

# **The Rockville Centre Teacher's Association Dental Plan Administered by Sele-Dent, Inc.**

**Total Benefit Amount \$2,300.00 Annually**

## **ELIGIBILITY**

- **New Teachers begin coverage on December 1<sup>st</sup> of the year hired to November 30<sup>th</sup>; June 30<sup>th</sup> coverage if your employment ceases at that time**
- **Part-time people are prorated the same percentage as their dues**
- **New people hired in September through November are not covered until December 1<sup>st</sup>**
- **People hired mid-year are entitled to fractional part of prorated share equivalent to their percentage of dues for the year**
- **Dependent Children: Children are only covered if eligible under our health insurance**

## **DENTAL PLAN YEAR AND PLAN PAYMENT**

- **Our dental plan year runs December 1<sup>st</sup> through November 30<sup>th</sup>**
- **A claim can only be filed for the member and immediate family**
- **Claims are pro-rated depending upon the money available. Claims will be pro-rated according to a flat across the broad percentage depending on availability and money. Past experience has produced 50 percentage returns on claims.**
- **No claim will go in for more than \$2,300.00 (i.e. if your claim is for \$3,000.00 it goes in for \$2,300.00)**
- **All claims must be filed by November 30<sup>th</sup> to be considered for reimbursement. Forms should be mailed to Sele-Dent, Inc. Claims should be submitted when services are rendered. Do not wait for November 30<sup>th</sup>**
- **Claims are paid after the end of the Plan Year.**
- **Benefits will be paid to the plan member. Benefits may not be assigned to the dentist.**

## **COORDINATION OF BENEFITS**

- **The benefits Fund will continue to be the primary provider for the teacher employee members of the district. If a claim is submitted for a spouse a letter must be included by the spouses' employer, which indicates that no other coverage is provided**

- If a claim is submitted for a child then the “Birthday Rule” will be used to determine eligibility. The Benefit Fund will become the primary provider, if the employee’s birthday occurs earlier in the year. If the spouse’s birthday occurs earlier in the year then the spouse’s employer must provide a letter indicating that there is no coverage.

**THE ADDITIONAL FOLLOWING GUIDELINES MUST BE OBSERVED FOR ALL CLAIMS**

1. The District and the Teachers Association have the right to contact your dentist so that prices, dates and work performed may be verified
2. If you have coverage elsewhere you must notify us so we can arrange for Co-Insurance of benefits. It is fraud to collect more than 100 percent of your claim.
3. Charges for services or materials for cosmetic purposes are not covered
4. No prosthetics, crowns, or bridges on the same tooth more than once in a 5 year period, will be covered
5. No payment for work not performed will be paid
6. Dental work which has begun must be completed before you leave the District in order to receive coverage
7. Under COBRA legislation upon leaving the District you may continue enrollment on our dental plan. Please Refer to the information regarding COBRA coverage at <http://www.dol.gov/Cobra.html>

Claim forms should be submitted to: Sele-Dent, Inc.  
381 Sunrise Highway Suite 307  
Lynbrook, NY 11563