

# KLDTA Benefits Trust

## Summary of Vision and Dental Benefits & Online Access

6/14/2023

The KLDTA Benefit's Trust Committee has enlisted the support of Zenith American Solutions to manage our vision and dental plan. If you have any questions, we encourage you to review this document and if you need further clarification then reach out to a committee member or Zenith using the contact information below.

- **Plan Year:** July 1 – June 30
- Benefits are effective from the first day of the first month of employment until the last day of the last month of employment
- Dependents are covered through the end of the month they turn 26 as long as the child is considered a dependent according to the Affordable Care Act
- Contact Zenith with treatment codes to determine the amount of coverage per procedure
- Benefits can be assigned to provider
- For certain dental procedures there is a 12-month waiting period from date plan enrolment

Dental	Ortho	Vision
<p><b>Member:</b>\$3000 <b>Dependents:</b> \$3000 Family Maximum:\$4250 <b>Deductible;</b> \$50 <u>per person</u> for: preventative, basic and major procedures. This will apply to members/their dependents and retirees/their dependents <b>Exclusions:</b></p> <ul style="list-style-type: none"><li>• During the first 12 months of employment the following benefits are not covered: bridges, crowns, periodontal surgery, dentures, implants or major oral surgery</li></ul>	<p>\$3300 life-time max per member or eligible dependent</p> <p>Orthodontia does not accumulate towards your maximum dental benefit <b>Exclusions:</b></p> <ul style="list-style-type: none"><li>• During the first 12 months of employment orthodontia is not covered</li></ul>	<p>\$375 per member and eligible dependents</p> <ul style="list-style-type: none"><li>• Submit the bill from your provider along with the Zenith form from the district website to be reimbursed</li><li>• <b>For members only</b> if your vision bill exceeds \$375 you can be reimbursed 80% of the portion of your payment that was not reimbursed by Zenith up to \$100. <b>Required documentation:</b> EOB, proof of payment along with the form <i>Vision-KLSD Reimbursement</i></li><li>• Members may be eligible for a small tertiary reimbursement from JJ Stanis. Please email Amanda Ottly <a href="mailto:aottly@klschools.org">aottly@klschools.org</a> at the district office for this</li></ul> <p>Lasik: Covered up to \$1000 per eye</p>

## Contact Information

Benefits Trust Committee	Zenith American Solutions
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