



DENTAL CARE

NORTH EAST ISD DENTAL PLAN

HUMANA

Specialty Benefits

FACTS

The NEISD Dental Care program is one of the most requested and desirable benefits offered by the District. Dental health is a sure sign of overall good health. Convenient, affordable dental care has never been easier to obtain than it is through NEISD.

HOW TO ENROLL

Eligible employees may enroll themselves and their eligible dependents within 31 calendar days of employment or during the annual open enrollment period by completing the necessary enrollment form.

WHO IS ELIGIBLE

All active full-time and part-time employees are eligible to participate. This would include your lawful spouse and eligible dependent children up to age 26.

HOW DOES THE PLAN WORK

Use of **Contracted Providers** is voluntary, making the choice to use providers in network will help control out of pocket expenses and avoid any balance billing. Use of non-contracted providers, members may be required to pay charges in excess of usual and customary fees.

Each year you pay a \$50.00 deductible per individual (maximum \$150.00 per family) for Basic Restorative, Major Restorative, and Orthodontia services combined. There is no deductible for Standard Preventive Care services.

If a Covered Person is also covered under another plan, we will coordinate the payment of plan benefits with the other plan so as to prevent duplicate payments for any allowable expenses.

CONTINUED PARTICIPATION IN DENTAL PLAN PAYS

You will notice that most benefit amounts and maximum annual benefits increase with continuing years of participation in the plan. This is to encourage continuous membership as well as regular dental care for you and your family. If you were to terminate your participation in the Dental Plan, and then decide to re-enroll during the next annual open enrollment period, you will begin with **year one** benefits.

PLAN HIGHLIGHTS

- ◆ Freedom to select any licensed dentist.
- ◆ Less out-of-pocket costs when contracted providers are used. Visit www.compbenefits.com for current provider listing and avoid balance billing. When non-contracted providers are used balance billing may occur. Enriched vision and hearing enhancement services and discounts are complimentary with your Dental Plan Enrollment.

What Is NOT Covered

Benefits will not be payable for any expense incurred for or in connection with:

- broken appointments or fees for the completion of claim forms;
- dentures which have been lost, stolen, or misplaced;
- facings on crowns or pontics posterior to the second bicuspid;
- dental treatment not approved by the American Dental Association or which is clearly experimental in nature;
- services or supplies rendered for dietary planning for the control of dental caries, plaque, or for oral hygiene instruction;
- services or supplies rendered for full mouth reconstructions, vertical dimension correction or for correction of temporomandibular joint dysfunctions;
- the result of accidental injury to natural teeth more than 12 months after the date of accident;
- services or supplies provided by or paid for by any government or government employed Dental Practitioner, unless the Covered Person is legally required to pay for such services or supplies;
- services or supplies covered by any Workers' Compensation Law or act or similar legislation or coverage;
- services or supplies provided solely for cosmetic purposes unless necessitated as a result of accidental injury sustained while covered under this Plan;
- services rendered by a member of the Covered Person's immediate family or a member of the immediate family of the Covered Person's spouse;
- prosthodontic appliances unless one (or more) natural tooth is necessarily extracted after the date the Covered Person became covered under this Plan;
- any treatment not prescribed by a dentist or physician or performed by a Dental Practitioner;
- services for which no charge would be made in absence of coverage provided by this Plan;
- war or act of war, whether declared or undeclared, or from military service for any country or organization;
- services rendered as a result of self-inflicted injury or illness;
- services rendered as a result of injuries suffered while:
 - ⇒ committing or attempting to commit a felony;
 - ⇒ engaging in an illegal occupation;
 - ⇒ participation in a riot, rebellion or insurrection.
- services which do not consist of treatment necessarily rendered. (Subject to the definition of usual, customary, and reasonable charges, that portion of the expense that would have been incurred for an alternate form of "necessarily rendered" treatment shall be a Covered Expense.)

