Sun Coast P.B.A.
Direct Reimbursement Dental Plan

Sun Coast Police Benevolent Association
14141 46th Street North, Suite 1205
Clearwater, Florida 33762

The Plan is subject to all of the terms, provisions and conditions recited on the following pages.

The Plan is not in lieu of and does not affect any requirements for coverage by Workers' Compensation Insurance.

This plan contains amendments to previous plans, takes effect January 1, 2021 and supersedes all previous PBA Dental Plans.

Jonathan Vazquez
President

ATTEST:

Michael Ward
Senior Vice President

Table of Contents

A. SCHEDULE OF BENEFITS

Effective for those meeting the eligibility and waiting period requirements identified below.

Annual Maximum Benefits Paid

Annual Maximum Reimbursement for Dental Expense per Calendar Year.

Co-payment Levels for Covered Expenses

Amt. Of Expense	PBA Share	Member Share
First $100	100%	0%
Next $50	0%	100%
Next $150	70%	30%
Next $1890	50%	50%

$1,000 Plan Year Maximum

Restrictions

Orthodontic Care:

Orthodontic care procedures are limited to the member, his/her spouse and to eligible dependent children, if applicable. The lifetime maximum benefit is $1,200.00 per eligible person, but no more than $400.00 per calendar year. These benefits are payable after a six (6) month waiting period. This benefit shall be applied to the eligible person's annual benefit.

NOTE: No benefits will be paid for endodontics and orthodontics charges in excess of the reasonable and customary charges.

B. DEFINITIONS

PBA – The Sun Coast Police Benevolent Association, Inc.

Plan – The benefits described herein is called the Sun Coast PBA Direct Reimbursement Dental Plan.

Eligible Member – A regular full-time member or retired member of the PBA. An eligible member is considered to be one who has been approved for membership in the PBA and whose dues are paid and current.

New PBA Member – All new PBA members will have thirty (30) days from the date they are elected into PBA to enroll in the Plan. Those members choosing to enroll will be required to stay with the Plan for one (1) year. Based on the date of enrollment, new members will be subject to the mid-year benefit schedule as described on page 5.

Eligible Dependents – Eligible dependents include the legally married spouse or domestic partner of an enrolled member and all unmarried children from birth until the age of 26. Eligible children include legally adopted children, stepchildren, foster children, and those children who the member has been court ordered to provide dental care. Children of an eligible member who have attained the age of 26, but are incapable of self-sustained employment due to a handicap or disability and are still dependent on the member, are eligible to receive the benefits provided in this plan upon completion of dental dependent paperwork.

Waiting Period – Sixty (60) days after enrollment in the Plan or after an eligible person is added to the plan (except for orthodontic procedures) and monthly payment for the Plan has been received from Direct Billing or through payroll deduction. (Allow thirty (30) days for payroll deductions to begin.)

Dentist – A duly licensed person who is a dentist and who is rendering services and treatment within the scope of his/her licensure and training.

C. EFFECTIVE DATE

Coverage is effective for eligible persons as defined herein, and who have satisfied the waiting period requirements.

Open Enrollment
An open enrollment period will be in effect from November 14 through December 31, of each calendar year. An enrolled member shall be required to remain in the Plan for one (1) calendar year.

Mid-Year Enrollment
Any PBA member who wishes to join outside the dates of the open enrollment period will only be eligible for the benefit schedule below.

Add	Maximum Reimbursement
Jan. 1 – Mar. 31	$750
Apr. 1 – Jun. 30	$500
July 1 – Sept. 30	$250
Oct. 1 – Nov. 13	$50

An enrolled member shall be required to remain in the Plan for one (1) calendar year.

D. ANNUAL RE-ELECTION PERIOD

The Annual Re-Election Period is held from November 14 through December 31 of each year. During this period, a member may make changes to his/her Plan. Changes include enrolling in previously waived coverage, dependent coverage, or canceling coverage, providing the member has completed one (1) year requirement. Any and all

changes must be in writing and entered on the approved PBA enrollment form.

Members already enrolled in the Plan will automatically be re-enrolled each calendar year with the same coverage, unless PBA is otherwise notified in writing.

