

SACHEM CENTRAL SCHOOL DISTRICT

Dental Insurance Plans

Sachem Central School District offers their employees two dental plans to choose from – both have the same cost. Teachers and clerical employees are eligible to enroll one (1) year from their hire date. Contact the payroll department within 30 days prior to your 1-year anniversary date. All others are eligible to enroll within 30 days of the hire date.

1. **Self-Insured Dental Plan** – administered by: J.J. Stanis and Company, Inc.
100 Jericho Quadrangle, Suite 101
Jericho, New York 11753
(516) 465-3900
www.jjstanisco.com

DENTAL EXPENSE BENEFITS

\$50.00 individual deductible, \$100 family deductible
\$1,200/year maximum benefit – \$1,000/year maximum benefit for administrators
\$500.00 Orthodontic care maximum (per calendar year)

To enroll in this plan, you must complete the yellow Contributory Dental Enrollment Card.

Participating Dentist – You can maximize your benefit by choosing a participating dentist. For a list of dental providers, log onto www.jjstanisco.com. Click on Dental Networks tab for a provider near you.

Non-Participating Dentist – You will need to submit a claim form to J. J. Stanis & Co. for reimbursement.

Please note: you are responsible for the difference between the fee the dentist charges and the Sachem Schedule of Benefits. ***Important*** - please note – refer to the Schedule of Benefits listed in the back of the Self-Insured Dental Plan Booklet.

UPON SELECTING A DENTIST, PLEASE CHECK WITH THEIR OFFICE TO CONFIRM THAT THE DENTIST IS CURRENTLY PARTICIPATING IN THE STANIS NET PLUS, INC. NETWORK; OR YOU CAN CALL THE STANIS NET PLUS PROVIDER RELATIONS DEPARTMENT AT 516-465-3900.

Note: there is a 90 day waiting period to enroll for *late enrollees* and a 2 year waiting period for late enrollees for bridges, dentures and orthodontics.

2. **Dentcare** – administered by: Healthplex
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553
Customer Service: (800) 468-0600, Press Option 1
www.healthplex.com

Dentcare continued -

DENTAL EXPENSE BENEFITS

In order to receive benefits under this plan, you must choose a dentist from the directory of Participating Providers. *There is no coverage for out of network.* For an up to date list of providers, log onto www.healthplex.com. Click the Find a dentist tab→Choose Option 4 (enter Sachem’s group number-“GG-151”). All family members must use the same dentist. Please call the dentist’s office to ensure that they are accepting new patients.

To enroll in this plan, you must complete the white Dental Plan Enrollment Form.

Note: *late enrollees* must wait for the open enrollment period – sign up during the month of November for an effective date of January 1st.

The following forms can be downloaded from the Sachem website:

Self insured plan: dental claim form and description of dental plan which includes the Sachem Schedule of Benefits.

Note: *There is a separate schedule of benefits for administrators.*

Dentcare plan: description of dental plan, covered services, and Dentcare change form. All changes should be sent to the payroll department. You must call the payroll department for enrollment cards.

Bi-Weekly Costs applies to the Self-insured plan and Dentcare:

Group	Ind/Fam	Self-Insured	Dentcare
Administrators	Individual	\$2.04	\$1.72
Administrators	Family	\$5.13	\$4.22
Teachers/TAs	Individual	\$2.26	\$1.72
Teachers/TAs	Family	\$5.70	\$4.22
Clerical	Individual	\$2.26	\$1.72
Clerical	Family	\$5.70	\$4.22
Non-Faculty	Individual	\$2.26	\$1.72
Non-Faculty	Family	\$5.70	\$4.22

MONTHLY COSTS FOR COBRA PARTICIPANTS:

COBRA Self-Insured Individual (teachers)	\$23.03
Self-Insured Family (teachers)	\$58.09
COBRA Self-Insured Individual (non-faculty)	\$20.75
Self-Insured Family (non-faculty)	\$52.33
COBRA Dentcare Individual	\$17.56
Dentcare Family	\$43.06

You can obtain all applicable forms and directories from the Payroll Department. Once enrollment forms are complete, you will need to forward them onto the Payroll Department. Contact us at 471-1324, extension 1325 with any questions you may have.