



North East Independent School District Dental Plan

During the open enrollment period, employees may enroll as new members, add/drop eligible dependents, or cancel their existing coverage. The monthly employee contributions are:

| | |
|--------------------------|----------------|
| Employee Only | \$22.00 |
| Employee/Spouse | \$58.00 |
| Employee/Children | \$55.00 |
| Employee/Family | \$69.00 |

Premiums will NOT increase for the new plan year.

The 2009-10 plan year will run from October 1, 2009 to September 30, 2010.

What's New for the 2009-10 Plan Year?

New this year to the NEISD Dental Plan is an increase in the **Annual Maximum** Benefit for the calendar year to **\$1,750**, up from the former \$1,500 maximum. Endodontics coverage will be increased by now being covered under Type B Basic Restorative care.

Self-Funded Plan

The NEISD Dental Plan is a self-funded program. This means that employee contributions are placed in a District fund, and all dental claims and administrative fees for the Plan are paid from this fund. The District has contracted with a third party administrator, Humana Specialty Benefits to administer our claims. Being self-funded provides the following benefits for employees:

*The unique feature that employees help determine the cost of their premiums through the choices they make in receiving dental care. If claims are high, premiums will reflect the increase in cost. Lower claims, however, will reflect more savings for the self-funded plan and help reduce premiums.

*The District can provide benefits at a lower cost than a fully insured program, because the portion of the premium charged by insurance companies for high operating costs and profit is eliminated.

Coverage

Coverage in this plan is set on a graduated scale. In other words, the longer you participate in the plan, the better the plan will pay. This is to encourage continuous membership as well as regular dental care for you and your family. It also protects your plan against adverse selection, which results in increased premiums. Below, is a summary of coverage available to you as a member of the NEISD Dental Plan. Please note that claims are paid for necessary care and treatment of a covered person based on "usual and customary charges." **As an added benefit, participants will be able to choose from a list of network dentists who can offer additional savings. (Use of a network dentist is not required to receive full plan benefits).**

| | Year One | Year Two | Year Three |
|--|----------|----------|------------|
| TYPE A - Preventative Care* No Waiting Period / No Deductible | 100% | 100% | 100% |
| TYPE B - Basic Restorative Care* No Waiting Period / \$50 Deductible Applies | 40% | 60% | 80% |
| TYPE C - Major Restorative Care* 12 Month Waiting Period / \$50 Deductible Applies | NONE | 30% | 50% |
| MAXIMUM BENEFIT (PER CALENDAR YEAR) | \$750 | \$1,250 | \$1,750 |
| TYPE D—Orthodontia** 12 Month Waiting Period / \$50 Deductible Applies | NONE | 25% | 50% |
| MAXIMUM BENEFIT (PER CALENDAR YEAR) | NONE | \$1,000 | \$1,000 |
| MAXIMUM LIFETIME BENEFIT | | | \$2,000 |

*Refer to your Summary Plan Description for a detailed description of the types of procedures and the categories.

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

NEISD DENTAL PLAN

Pre-Determination of Benefits

If the cost of planned dental treatment or supplies can reasonably be expected to exceed \$300.00, the Claims Administrator will pre-determine the benefits payable. The covered person should instruct the dentist to submit a treatment plan to the Claims Administrator indicating all work to be done and the charge for each service before treatment begins.

Is My Over Age Dependent Eligible?

Coverage for an unmarried, dependent child ends when the dependent child turns 25. However, you may continue their coverage through COBRA without a break in coverage or loss of benefits. Contact Employee Benefits for additional information.

Current Dental Plan Participants

If you are currently a dental plan participant and you want to continue your coverage with no changes, no action is required.

How Do I Enroll?

To enroll in the NEISD Dental Plan for the first time during open enrollment, indicate the eligible participants you would like to cover under the plan by going online at www.thebenefitshub.net/neisd during the open enrollment period.

Cancel or Change Election Choices During Open Enrollment

If you wish to cancel or modify coverage for any eligible dependents covered under the dental plan, you can make these changes online during the open enrollment period.

New Hire Enrollment

Complete the Dental Plan form by indicating that you elect to participate in the plan, sign, date and return the form to the Employee Benefits Office no later than 31 days from your date of employment.

Changes Outside of Open Enrollment

If you experience a change in family status and are eligible to cancel or change coverage under the Dental Plan, you will need to complete a Dental Plan form and submit along with evidence of the qualifying event to the Employee Benefits Office no later than 31 days from the qualifying event. If your 31st day falls on a weekend or holiday, you must submit your form/enrollment information on the last working day prior to your 31st day.

Where Do I Get The Election Forms?

You may contact the Employee Benefits Office at 804-7231. Forms are also available on the *NEISD INTERNET* at www.neisd.net/risk and the *INTRANET*.

Print the form, complete the requested fields, sign, date, and mail, fax, or pony to the Employee Benefits Office within 31 days of new hire date or your qualifying family status change.

Vision Benefit

As a value added benefit to the NEISD Dental Program, participants will be able to access the Preferred Vision Care provider network for eyewear, frames, lenses, and other eyewear accessories, at a savings of 5% to 60% off retail prices.

With the Preferred Vision Care (non-insured) program, there are no claims to file and no forms to fill out. All charges are handled directly between the participant and the Preferred Vision Care provider. The participant and covered dependents are automatically covered. For a listing of network providers, simply call 1-888-526-8000, or visit the Preferred Vision Care web site at:



www.preferredvisioncare.com

The Humana Specialty Benefits Member Services Department is available to assist in answering any questions about claims or services at (800) 342-5209 or contact the Interactive Voice Response system (IVR) 24 hours per day, 7 days a week at (800) 824-0295. Members may also go on the web site at www.mycompbenefits.com and check claims through the Personal Touch for Members.

HUMANA

Specialty Benefits

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