NORTH EAST ISD DENTAL CARE PLAN

PROCEDURE	BENEFIT DESCRIPTION	YEAR 1	YEAR 2	YEAR 3
Type A	Standard Preventive Care Preventative and Diagnostic- Oral Exams, Emergency Treatment, X-Rays, Prophylaxes (Teeth Cleaning), Periodontal Prophylaxes and Fluoride Treatment	100%	100%	100%
			No Waiting Period No Deductible	
Type B	Basic Restorative Care Basic Restorative and Corrective - Fillings, Periodontic Services (Gum Disease) Anesthesia, Oral Surgery, Denture Adjustments, and Root Canal Therapy (Endodontics)	40%	60%	80%
			No Waiting Period Deductible Applies	
Type C	Major Restorative Care Major Restorative and Corrective- Inlays, Onlays, Crowns, Implants, Posts, Denture Installation and Repairs	NONE	30%	50%
			12 month Waiting Period Deductible Applies	
	ANNUAL DEDUCTIBLE	\$50	\$50	\$50
	Maximum Annual Benefit \$50.00 Deductible Annually per Covered Individual to a Maximum Of \$150.00 Annually per Family	\$750	\$1,250	\$1,750

ORTHODONTIC DENTAL BENEFITS

		YEAR 1	YEAR 2	YEAR 3
Type D	Orthodontia Comprehensive full banded treatment and fixed or cemented appliances for tooth guidance. Correction of malocclusion of jaws or other teeth irregularities by mechanical means.	NONE	25%	50%
			12 month Waiting Period Deductible Applies	
	Annual Deductible*	NONE	\$50	\$50
	Maximum Annual Benefit	NONE	\$1,000	\$1,000
	Maximum Lifetime Benefit			\$2,000

*The annual deductible must be satisfied under Type B or C benefits. If not, it will be applied to Type D benefits.

NOTE: All benefits are paid based upon "eligible charges". Eligible charges are determined by application of "usual, reasonable, and customary" charge review.

THIS IS ONLY AN OUTLINE

This outline provides a very brief description of some of the important features of your Summary Plan Description. This is not a contract; please refer to your Summary Plan Description for a detailed description of your dental plan, including limitations and exclusions. Benefits will only be paid according to the Summary Plan Description.



A WORLD OF ENHANCEMENTS

Enriched Vision, and Hearing Enhancement . . .
All complimentary with your Dental Plan Enrollment
*Enhancements not available in Alabama and North Carolina



Enriched Vision

1-888-526-8000

Preferred Vision Care works with selected independent ophthalmic professionals to provide members lens wear products at wholesale prices.

- ◆ Up to 50% savings on lenses and frames.
- ◆ Unlimited lens wear purchases.
- ◆ Top of the line products from leading manufacturers.
- ◆ Certified providers conveniently located throughout the state.



Hearing Enhancement

1-800-BELTONE

Beltone offers members a variety of services from hearing exams and evaluations to more than 75 models of hearing instruments.

- ◆ Free hearing exam for you and your family members.
- ◆ 15% off the dispensers regular list price on hearing aid purchases.
- ◆ Belcare follow up customer commitment honored at 2,000 Beltone Centers.



CLAIMS ADMINISTRATOR:

HUMANA
Specialty Benefits

P.O. Box 14283
Lexington, KY 40512-4283
www.compbenefits.com/custom/neisd/

	Administered by	
	John Doe	
Member#: 123456789012345	Family Members	
Plan Code: PLAN1X-PL2	DEPENDENT Jane Doe	
Eff. Date: 10/01/2005	DEPENDENT John Doe Jr.	
Group#: CD3748		
COMPNET		
Member Services: (800) 342-5209		
Mail claims to: CompBenefits, P.O. Box 8236, Chicago IL 60680-8236		

Termination of Coverage

Coverage under this Plan will terminate on the earliest of the following dates:

- the date the benefit or the coverage is terminated;
- the last day of the month on which employment ends; or
- the last day of any Plan month in which any required contribution is not made.

Dependent's coverage under this Plan will terminate on the earliest of the following dates:

- the last day of the month on which employment ends;
- the date the Plan is amended so as to terminate the Dependent's coverage;
- the date the Dependent enters the military service of any country or international organization;
- the last day of any month in which any required contribution for the Dependent's coverage is not made; or
- the date a Dependent ceases to be eligible.