DCUE Dental

Plan at a Glance

Effective November 1, 2026

DCUE Dental New Employee Information

(Full time; .75 FTE, Part time; .50 - .74 FTE and Job Share paying 1/2 premium)

In order to participate in the plan, you will need to complete the online enrollment form. As soon as DCUE Dental is made aware of your eligibility information you will be emailed at your District email address on how to enroll. **You are NOT automatically enrolled upon hire and eligibility.** New teacher dental coverage is effective at the start of the new plan year, on September 1. If you are hired after September 1, your dental coverage begins when the District begins to cover your premium and you have completed your online enrollment.

GENERAL INFORMATION

The DCUE Dental Reimbursement Fund (the Fund) is a direct reimbursement program for teachers and nurses, managed by Dakota County United Educators (DCUE) as stated in the Collective Bargaining Agreement between ISD 196 and DCUE. The Fund is financially supported by ISD 196 through monthly premium payments for full time and eligible part time employees. Premium payments are determined by the Collective Bargaining Agrmt between ISD 196 and DCUE. The monthly premium covers the employee, spouse and any eligible dependents (*until age 26*) enrolled in the program. There are no out-of-pocket premiums paid by the full-time employees. Part time (.50 - .74 FTE) and Job Share employees pay one-half the premium on a monthly or annual basis, if they choose to enroll in the plan. Employees working less than .50 FTE are not eligible to participate in the fund.

- **DCUE Dental has a required Annual Online Enrollment for active Members.**
- **Open Enrollment, 10-month window, is from August 1st – June 1st of every year.**
- Members are free to go to the dentist/orthodontist of their choice.
- There are no restrictions on pre-existing conditions.
- There are no pre-authorizations required.
- There are no limits on the number of visits per year and no 6-month limitations.
- Most dental treatment; restorative, endodontic, periodontal, oral surgery and orthodontic (under age 26) costs are eligible expenses.
- Most cosmetic procedures, whitening/bleaching, medications or take-home dental products are **NOT** eligible expenses. *(See Exclusions & Limitations on website or in the Plan Booklet for full details)*
- Dental Plan fees; Fee for In-House plans/Discount plans of any type are NOT eligible for reimbursement.
- Dental services must be provided by or under the direction of a dentist or orthodontist who is licensed by the state in which they practice.
- Special dental treatment (i.e. oral surgery) **may** be covered in part by medical insurance. *(See back of Claim Form (B) for filing information)*
- If your family has additional dental insurance, DCUE dental is then considered secondary.
- Dental services need to be paid in full prior to submitting for reimbursement. Reimbursement checks are then issued to the Member and mailed to the home address on file.

BENEFITS

The maximum ANNUAL benefit an individual can receive is $1,400. This amount represents the **benefit received**, not the amount claimed for each individual enrolled. There is an Orthodontic LIFETIME CAP **per individual under age 26.** *(See Orthodontics below for details)*

Your annual reimbursements are calculated based on claims incurred beginning on **September 1 thru August 31**, according to the following three-tier benefit reimbursement scale:

	Claim Amount	Percentage Paid	Amount Reimbursed
Tier 1	First $600	100%	$600
Tier 2	Next $400	75%	$300
Tier 3	Last $1000	50%	$500

Total Claimed $2,000 **Total Paid $1,400**

FILING CLAIMS

1. Use Claim Form (A): Dental or Ortho for all dental and orthodontics requests such as preventative, restorative, periodontal and endodontic treatments and orthodontic payments made. Use Claim Form (B): Oral Surgery/Wisdom Teeth for treatments such as tooth extractions, gum/tissue grafting and all types of treatments being performed at an oral surgeon's office.
2. Fully complete all sections of the claim form. Sign and date the bottom portion of the claim form. *Please note: the claim form should be completed in full by the Member.*
3. Complete separate claim forms for each patient and/or each date of treatment. These forms are available in the DCUE office or online at www.dcue.org under the Dental Tab.
4. We are bound by regulations requiring that the following **supporting documentation** MUST be provided along with the claim form:
   a. An itemized statement from the dental provider showing: patient name, date of treatment, specific work done, charges and proof of payment. We cannot accept proof of payment in the form of handwritten "paid" or stamped as "paid" on the statement. Itemized details (numbers) MUST balance, line item for all adjustments/discounts/fees/etc. need to be listed on supporting documentation.
      - Any payments made with an HSA/FSA account are not eligible for reimbursement.

   b. An EOB (Explanation of Benefits) from the primary insurance company (if applicable).
      - If your family has additional dental *insurance*, you need to **file through that primary insurance first**. (DCUE Dental is *always* considered secondary).
      - Any portion not paid by the primary insurance can be submitted to DCUE Dental for reimbursement. Be sure to attach a copy of the EOB and itemized statement from the dental office with your claim form.
      - **Oral Surgery claims** have a separate Claim Form (B) to be used. Detailed instruction can be found on the back of the form. DCUE Dental requires you to submit wisdom teeth removal treatments to your primary medical insurance company. You must provide a copy of the Explanation of Benefits (EOB) or Denial letter from the insurance co.
5. Send your claim form and supporting documentation to: DCUE Dental Reimbursement Fund either through District mail, drop-off or through U.S. Mail to the address on the claim form.
6. **Filing deadlines**:
   Claims must be filed within sixty (60) days of the treatment (90) days if there is primary insurance involved, Dental or Medical. Late claims are paid on 80% of amount claimed. We do not reimburse finance charges and/or late fees.
7. Claims filed after sixty (60) days past the end of the Program Year (October 31) will be denied. The deadline to submit claims from the previous plan year is October 31st.
8. **Reimbursement checks** will be made payable to the district employee, and will be distributed through U.S. Mail to your address on file. **Be sure to update your address and/or name changes by updating your online enrollment form, marking new address on claim form or notifying our office of your changes.**

ORTHODONTICS

There is a $2,000 LIFETIME cap on orthodontic claim reimbursement **per individual under age 26**. Orthodontic benefit ends the last day of the month a person turns 26. This amount is SEPARATE dollars from the annual maximum.

An eligible individual can receive the $2000 lifetime reimbursement benefit for orthodontic treatment in one plan year or over multiple plan years; based on your payment schedule with your orthodontist. Be sure claims are submitted in the appropriate plan year according to your date of payment made.

Eligible annual orthodontic claim reimbursements are calculated based on payments made between **September 1 - August 31**, according to the following benefit reimbursement scale:

Claim Amount	Percentage Paid	Amount Reimbursed
up to $2,000	100%	up to $2,000
Total Claimed $2,000		**Total Paid $2,000**

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www.dcue.org, under the Dental Tab