July 1, 2024

AVONDALE SCHOOL DISTRICT 2024-2025 DENTAL REIMBURSEMENT SCHEDULE AND FORM

To: AEA Members

For your dental claim to be processed, the most recent reimbursement form must be completely filled out with a paid receipt for services attached to the back (one form for each family member). If you are submitting claims for more than one family member, but all payments are on the same receipt, please make a copy of the receipt and attach to each claim form.

Covered expenses included two cleanings and one set of x-rays per year. Bleaching and veneers will not be covered. The maximum for orthodontics is $1,000 per year. The maximum for implants will be $1,500.

The first $600 in claims for each family member will be reimbursed as the claims are received following the schedule below. For all balances over the $600, the prorated payout will take place in late August of 2023. You may submit up to $2,500 per family member for services from July 1, 2024 through June 30, 2025. Of the $2,500 submitted, up to $1,000.00 of it may be for orthodontics for each individual.

All reimbursements will be paid through payroll.

Forms due to HR by:	Check Issued:
Friday, September 6, 2024	Friday, September 27, 2024
Friday, October 4, 2024	Friday, October 25, 2024
Friday, November 1, 2024	Friday, November 22, 2024
Friday, December 6, 2024	Friday, December 20, 2024
Friday, January 3, 2025	Friday, January 17, 2025
Monday, February 3, 2025	Friday, February 28, 2025
Friday, March 7, 2025	Friday, March 28, 2025
Friday, April 4, 2025	Friday, April 25, 2025
Friday, May 2, 2025	Friday, May 23, 2025
Friday, June 6, 2025	Friday, June 20, 2025
FINAL PAYOUT FOR 2022-2023 SCHOOL YEAR FOR SERVICES AND PAYMENT BEFORE July 1, 2024	
Monday, July 10, 2025	August 15, 2025

Please submit all claims to Annamaria Wyman in the Human Resources office

Mail to: 2940 Waukegan Street, Auburn Hills, MI 48326

Scan and Email to: dentalclaims@avondaleschools.org

Please do not fax

AEA

Dental Reimbursement Request

- An itemized paid receipt must accompany all reimbursement requests. Requests submitted without a paid receipt will not be accepted.
- The first six hundred dollars ($**600.00**) of eligible dental expense incurred for each covered individual during the period of July 1 - June 30 will be reimbursed to the employee within thirty (30) days of submission. The total amount of dental reimbursement is limited to $2500 per year per individual for whom a claim is filed. If there is money left in the fund after all claims have been paid to the maximum, claims in excess of $2500 will be paid on a prorated basis for remainder of the dental fund.
- All other dental expenses in excess of six hundred dollars ($600.00) incurred during the benefit year of July 1-June 30 will be reimbursed on a prorated basis the following August.
- Two (2) cleanings are allowed per year. One complete set of x-rays is allowed per year.
- Dental whitening or bleaching treatments are not eligible expenses
- Dental veneers are not eligible expenses
- The maximum reimbursement amount for orthodontic treatment is one thousand dollars ($1000.00) per year. Requests for reimbursement must be submitted within 12 months of date of payment and be accompanied by a paid receipt.
- The maximum reimbursement amount for dental implants will be one thousand five hundred dollars ($1,500) per year.

PATIENT NAME:	**EMPLOYEE NAME:**
PATIENT BIRTHDATE:	**EMPLOYEE ID #:**
RELATIONSHIP TO EMPLOYEE:	

Date of Service	**Description of Service**	**Fee Charged**	**Discount extended by Dentist**	**Amount Paid by Insurance**	**AMOUNT PAID BY EMPLOYEE** (receipt must be attached)
Total Amount Charged:					
Total Paid by Insurance:					
Total Paid by Employee: **(this amount should be reflected on the attached paid receipt)**					

EMPLOYEE SIGNATURE: _____ DATE: _____

HR APPROVAL: _____ DATE: _____