



## Dental Reimbursement benefits

This "In-House Reimbursement Benefit" will begin after 60 days of employment, on the first of the month. This plan is for Bellavance employees and their dependents who are not on another dental plan. Once a dependent child reaches their 20<sup>th</sup> birthday, they are no longer eligible to receive dental benefits.

Due to this being an "In-House" benefit, you **do not** need to send any dental claims to the insurance company. You are responsible for paying your own bill. To receive a dental reimbursement from Bellavance, bring in the original bill or statement, with all services itemized and you will be reimbursed accordingly.

### **You will be reimbursed per calendar year, as follows:**

#### **Preventive Care:**

Pays \$125.00 maximum per visit. (You are allowed two preventive care visits per year, six months apart.) Coverage includes exams, emergency office visits, cleanings, x-rays, sealants, and fluoride.

#### **Basic Care:**

Pays 80% on fillings, general anesthetics, extractions, oral surgery, root canals, and periodontics.

#### **Major Care:**

Pays 50% on crowns, bridges, and dentures.

#### **Maximum Yearly Benefit:**

\$1,000.00 per person, \$3,000.00 per family of three or more.

***\*There is no orthodontic coverage.***

Your original dental bill or statement will be returned to you with an explanation of what we reimbursed. If you have any questions, don't hesitate to call me at **(802) 661 – 5535**.

**Krissy Bellavance**

A handwritten signature in cursive script that reads "Kbellavance".

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**Insurance Administrator**

\*Effective January 1, 2023