

# APPENDIX

## A

### Amendment for Approved Orthodontic Benefits Per Individual

This amendment provides the information to the DCUE Dental Reimbursement Plan that will go into effect September 1, 2016.

#### AMENDMENTS TO BENEFIT PROGRAM, 1.03- ANNUAL BENEFITS PER INDIVIDUAL TO ENHANCE BENEFIT RECEIVED

##### 1.03 Annual Benefits Per Individual

The maximum yearly payable benefit for dental claims per individual is \$1,325. There is a maximum lifetime orthodontic benefit of \$2,000 per individual. The Lifetime Maximum amount represents benefit received in reimbursement.

Your annual *dental claim* reimbursements are calculated based on dental claims incurred with treatment dates of September 1 through August 31, according to Figure 1:

	Claim Amount	Percentage Covered	Reimbursement
<b>First \$500</b>	<b>\$0 to \$500</b>	<b>100%</b>	<b>\$500</b>
<b>Next \$300</b>	<b>\$501 to \$800</b>	<b>75%</b>	<b>\$225</b>
<b>Last \$1200</b>	<b>\$801 to \$2,000</b>	<b>50%</b>	<b>\$600</b>
<b>Total Claimed: \$2,000</b>			<b>Total Reimbursed: \$1,325</b>

Figure 1: Annual Dental Claim Benefit Reimbursement Scale

Your lifetime *orthodontic claim* reimbursements are calculated based on orthodontic payments, according to Figure 2:

	Claim Amount	Percentage Covered	Reimbursement
<b>First \$2,000</b>	<b>\$0 to \$2,000</b>	<b>100%</b>	<b>\$2,000</b>
<b>Total Claimed: \$2,000</b>			<b>Total Reimbursed: \$2,000</b>

Figure 2: Lifetime Orthodontic Benefit Reimbursement Scale

Orthodontic payments must be submitted within the appropriate plan year to be reimbursed.

All medically necessary dental and orthodontic procedures are considered covered dental expenses when provided by or under the direction of a dentist or other specialized dental provider who is licensed by the state in which s/he practices.

The DCUE Dental Reimbursement Fund reimburses you for charges that are not paid by another insurance program. If you have coverage through any other dental plan or form of insurance, you must first submit your expenses to those plans before submitting any remaining expenses to this Plan for reimbursement.