

GRANBURY ISD DENTAL REIMBURSEMENT PLAN

It's easy as 1 - 2- 3!

- 1) See any dentist you prefer.
- 2) Pay for your services.
- 3) Submit claim for reimbursement!



This plan is easy to use with no pre-authorization required! Upon completion of dental services at any provider you choose, you will pay for your services and submit a claim for reimbursement. Your claim will be processed according to the schedule of benefits.



SCHEDULE OF BENEFITS

| AMOUNT OF CLAIM | PLAN PAYS | PARTICIPANT PAYS | TOTAL BENEFIT PAID |
|---|--------------|------------------|--------------------|
| First \$100 | 100% (\$100) | 0% (\$0) | \$100 |
| Next \$200 | 75% (\$150) | 25% (\$50) | \$150 |
| Next \$1,500 | 50% (\$750) | 50% (\$750) | \$750 |
| ANNUAL MAXIMUM BENEFIT PAID PER COVERED PERSON \$1,000 | | | |

ELIGIBILITY

All full-time employees (working a minimum of 30 hours per week) and part-time employees who have worked for GISD for a minimum of five years, and their spouses and dependent children to age 25 are eligible to elect this plan.

ORTHODONTIA

Orthodontia is limited to \$1,000 lifetime maximum per insured and up to age 19. Orthodontia benefit is included in the annual maximum.

EXCLUSIONS

Plan exclusions are cosmetic dentistry, teeth whitening, implants, TMJ and orthodontia for participants over age 19.

Claims MUST be received by First Financial Administrators, Inc. within 90 days of the date of service.
Claims received after 90 days of service will be declined.

HOW DO I GET REIMBURSED?

- Complete a Dental Reimbursement Claim Form along with the paid itemized receipt from your dental provider (available on GISD website).
- Mail or fax the completed claim form and copy of receipt to the Dental Claims Department.
- If your claim is paid with your FSA or HSA account, we will reimburse the account instead of sending payment directly to the participant.

MONTHLY PREMIUMS

| COVERAGE | PREMIUM |
|---------------------|---------|
| Employee Only | \$18 |
| Employee & Spouse | \$38 |
| Employee & Children | \$44 |
| Employee & Family | \$58 |

SUBMIT YOUR CLAIMS TO:

First Financial Administrators, Inc.
Attn: Dental Claims
P. O. Box 670329, Houston, TX 77267-0329
(866) 853-3539 | Fax (281) 272-7656