

APPENDIX
A

Amendment for Approved
Annual Benefits Per Individual

This amendment provides the information to the DCUE Dental Reimbursement Plan that will go into effect September 1, 2015.

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

(Areas of change italicized)

1.03 Annual Benefits Per Individual

The maximum yearly payable benefit per individual is *\$1,325*. This includes all claims for dental and orthodontic treatment combined. There is a lifetime cap on orthodontia benefits of \$2000 per individual. The Lifetime Cap amount represents benefit received, not amount claimed, over the period required for the orthodontic treatment.

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

	Claim Amount	Percentage Covered	Reimbursement
First <i>\$500</i>	<i>\$0 to \$500</i>	100%	<i>\$500.00</i>
Next <i>\$300</i>	<i>\$501 to \$800</i>	<i>75%</i>	<i>\$225.00</i>
Last <i>\$1200</i>	<i>\$801 to \$2000</i>	50%	\$600.00
Total Claimed: \$2000.00		Total Reimbursed: \$1,325	

Figure 1: Annual Benefit Reimbursement Scale

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 *dental or medical program*.