan. The program will not reimburse for dental services covered under any current health and/or accident plan, (i.e. services necessitated by accident).

## **Program Changes**

LISD reserves the right to make changes in benefit levels, annual maximum, or other provisions of the program. Employees will be notified of changes at least one month prior to the effective date of the change.

## **Reimbursement Plan**

This plan will reimburse directly to the employee at the rate of 100% of the first \$100, 80% of the next \$250, and 50% of the next \$1400 of eligible expenses for a total reimbursement per covered individual of \$1,000 per plan year (Jan 1<sup>st</sup> to Dec 31<sup>st</sup>). Each employee and dependent is a covered individual. Reimbursements are based on the date of payment, not on the date of performance of the procedure.

## **Claim Procedure**

An employee must complete a Dental Reimbursement Form and submit the completed form along with a receipt, charge card receipt, or a canceled check. All receipts must be original; copies are not acceptable. Claims must be filed within 90-days of payment to be valid. Reimbursement benefits cannot be assigned to a provider. Complete a separate claim form for each dependent.

## **Co-coverage**

Reimbursement for coverage on dependents will be secondary to any dental insurance plan. For dependent claims involving other insurance, an insurance payment statement must be included with the reimbursement claim. Reimbursement involving other insurance will be made using the appropriate sharing percentage of the unpaid amount.

## **Reimbursement Schedule**

Reimbursement claims process in the order received in the Risk Management Office. Exceptions will include holidays, vacation days of staff or other unforeseen emergencies. All claims process for payment in a timely manner. Direct Deposit will deposit in the same account employees have set up in Payroll. Checks, when issued, mail to the campus/department unless otherwise requested. All checks mail to the home during the summer and right before holidays. It is the employee's responsibility to keep their bank account and address current with the school district.

## **Periodic Review**

In order to continue this excellent coverage at reasonable rates in future years, it is important for each of us to work together and with members of the dental profession to make this program work. We ask that you have only those services performed that you would have done if you had no reimbursement plan. Please do not unnecessarily prepay dental bills. This places an undue burden on the resources of the plan. It only shifts needed resources of the plan to the provider. Abuse, misuse, or unneeded use of the program could lead to its cancellation or make the cost prohibitive.