E. FILING DENTAL CLAIMS

1. Dental claims must be filed on approved PBA claim forms, along with a paid receipt from the dentist. The claims must be filed at PBA's administrative office.
2. The dental claim form must be signed by the enrolled member if benefits are being paid to the provider.
3. To be eligible for reimbursement a claim must be filed no later than ninety (90) days after the charges were incurred.
4. Reimbursement will be mailed on or before thirty (30) calendar days after the claim is received.

F. NON-COVERED EXPENSES

1. Expenses covered under Workers' Compensation or other Disability laws.
2. Expenses covered by any governmental agency or under any governmental program or law, except as to charges which the person is legally obligated to pay.
3. Expenses incurred prior to the date the person became covered under this Plan.
4. Cosmetic Dentistry, including, but not limited to bleaching, implants, TMJ, and crowns not necessary for the maintenance of teeth.

G. INDIVIDUAL TERMINATION OF COVERAGE

Coverage shall terminate on any of the following occurrences:

1. the date of termination of the Plan; or
2. the date that he/she ceases to be an "Eligible Member" or "Eligible Dependent; or
3. the date all or certain benefits are terminated on his/her particular class of member by modification of the Plan; or
4. the date a member fails to make a required contribution.
5. written notification that the member or other eligible person no longer wishes to be covered under the Plan after one (1) calendar year from date of enrollment or re-enrollment provided said notification is during the open enrollment of November 14 through December 31.

H. COORDINATION OF BENEFITS

One of the purposes of this Plan is to help an eligible person meet the cost of needed dental care or treatment. It is not intended that an eligible person receive benefits greater than actual expenses incurred; therefore, benefits payable under the Plan and benefits payable under any other Plan shall be coordinated so that the total benefits payable shall not exceed the dentist's fee for treatment.

I. ADDITIONAL INFORMATION

1. Co-Insurance
   When an eligible person subscribes to other Dental Plans, the Plan will only pay claims for unpaid amounts by the other plan. Documentation of the other plan(s) must accompany the claim filed with the PBA.

Any person who knowingly and with intent to defraud any insurance company or the PBA files a statement containing any materially false information, or concerning any fact material thereto, commits a fraudulent insurance act which is a crime.

2. Plan Amendment or Termination
   The Plan may be amended or terminated by PBA at any time PBA will notify eligible persons of the Plan's termination. All claims filed after said notice will not be paid.

3. Charges
   The member will pay any bank charges incurred by the PBA due to return checks.

   Charges for "Stop Payment" orders for lost or misplaced checks shall be paid by the member.

4. Plan is not a requirement of membership in PBA
   The Plan is not a condition of membership in the PBA. Enrollment in the Plan obligates the eligible person to abide by the terms and condition of the Plan, and failure to do so, may result in the enforcement of the Plan in a court of competent jurisdiction.

5. Appealing a Claim
   If a claim is denied in whole or in part, the member will be notified by PBA. Upon denial, the member may request a review in writing. Such request shall be accompanied by any and all appropriate documentation to substantiate the claim. Such request shall be filed within 120 days of the written notice or denial. A decision to grant or deny an appeal shall be made within 60 working days after the appeal is received, and if denied, the member shall be given specific reasons for the denial, including specific

references to the relevant Plan provisions. The decision is final.

6. Change in Family Coverage/Status
   Members wishing to make a change in coverage must do so within 30 days of the members change in family status. Change in family status or qualifying event occurs when:

   - A member gets married or divorced.
   - A member has a child, adopts a child or becomes a foster parent.
   - Member, his spouse or other eligible dependent dies.
   - A member takes an unpaid leave of absence.
   - A child is no longer dependent or attains the age of 26.

J. RATES

Attached hereto are the schedules of premiums.

Premiums are subject to change within sixty (60) days notification by PBA.

$35.00 Single Coverage
$50.00 Member plus one
$70.00 Member plus two
$85.00 Member plus three
$100.00 Family Coverage (Member plus four or more)*

*Current members enrolled in Family Coverage prior to January 1, 2015 will remain at grandfathered rates.