Amarillo ISD Dental Reimbursement Plan

Plan Summary

The Dental Reimbursement Plan (DRP) will reimburse the employee 80% of the first $250.00 of paid expenses and 50% of the next $1,600.00 of paid expenses, to a total reimbursement of $1,000 per covered individual per plan year. The DRP is not insurance, but a reimbursement plan.

Service	Reimbursement Schedule
Preventative **Basic** **Major** **Orthodontia**	**80% for the first $250 paid to the Provider** **50% for the next $1,600 paid to a Provider** **$1,000 annual reimbursement limit (all services)**

Coverage and Eligibility

Initial Waiting Period
Coverage goes into effect 28 days after the first day of employment beginning on the 1st of the following month.

Who is Eligible
Coverage is offered to full time employees (1050 hours per year) and their Spouse and dependents. Employees and their dependents that enroll during the first 30 days of employment have no waiting period.

Once enrolled in the plan, participants **cannot** drop or change their coverage until the next open enrollment, unless there is a Family Status Change (e.g., marriage, divorce, birth, adoption, death, change of dependency status of child, loss of coverage, etc.). You have 30 days from the date of a qualified family status change event to notify the Employee Benefits Office and make the change in your coverage. Dependents added due to a Family Status Change, which are reported within the 30 day requirement, are not subject to a six-month waiting period.

Dependent Eligibility

Dependents are defined as the employee's eligible family members including (1) spouse, (2) married or unmarried children up to age 26 (including stepchildren) or (3) totally disabled children to any age, provided they are unmarried and suffer from a physical or mental disability which causes their continued dependence on the employee. Documentation of dependency for a child may be required.

Secondary Waiting Period
Employees and their dependents who do not enroll during the first 30 days of employment, or who do not enroll themselves and/or their dependents during the first 30 days after a Family Status Change, may enroll themselves and/or dependent(s) during open enrollment. Persons enrolled as stated above are considered ***"Late Enrollees"***. Open enrollment is conducted each spring. Exact dates will be announced each year. The first payroll deduction for changes made during open enrollment will be in June.

NOTE: *There is a six month waiting period for late enrollees (e.g., coverage begins on January 1). Payroll deductions WILL BE made during this six month waiting period.*

A waiting period also applies to Employees who drop dental coverage for themselves and/or their dependents and then choose, at a later date to take out dental coverage again at open enrollment. Unless there has been a family status change, employees choosing to "re-enroll" in AISD Dental Reimbursement Program will be subject to *a six month waiting period for late enrollees (e.g., coverage begins on January 1). Payroll deductions WILL BE made during this six month waiting period.*

Plan Year

The plan year runs from July 1st to June 30th.

What is Covered

Procedures performed by, or under the direction of, a dentist licensed by the state in which they practice are covered by this plan. **Orthodontic treatments are covered subject to Dental Plan reimbursement limits.**

Exclusions (Not Covered)

- Whitening
- Veneers
- Dental prescriptions for medication
- Take home treatments
- Finance charges
- Loans
- Dental services covered under any current Medical plan and /or accident plan.

Orthodontia

Orthodontia is paid as any other claim reimbursed under the plan. An orthodontia agreement/payment schedule must be submitted with the first claim filed. A summary of orthodontia benefits are:

- No Lifetime Max
- Adult Orthodontia is Covered
- Initial agreement/payment schedule required when submitting payments for reimbursement.

How to File Claims

The participating employee must submit an original completed Reimbursement Claim Form to the Benefits Office within 90 days of payment to a dental provider. We strongly encourage you to submit your own dental form to the Benefits Office either by school mail or dropping it off in the Benefits Office yourself. This will ensure your claim has been received and processed in a timely manner. Claim forms are available on the AISD web page under Staff➔Benefits Information➔Dental. You may also pick up a claim form at the Personnel office. Submit one claim form per patient, for each payment made to a dental provider. Reimbursement will be based on the date service is completed and paid. Claims submitted for procedures that are still in progress will not be paid until the procedure is completed. Proof of payment must be attached to each claim form with a detailed description and payment schedule for services. Please allow 3 weeks for processing your claims.

Proof of Payment

Acceptable proof of payment is a paid receipt, charge card receipt, or canceled check**.** The procedures, fees, and dates performed must be indicated either on each claim form or on a signed statement from the dentist. If the claim form is not properly completed, or is submitted without proof of payment, it will be returned to the employee. Once corrected, the claim may be resubmitted within 30 days of denial. Reimbursements will be made only for procedures performed and paid for during the period of coverage under the plan. If the form is complete and all requested information is provided, processing should be completed within three business weeks.

Reimbursements will be by direct deposit for employees that receive direct deposit payroll. Employees may view claims when logged into PeopleSoft. At Menu, click: AISD for Employees>Self Service Home>Benefits Info>Dental Reimbursement Claims. Expenses paid for after benefit termination date will not be considered.

Secondary Coverage

The DRP will consider claims submitted by employees, dependents and spouses who are covered under an insurance plan secondary. Claims must be processed through other insurance coverage first. After the insurance plan has paid, the Explanation of Benefits (EOB) will have to be submitted with a claim form. Secondary payment of claims must be submitted within 90 days of completed treatment.

Additional Information

AISD reserves the right to make changes in the premium rates, benefits levels, annual maximum or any other provision of the program deemed necessary. Employees will be given 30 days notice of any changes.

In order to continue this excellent coverage at reasonable rates in future years, it is important for us to work together and with members of the dentistry profession to make this program work effectively. Employees are encouraged to have only those services performed which they would have had performed if no reimbursement plan existed. Abuse can lead to increased premiums and possibly the cancellation of the plan.

Plan premiums are paid through payroll deduction:

Employee Only	$20.00 monthly
Employee + One	$40.00 monthly
Employee + Two or More	$62.00 monthly