

KATONAH-LEWISBORO SCHOOL DISTRICT EMPLOYEE DENTAL REIMBURSEMENT PROGRAM SUMMARY FOR ADMINISTRATORS AND SUPPORT STAFF

Eligibility for participation shall be limited to those employees regularly scheduled for minimum workweeks of 30 hours.

Covered dependents means the lawful spouse of the covered employee, and each child that is dependent upon the employee for support. Unmarried dependent children shall be covered until age 19 or 25, if a full-time student.

For Support Staff only, newly eligible employees must complete a twelve month limited coverage period. Benefit maximums will be pro-rated following completion of the limited coverage period to coincide with the regular benefit period.

Employee coverage and/or the dependent coverage will terminate on the earliest of the following dates:

1. Upon the termination of the active employment of the employee.
2. When the dependent ceases to meet the definition of a covered dependent.
3. When the employee ceases to meet the eligibility criteria.

The program's plan year is July 1 to June 30.

The program's claim filing deadline is 90 days from the date of service for Support Staff and 90 days from the end of the plan year for Administrators.

Lifetime is a word that appears in this program in reference to benefit maximums and limitations for charges. Lifetime is understood to mean while covered under this program. Under no circumstances does lifetime mean during the lifetime of the covered person.

ORDER OF BENEFITS

This dental reimbursement program will process its benefits AFTER another plan or policy has paid its benefits when

- A covered employee or dependent is covered by a group dental plan or policy: or
- A covered dependent is covered by their employer's dental program.

When a child is covered as a dependent and the parents are both covered under the Katonah-Lewisboro Dental Reimbursement Program, not separated or divorced, the benefits under the dental program of the parent whose birthday falls earlier in the year are determined before that of the parent whose birthday falls later in the year.

This program will not duplicate benefits for expenses that are covered and/or payable by the other plan/program; however, this program will allow:

- The other plan/program's unpaid deductible and coinsurance (not to exceed the charged amount); and
- Expenses that are not covered under the other plan/program.

An explanation of benefits statement must be submitted with the claim form.

DENTAL CARE BENEFIT SCHEDULE

MAXIMUM BENEFIT AMOUNT	
Dental Services Maximum per person or family per plan year	<p><u>Administrators:</u> \$2,050 per individual \$3,050 per family*</p> <p><u>Support Staff:</u> \$1,300 per individual \$2,600 per family*</p> <p>*No one person will be reimburse more than the individual maximum.</p> <p>Lifetime orthodontia limit is included in the plan year limit.</p> <p>Note: Support Staff only, the maximum benefit payable during the first eligible benefit period is \$375.</p>
Orthodontia Lifetime maximum per covered person	<p><u>Administrators:</u> \$2,650 per individual</p> <p><u>Support Staff:</u> \$1,250 per individual</p> <p>Lifetime orthodontia limit is included in the plan year limit.</p> <p>Note: Support Staff only, the maximum benefit payable during the first eligible benefit period is \$375.</p>
COVERED CHARGES	
Dental Percentage Payable	<p>100% of charges – employee 80% of charges – dependents</p>

PROGRAM EXCLUSIONS

Beyond Scope of License. Services or supplies given by a dentist that are beyond the scope of his or her license or rendered outside the state of jurisdiction.

Missed Appointments/Phone Consultations/Forms/No Care Given. Dental summaries, invoice preparation, completion of claim forms, or fees for missed appointments, telephone consultations, charges for standby services. Services or supplies not actually received by the patient or incurred by someone other than the patient.

Occupational. Care and treatment of an injury or sickness that is occupational – that is, arises from work for wage or profit including self-employment. Payment will not be made even if you or your dependents do not claim the entitled benefits.

Services Before or After Coverage. Care, treatment or supplies for which a charge was incurred before a person was covered under the program or after coverage ceased under the program.