

GLENS FALLS CITY SCHOOL DISTRICT

SCHEDULE OF DENTAL BENEFITS SUPPLEMENT

Effective July 1, 2010

You and your dependents are eligible for coverage in accordance with the rules and regulations of the Glens Falls City School District.

Your plan year is from July 1 – June 30. **All claims must be submitted within 90 days of the close of your plan year (by September 30).**

DENTAL PLAN

Frequency restrictions apply to certain procedures.

Oral Exams:	3 per Plan Year
Prophylaxis:	3 per Plan Year
Bitewing X-Ray:	2 per plan year
FMX or Panoramic X-Ray:	1 in a 36 month period
Fluoride:	2 per plan year (under age 19)
Replacement Crowns	3 year wait for same tooth

Procedures **Not** Covered:

Bridges
Dentures
Partials
Periodontal
Orthodontia
Implants (Including any implant related charges)
Sealants

You must submit a pre-treatment estimate for any claim which is expected to exceed \$300 in cost.

Coordination of Benefits

If you and your spouse each have coverage, your dependent children will be considered primary by the plan of the person whose month and day of birth occur earlier in the calendar year.

When you submit claims for members of the family who are primary through another carrier, a copy of the primary plan's payment must accompany the claim.

Amount of Benefits

The amount of benefits available to you for specific procedures will be in accordance with the schedule of fees.

The plan is an 80% - 20% co-payment for participants. This ratio provides for 80% of the Glens Falls fee schedule paid by Glens Falls and the remaining 20% paid by the insured. Your out of pocket expense can be reduced by using a dentist that participates with the Glens Falls City School District plan. A list of dentists can be obtained by calling Preferred Group Plans at 866-989-8997.

Benefits payable to an eligible participant and dependents is limited to \$1,500 per individual in any one plan year (July 1 – June 30).