



Dental Reimbursement Plan



DENTAL EXPENSE REIMBURSEMENT PROGRAM

Revised 07-01-2011

Dental Expense Reimbursement Program

Purpose

The purpose of this Dental Expense Reimbursement Program is to provide some financial assistance for dental expenses for full-time Decatur County Board of Education employees. The Premium charge for an individual is \$10.00 a month payroll deducted, Spouse & Dependent Children can be included in the program for \$30.00 a month premium on payroll deduction. In order to be eligible for dental insurance you must meet the same criteria for State Health.

Effective Dates of Program

This Dental Expense Reimbursement Program runs from January 1, through December 31st of each year. There is NO carry over of unused dental allocation.

NOTE: Single coverage expires/terminates the last day on the job.

Family coverage holds an extension of 30 days after the employee's last pay period.

Covered Dependents

Your wife or husband (unless you're legally separated); and

Each unmarried*, dependent child (unless he/she is disabled and institutionalized at the time), if that child falls into any one of these 3 categories:

1. Your unmarried, dependent natural or legally adopted children under age 19.
2. Your unmarried, dependent stepchildren under age 19, if they live in your home on a permanent basis in a parent/child relationship at least 180 days out of the year and are legally dependent on you for financial support. You must provide advance certification of dependency and they must be listed on your application for coverage.
3. Other unmarried, dependent children under age 19, if they live in your home or on a permanent basis in a parent/child relationship and are legally dependent on you for financial support. You must provide court approved documentation of dependents and your children must be enrolled on the application for coverage.
4. Children in categories 1,2, and 3 who are between the ages of 19 and 26 who have never been married or divorced, who are not employed, full-time, and who are registered students in regular full-time attendance at an accredited secondary school, college, university, or institution for the training of nurses. (Regular full-time attendance means the child must be registered for the minimum number of credit-hours which the institution requires in its definition of FT)

NOTE* You must provide evidence that an "other, unmarried dependent child" is legally dependent on you. The evidence must be in the form of certification that is satisfactory to the Board of Education, generally, a judicial decree (court order or judgement) from a court of competent jurisdiction. The Board of Education's decision as to legal dependency or lack of it will be final.

NOTE* You must provide evidence that your child is a full time student in order to receive benefits on children 19 or over

Schedule
100% of the 1st \$150
per year
50% of the next
\$1,200
\$750 annual
maximum per covered
individual

Unmarried

“Unmarried” for the purpose of dependents eligibility under the Plan, means that your dependent (1) is not married now, and (2) never has been married, unless the marriage was ended by annulment. A divorce or legally separated dependent child will not qualify as an “unmarried” dependent child.

Reason

We care and are genuinely concerned about the health of employees and their families. This program encourages employees to seek dental care which improves their overall health, morale, and productivity. Remember, the key to good dental care is regular visits to your dentist for oral examinations and cleaning of teeth. Major Dental problems can often be avoided by preventative care, daily brushing and use of dental floss.

Covered Dental Expenses



All Dental procedures are covered dental expenses if provided by or under the direction of a dentist licensed to practice by the state in which he/she practices.

The program runs from January 1 through December 31st. In the event a person is employed by the Board of Education (Professional or supportive Employees) prior to January 1st of any given year, coverage for that individual will be effective on the first day of the next calendar month after he/she has completed one full calendar month of service. (example) A person is employed on June 4th of any year, coverage will be effective July 1st.

If a service is rendered by a dentist within the January 1st – December 31st time frame, the patient must submit a reimbursement request along with a paid cash receipt, charge card receipt, or cancelled check before the deadline. Failure to do so forfeits your claim.

Claim Payment Procedures

An employee must complete a dental reimbursement request form (from your supervisor, Central Office, or most local dentists). (Forms Available at the Central Office) or online at www.dcboebenefits.com. Please submit this completed form along with a paid cash receipt, charge card receipt, or cancelled check.

Claim forms in proper order submitted may be submitted weekly to the Central Office. Forms Completed and received by Monday will be completed and paid by Thursday of each week, except holidays and other special events. Claim forms should be complete and correct, incomplete submissions may delay your reimbursement. Exceptions may occur around holidays and vacation periods.

Note: If you (or a covered dependent), are covered under another dental plan, you should know about the provisions for the, “coordination of benefits”.

Coordination of Benefits

Essentially, the coordination of benefits (COB), provision exists to keep insured's from profiting from insurance. The COB provision stipulates that, where there is multiple coverage under benefit plans, the plans together won't pay any more than is necessary to reimburse 100% of the actual eligible charges incurred for the treatment. If a patient is the primary his/her place of employment is obligated to pay the claim first. Once the primary coverage is determined, any other coverage's on the same claimant are considered secondary coverage's.

Program Change

We, the Board of Education, reserve the right to make changes in the benefit levels and annual maximum or other provisions of the program. Employees will be notified of changes at least one month in advance of the effective date of change.

Note: False receipts will be considered as a fraudulent act and will be grounds for immediate dismissal.

Orthodontic Coverage

Should you need orthodontic care, remember that orthodontics is a highly specialized area of dentistry. Since the process takes a great deal of commitment on your part in terms of time and personal expense, we would like to suggest that you seek the services of a specialist in orthodontics. Only after a dentist has completed an additional 2 years of advanced post doctoral training can he declare himself a specialist in orthodontics. You may want to check to make sure the individual doctor who is going to do your orthodontics is a specialist.

Dental Expense Reimbursement Schedule

Schedule	
100% of the 1 st \$150.00 per year	
50% of the next \$1,200.00 per year	
\$750.00 Annual Maximum per covered individual	

Dental Reimbursement



Get your Preventative Care Visits





Danielhealth

Administration

George E Daniel Jr

Web: www.dcboebenefits.com

Web: mydcboebenefits.com

e-mail: dan@danielhealth.com

Phone & Fax: 229-246-3342

Cell: 229-416-7030

119 Donalson Street

Bainbridge, Georgia 39817

**Please check with your Local Dentist for
Discounts available to DCBOE Employees!**

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