

# HAYWARD ELECTRIC

## Dental Plan Claim Submission/Payment Procedures

### 1. Dentist Office Claims Submission Procedures for claims of \$101.00 or more.

(1) Both the patient and dental office fill out and sign the proper sections of the claim form.

(2) The dental office sends the claim form to:  
 Human Resource Manager/Dental Plan Administrator  
 Hayward Electric Company  
 3150 Diablo Avenue  
 Hayward, CA. 94545  
 PHONE: (510) 783-2994 ext. 103

(3) The dental office may call the plan administrator to verify patient eligibility and the dollar amount the plan will pay for the submitted claim after 10 days. Submitted claims are paid on approximately the 10<sup>th</sup> and 25<sup>th</sup> of each month, or the closest available working day thereafter. **DO NOT SEND X-RAYS OR PHOTOS OF TEETH.**

(4) The dental claim will be paid based upon the dental benefits plan design as shown below.

(5) The patient is responsible to pay the deductible and any co-payments that the plan does not pay.

### 2. Qualified Employees or Dependent Claims Submission for Claims Under \$100.00

(1) This dental benefits plan reimburses covered employees and dependents on a direct reimbursement basis. After the patient receives treatment and pays the dental bill directly to the dental provider, he/she then completes the top and reimbursement portions of the claim form and has the dental office complete the bottom portion. He/she then submits the completed claim form, along with a copy of the cash payment receipt, credit card receipt or canceled check, to the plan Administrator.

(2) The administrator then reimburses the employee directly according to the benefit levels of the plan, as shown below. Reimbursements are paid on approximately the 10<sup>th</sup> and 25<sup>th</sup> of each month, or the closest available working day thereafter.

(3) **Special Note:** Dental claims will not be reimbursed unless the claim form has been **signed by the employee and the dental provider or authorized dental office employee.** A paid receipt or proof of payment must also be attached to the claim before the plan administrator will reimburse the claim.

### 3. Covered Dental Procedures

(1) **All dental procedures are covered** and are applied to the annual benefit maximum.

(2) Orthodontic benefits are considered part of the \$1,000.00 maximum and must be for treatment rendered in the current plan year. We will not pre-pay benefits or reimburse deposits or down payments for future treatments, until after the treatment is rendered.

### 4. Schedule of Dental Benefits: Annual Maximum Benefits Paid

(1) The plan year runs from November 1<sup>st</sup> to October 31<sup>st</sup> of the following year.

(2) Co-payment Levels for Covered Dental Expenses.

	Employer Share (%)	Employer Share (\$)	Employee Share (%)	Employee Share (\$)	Total Dental Expenses Paid
\$50.00 Employee Paid Deductible	0%	\$0	100%	\$ 50.00	\$ 50.00
80% of first \$250.00 of dental expense	80%	\$ 200.00	20%	\$ 50.00	\$ 250.00
50% of remaining expenses to an annual maximum of \$1,000.00	50%	<u>\$ 800.00</u>	50%	<u>\$800.00</u>	<u>\$1600.00</u>
		\$1000.00		\$900.00	\$1900.00

**CLAIMS MUST BE PROPERLY SUBMITTED WITHIN 90 DAYS OF SERVICE TO BE ELIGIBLE FOR PAYMENT.**