

## DENTAL INSURANCE

SACHEM SCHOOL

### BI-WEEKLY COSTS

ADMIN	IND	4.26	FAMILY	12.18
TEACHER	IND	2.28	FAMILY	6.34
NON-FACULTY	IND	3.98	FAMILY	11.09
CLERICAL	IND	2.56	FAMILY	7.13

### **ELIGIBLE:**

**TEACHER & CLERICAL – 1 YEAR FROM DATE OF HIRE**

**ALL OTHERS-THE FIRST OF THE MONTH AFTER DATE OF HIRE**

### **SELF INSURED PLAN**

\$ 50.00 DEDUCTIBLE

\$1,000 A YEAR MAXIMUM BENEFIT

\$1,200 A YEAR MAXIMUM BENEFIT FOR TEACHERS

### **PARTICIPATION DENTIST:**

IF YOU DECIDE TO USE PARTICIPATION DENTIST-SEE THE SCHEDULE WHICH SHOWS THE MAXIMUM FEES THESE DENTISTS ARE ALLOWED TO CHARGE. COMPARE THESE FEES TO THE SCHEDULE OF BENEFITS IN THE BACK OF SELF INSURED DENTAL PLAN BOOKLET. YOU WOULD BE RESPONSIBLE FOR THE DIFFERENCE LESS YOUR DEDUCTIBLE.

### **NON PARTICIPATING DENTIST:**

SUBMIT CLAIM TO J. J. STANIS & CO., INC. ON DENTAL CLAIM FORM. YOU WILL BE REIMBURSED THE AMOUNT IN THE BACK OF SELF-INSURED BOOKLET (LESS DEDUCTIBLE).

### **HEALTHPLEX PLAN (DENTCARE)**

CHOOSE A DENTIST FROM THE LIST. GIVE THE DENTIST'S OFFICE A CALL TO BE SURE THEY ARE ACCEPTING NEW PATIENTS. CHANGES IN DNETIST CAN BE MADE ONLY DURING OPEN ENROLLMENT.

COBRA COSTS	INDIVIDUAL	\$18.50
	FAMILY	\$46.64

### ***NOTE: IF YOU CHOOSE NOT TO TAKE DENTAL INSURANCE WITHIN 30 DAYS OF ELIGIBILITY:***

SELF INSURED PLAN- 90 DAY WAITING PERIOD AND NO MAJOR WORK COVERED FOR 24 MONTHS.

HEALTH PLEX—YOU MUST WAIT FOR OEPN ENROLLMENT-JAN 1<sup>ST</sup>