This plan is a reimbursement program provided by Cleveland County to help offset the cost of dental expenses for its employees. It is not an insurance program.

Introduction
In an effort to contain costs while providing the best possible care for our employees, Cleveland County provides a type of dental care called the “Direct Reimbursement Dental Plan.” We believe that this self-administered plan offers greater flexibility for our employees while providing more value for the dollar amount invested. Eligible employees will be reimbursed on a monthly basis for dental expenses incurred for themselves and their covered dependents after filing the proper claim forms and receipts. Non-excluded dental procedures are covered if provided by a licensed dental professional (see Limitations and Exclusions).

Eligibility
All employees eligible for health insurance coverage through Cleveland County will be eligible for coverage under this dental plan. The effective date for new employees will be the same as for the health insurance. An employee may elect to purchase coverage for his/her eligible dependents.

Eligible Dependents include:
• Your spouse
• Your unmarried child(ren) (natural-born, legally adopted, or stepchildren) covered through the month in which child(ren) turn 26
• Your children over the age of 26 who are unable to maintain employment due to physical or mental disability

Limitations and Exclusions
No payment shall be made for the following:
• Prescription drugs
• Toothbrushes, toothpaste, or mouth rinses
• Expenses covered by Worker’s Compensation, Medicare, Medicaid, military service, or another insurance plan
• Expenses incurred solely for cosmetic purposes, rather than for health reasons (i.e., bleaching of teeth)
• Expenses incurred for the replacement of lost or stolen dentures, bridgework, or other removable orthodontic appliances or retainers
• Expenses incurred for the replacement of dentures or bridgework more than once every three years or for the replacement of existing dentures or bridge work less than three years old
• Orthodontic expenses (covered through the month in which child(ren) turn 17)
• Professional fees other than fees of a licensed dental professional
• Claims submitted after the plan year deadline (January 15 of the next calendar year)
Types of Coverage
• Employee Only - Provided by the Employer
• Employee + One Dependent Coverage - Child or Spouse
• Employee + Family Coverage

Costs for the dependent coverage will be established on July 1 of each year. Dependent premiums will be deducted each pay period, at one-half the monthly cost, under the Section 125 Flexible Benefits Program.

Deductible
None.

**DENTAL PLAN RATES**

<table>
<thead>
<tr>
<th></th>
<th>Semi-Monthly</th>
<th>Monthly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Only</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>Employee + 1 Dependent</td>
<td>$15.00</td>
<td>$30.00</td>
</tr>
<tr>
<td>Employee + Family</td>
<td>$22.50</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

Cleveland County provides $15.00 per month toward the cost of the individual dental premium for employees who are working full-time. Rates for employees working less than full-time are prorated, based on the percentage of time worked.

Benefit Schedule per Covered Individual
Payments shall be made as follows:

<table>
<thead>
<tr>
<th>Incurred Expense</th>
<th>Percentage Paid</th>
<th>Amount Reimbursed</th>
</tr>
</thead>
<tbody>
<tr>
<td>First $200</td>
<td>100%</td>
<td>$200</td>
</tr>
<tr>
<td>Next $400</td>
<td>70%</td>
<td>$280</td>
</tr>
<tr>
<td>Next $700</td>
<td>50%</td>
<td>$350</td>
</tr>
<tr>
<td>$1,300</td>
<td></td>
<td>$830</td>
</tr>
</tbody>
</table>

The maximum reimbursement per covered individual will be $830.00 per calendar year, per covered dependent. This allows for a maximum expense of $1,300.00 in covered procedures, of which $830.00 would be reimbursed to the employee.

PLEASE NOTE: THE DENTAL PLAN YEAR WILL RUN CALENDAR YEAR FROM JANUARY 1 THROUGH DECEMBER 31 OF EACH YEAR.
How to File a Claim
• Obtain claim form from Payroll or the Benefits and Payroll Intranet
• Complete Employee Section of Claim Form and sign
• Have Dentist complete and sign bottom portion of form
• Attach receipt or statement of procedure from Dentist to Claim Form
• Claims will be paid according to the date of service, not the date of payment
• File claims within the same plan year in which they are incurred
• Checks for claims received by the 15th of the month will be issued and disbursed along with the end of the month payroll check
• Checks for claims received after the 15th of each month will be paid at the end of the next month following receipt
• Checks will be generated only once a month
• Claims for the current year must be submitted to payroll by January 15th of the following year

FALSE BILLS OR DOCUMENTS SUBMITTED FOR REIMBURSEMENT WILL BE CONSIDERED A FRAUDULENT ACT AND WILL BE GROUNDS FOR IMMEDIATE DISCIPLINARY ACTION, UP TO AND INCLUDING DISMISSAL.

Changes in Coverage
Changes in dependent dental coverage will be governed by IRS regulations for Flexible Benefits Programs, as follows:

Unless a Qualifying Event occurs, changes will be allowed only during the Open Enrollment Period (changes effective July 1 of each year). Necessary forms must be completed prior to this date. Contact the Payroll office for completion of these forms.

Qualifying events, as determined by the IRS, are:
• Birth or Adoption of a Child
• Change in Spouse’s Employment
• Child over age 26
• Death of a Spouse or Child
• Divorce
• Eligibility of Spouse for Medicare
• Marriage

It is your responsibility to notify payroll when a dependent is NOT ELIGIBLE for coverage.