

**DCUE Dental
Reimbursement Fund
6950 146th Street W #114
Apple Valley MN 55124
952-432-4033 dental@dcue.org**

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 employees. Premium payments are determined by the Collective Bargaining Agreement between ISD 196 and DCUE. The monthly premium covers the employee and any eligible dependents (*until age 26*) enrolled in the program. There are no out-of-pocket premiums paid by the employee. Job share employees pay one-half the premium on a monthly or annual basis. Employees working less than .75FTE (other than job share) are not eligible to participate in the fund.

- Enrollees 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.
- All dental treatment is covered, except for certain cosmetic procedures (e.g. cosmetic bleaching, and home care products taken out of the dental office).
- All medically necessary dental and orthodontic procedures are considered covered dental expenses when provided by or under the direction of a dentist or orthodontist (provider) who is licensed by the state in which s/he practices.
- If your family has additional dental insurance, DCUE dental is then considered secondary.
- Special dental treatment (i.e. oral surgery) **may** be covered in part by medical insurance, be sure to **ask** the specialty dental office about this option before submitting your claim to DCUE.

BENEFITS

The maximum ANNUAL benefit an individual can receive is \$1,325. This amount represents the **benefit received**, not the amount claimed for each individual enrolled. There is an Orthodontic LIFETIME CAP per individual (*See Orthodontics 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:

	<u>Claim Amount</u>	<u>Percentage Paid</u>	<u>Amount Reimbursed</u>
Tier 1	First \$500	100%	\$500
Tier 2	Next \$300	75%	\$225
Tier 3	Last \$1200	50%	\$600
Total Claimed	\$2,000		Total Paid \$1,325

FILING CLAIMS

1. Fully complete all sections of the claim form. Sign and date the bottom portion of the claim form. *Please note: your dental provider is no longer required to sign the claim form.*
2. Please use a separate claim form 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.
3. We are bound by regulations requiring that the following **supporting documentation** must be provided along with the claim form:
 1. An itemized statement showing: patient name, date of treatment, specific work done, charges and proof of payment. We need **individual claim forms** completed for each person for each date of treatment.
 2. An EOB (Explanation of Benefits) from the primary insurance company (if applicable). These are typically mailed to you from your insurance company.
 - If your family has additional dental *insurance*, you should **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.
4. Send your claim form and supporting documentation to: DCUE Dental Reimbursement Fund either through District mail or through U.S. Mail to the address on the claim form.
5. Filing **deadlines**:

Claims must be filed within sixty (60) days of the treatment (90 days if there is primary insurance involved). Late claims are paid on 80% of amount claimed. We do not reimburse finance charges and/or late fees.
6. 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.
7. Reimbursement checks will be made payable to the district employee, and will be distributed through U.S. Mail to your home address. **Please notify the DCUE Dental Reimbursement Fund of any change in your name and/or address.**

ORTHODONTICS

There is a \$2,000 LIFETIME cap on orthodontic claim reimbursement per individual. This amount is SEPARATE dollars from the annual maximum.

You can receive a full \$2,000 reimbursement in one plan year or over multiple plan years, based on your payment schedule with your orthodontist.

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

<u>Claim Amount</u>	<u>Percentage Paid</u>	<u>Amount Reimbursed</u>
up to \$2,000	100%	up to \$2,000
Total Claimed \$2,000		Total Paid \$2,000

Please feel free to call (952-432-4033) to discuss orthodontic and dental options.