

# Granbury ISD Dental Reimbursement Plan

## MONTHLY PREMIUMS

EMPLOYEE ONLY	\$23.00
EMPLOYEE + SPOUSE	\$48.00
EMPLOYEE + CHILDREN	\$54.00
EMPLOYEE AND FAMILY	\$68.00

This plan is easy to use! No pre-authorization required! Upon completion of dental services, you will pay for your services and submit a claim for reimbursement. Your claim will be processed according to the schedule of benefits.

## ELIGIBILITY

All full-time employees (working a minimum of 30 hours per week) and part-time employees that have worked for GISD for a minimum of 5 years, and their spouses and dependent children to age 25 are eligible to elect this plan.

## ORTHODONTIA

Orthodontia is limited to \$1000 lifetime maximum per insured and up to age 19.

## EXCLUSIONS

Plan exclusions are cosmetic dentistry, teeth whitening, implants, TMJ and orthodontia for participants for over age 19.

Claims MUST be received by First Financial Administrators, Inc. within 90 days of the date of service. Claims received after 90 days of service will be declined.

AMOUNT OF CLAIM	PLAN PAYS	PARTICIPANT PAYS	TOTAL BENEFIT PAID
First \$100	100% (\$100)	0% (\$0)	\$100
Next \$200	75% (\$150)	25% (\$50)	\$150
Next \$1500	50% (\$750)	50% (\$750)	\$750
<b>ANNUAL MAXIMUM BENEFIT PAID PER COVERED PERSON \$1000</b>			



## HOW DO I GET REIMBURSED?

- Pay for your dental services
- Obtain an invoice detailing treatment and noting your payment
- Complete a Dental Reimbursement Claim Form (available on GISD Website)
- Mail or Fax the completed claim form and copy of invoice to the Dental Claims Department.
- Your claim will be processed!

Submit your Claims To:

First Financial Administrators, Inc.  
 Attn: Dental Claims  
 P. O. Box 670329  
 Houston, TX 77267-0329  
 (866)853-3539  
 FAX (800)298-7785