



Dental Plan

The Escambia County School District is offering two dental plans:

How the Plans Work

Plan 1 (Current Plan)

This plan will stay exactly the same as last year's dental plan. The Escambia County School District currently pays the majority of the premium for single coverage.

- A. You and/or your covered dependents receive treatment from a dentist of your choice.
- B. If you pay the dentist up-front, you will be reimbursed after filing a dental claims form and attaching your paid bill.
- C. If you get a promissory note from the dentist, submit it with a dental claim form, and a check will be made out to the dentist for payment.

Plan 2 (Buy Up)

Employees can 'buy up' to a higher level of benefits, both with single and family coverage on an employee-paying basis.

- A. You and/or your covered dependents receive treatment from a dentist of your choice.
- B. If you pay the dentist up-front, you will be reimbursed after filing a dental claims form and attaching your paid bill.

If you get a promissory note from the dentist, submit it with a dental claim form, and a check will be made out to the employee and dentist.

Orthodontia

Orthodontic benefits are available to your dependent children under age 19 and are paid under a separate schedule. The plan will pay 50% of covered orthodontic services, up to a lifetime maximum benefit of \$1,000 per person.

Claim Reimbursement

- A. Contact your Risk Management Office or visit the Risk Management website to request a claim form.
- B. You must submit your claim within 90 days* after the date of service to:

United Groups Programs, Inc.
4 Terry Drive, Building 1
Newtown, PA 18940
1-866-UGP-2062 (toll-free)

* Claims submitted after 90 days after date of service will be denied.

- C. Your claim will be paid according to the following plan design:

Plan 1 pays: 90% of the first \$125 of covered expenses. **Then, you pay:** \$100 deductible (up to three per family) **Then, plan pays:** 50% of covered expenses, up to a maximum annual benefit of \$800 per person.

Plan 2 pays: 100% of the first \$125 of covered expenses. Then, you pay: \$100 deductible (up to three per family). Then, plan pays: 50% of covered expenses, up to a maximum annual benefit of \$1,200 per person.

D. Your dental plan year runs from January 1 through December 31. Your deductible and plan year maximums are calculated based on a January to December plan year.

E. All claims for reimbursement should be filed by the employee. If you elect to have the dental office mail your claim, the claim is still required to be submitted within 90 days from the date of service. All claims not received within 90 days will be denied.

Plan Provider

United Group Programs, Inc. provides this benefit. For more information regarding your dental coverage, contact your Risk Management Office at 850-469-6267 or toll free at 1-866-UGP-2062.

<i>Instructional, Administrative, Professional, Retirees, LOA, Cobra (12-Pay/Deduction Periods)</i>				
	Tier	Total Rates	ECSD Subsidy	Emp/Ret/LOA & Cobra Premiums
\$800 BASE PLAN	Employee Only	\$13.65	\$12.65	\$1.00
	Employee+Family	\$28.10	\$12.65	\$15.45
	Dual Spouse+Family	\$28.10	\$25.30	\$2.80
	Cobra-Single	\$13.92	\$0.00	\$13.92
	Cobra-Family	\$28.66	\$0.00	\$28.66
	Retiree Only & LOA	\$13.65	\$0.00	\$13.65
	Retiree+Family & LOA	\$28.10	\$0.00	\$28.10
\$1,200 ENHANCED PLAN	Employee Only	\$22.20	\$12.65	\$9.55
	Employee+Family	\$50.65	\$12.65	\$38.00
	Dual Spouse+Family	\$50.65	\$25.30	\$25.35
	Cobra-Single	\$22.64	\$0.00	\$22.64
	Cobra-Family	\$51.66	\$0.00	\$51.66
	Retiree Only & LOA	\$22.20	\$0.00	\$22.20
	Retiree+Family & LOA	\$50.65	\$0.00	\$50.65

<i>Educational Support (20-Pay/Deduction Periods)</i>				
	Tier	Total Rates	ECSD Subsidy	Emp Premiums
\$800 BASE PLAN	Employee Only	\$8.19	\$7.59	\$0.60
	Employee+Family	\$16.86	\$7.59	\$9.27
	Dual Spouse+Family	\$16.86	\$15.18	\$1.68
\$1,200 ENHANCED PLAN	Employee Only	\$13.32	\$7.59	\$5.73
	Employee+Family	\$30.39	\$7.59	\$22.80
	Dual Spouse+Family	\$30.39	\$15.18	\$15.21