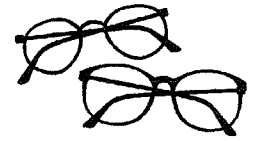




# NEW FORM DENTAL / VISION PLAN



For many years the Board of Education has provided a Dental Care "Reimbursement" Plan to eligible employees. In 2006, the Board approved a proposal to broaden the Dental Care Plan to a combination Dental/Vision Care Plan. The allowances (for both Dental Care and Vision Care combined) as follows:

1. The Plan will pay 100% of the first \$100.00 of covered expenses per year. (July 1 – June 30)
2. The Plan will pay 50% of the next \$400.00 of covered expenses per year. (July 1 – June 30)
3. Special Limitation: Under this Plan the maximum reimbursement for covered vision care expenses will be \$50.00 per fiscal year.

All claims should be submitted using the *Dental/Vision Benefit Claim Form* below. If you have any questions, please do not hesitate to contact Becky Sewell, Benefits Coordinator at 885-4179, ext. 3008.

## Dental/Vision Benefit Claim Form

Employee Name: \_\_\_\_\_

Social Security # \_\_\_\_\_ Emp. # \_\_\_\_\_

Dental Claim       Vision Claim

Is the patient covered under any other dental plan?    Yes       No

If Yes, list name of other plan: \_\_\_\_\_

**⌘ Claims Must Be Submitted Within 90 (Ninety) Days Of Service ⌘**

**----- No Exceptions! -----**

***In order to receive a reimbursement from Jessamine County Schools, you must file a claim with the School System's Benefits Coordinator within 90 (ninety) days of service, even if you have also filed with another insurance plan and are awaiting a reply.***

Date of Services: \_\_\_\_\_ Amount: \_\_\_\_\_  
*Reimbursements are direct deposited with pay checks*

Employee Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_