

GROUP DENTAL BENEFITS PLANS

Purpose and Scope

1. To outline administrative regulations governing group dental benefits plans available to monthly salaried employees assigned to positions of half time or more and their eligible dependents; and to define certain conditions under which coverage may be continued after active service ceases.
2. Detailed information on individual group dental benefits plans is available from the Employee Benefits Department.
3. The California Schools Voluntary Employee Benefits Association (VEBA) policies guide district benefits plan implementation.
4. Persons Eligible for Coverage
 - a. All active monthly salaried employees working half time or more and teachers in a job share assignment.
 - b. Dependents
 - (1) An eligible employee's legal spouse who has not entered a final decree of divorce or annulment from the employee, and is not on active duty as a member of the armed forces, or an unmarried employee's same-sex domestic partner who is not on active duty as a member of the armed forces and is not legally married to another individual.
 - (2) An eligible employee's child (including any stepchild, child of the employee's same-sex domestic partner, legally adopted child, or child for whom the employee is named legal guardian by court order) who (a) has not attained his/her twenty-sixth birthday, (b) is not covered for benefits as an employee, (c) is not on active duty as a member of the armed forces.
 - (3) An eligible employee's child (including any stepchild, child of the employee's same-sex domestic partner, legally adopted child, or child for whom the employee is named legal guardian by court order) who (a) is at least twenty-six years of age, (b) is primarily dependent upon the employee for support and maintenance, and (3) is incapable of self-sustaining employment because of mental or physical disability incurred prior to age twenty-six.

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- (4) Eligible dependents must be enrolled in the same dental plan as the employee.
- (5) Eligible same-sex domestic partners and their dependents may be enrolled under the following conditions by completing a separate domestic partner enrollment packet.
 - (a) When included on a new employee's enrollment form:
 - 1) A Declaration of Domestic Partnership form must be submitted with an eligible employee's enrollment form.
 - 2) Unless a domestic partner is considered an employee's dependent for tax purposes under Section 125 of the Internal Revenue Code, the Internal Revenue Service currently treats as imputed income of the employee, the value of the health coverage provided to domestic partners and their eligible dependents.
 - 3) If an employee elects to provide coverage for a domestic partner, the district must adjust the employee's W-2 form to show the value of the coverage as taxable income.
 - (b) An eligible same-sex domestic partner not included on a new employee's enrollment form may be added only during open enrollment.

Note: Dependents who are in active, full-time military service are not eligible for coverage.

5. Choice of Plans

- a. All eligible employees shall be provided with information regarding the district-sponsored dental benefits plans at the time of employment and annually thereafter during the open enrollment period. District-sponsored dental benefit plans and benefit designs may change from year to year as a result of the collective bargaining process.
- b. Costs. The amount that an employee may be required to pay for coverage changes annually. These amounts are announced during the open enrollment period held in November of each year. Any required employee contribution is made through

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automatic payroll deduction on a tenths basis each month, September through June. Employees in job-share assignments, who are enrolled for dental coverage, must pay a pro rata share of the cost of coverage on a tenths basis through payroll deduction.

6. Open Enrollment

- a. An open enrollment period is held from mid-October to mid-November each year. During this time, eligible employees may elect to change dental plans, enroll for coverage if not already enrolled in a plan, and/or add eligible dependents. All changes become effective January 1 of the following year.
- b. Prior to open enrollment, district information circulars are sent each work location announcing the open enrollment period and the employee costs, if any, for the ensuing calendar year. Eligible employees who wish to make any changes must make open enrollment changes using People Soft Self-Service within the time limits specified in the open enrollment circular; otherwise changes will not be accepted.

7. Effective Date of Coverage

- a. Enrollment in a dental plan is not automatic. Coverage is effective on the first day of the month following the first day of paid service in a monthly salaried position of half time or more, provided the employee is actively at work and the appropriate enrollment forms and any required contribution are received in the Employee Benefits Department within 31 days of the time when the employee becomes eligible for coverage.
- b. Coverage for eligible dependents who are included on an employee's enrollment form becomes effective on the same date as the employee's coverage.
- c. For eligible dependents acquired after an employee's benefits become effective, an enrollment form must be submitted to the Employee Benefits Department within 31 days of the date the dependent becomes eligible (i.e., within 31 days following the date of marriage, birth, or adoption); otherwise, enrollment is permitted only during the annual open enrollment period with coverage effective the following January 1.

Note: An eligible same-sex domestic partner not included on a new employee's enrollment form may be added only during an open enrollment period.

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- d. Health Insurance Portability and Accountability Act of 1996 (HIPAA). When an employee or a dependent does not enroll for dental coverage because he/she has other coverage, a federal law known as HIPAA permits enrollment at times other than open enrollment when a loss of the other coverage occurs. An appropriate enrollment application form must be submitted to the Employee Benefits Department within 31 days following the loss of the other coverage. This special enrollment provision also allows an employee to enroll for coverage for self/dependents within 31 days of acquiring a new dependent, i.e., marriage, birth, adoption or placement for adoption. The HIPAA enrollment exception does not apply to same-sex domestic partners and their dependents.
8. Termination of Coverage
 - a. Monthly salaried employees working half time or more who cease active service. When an employee ceases paid service in an eligible monthly salaried position, coverage under the district-sponsored group dental plan in which the employee is enrolled terminates at the end of the month in which paid service in the eligible monthly salaried position ceases. Employees who cease paid service and are on a district-approved unpaid leave of absence or who separate from the district due to retirement and are receiving a monthly benefit from the State Teachers' Retirement System (STRS) or the Public Employees' Retirement System (PERS), may continue certain group insurance plans by paying the cost of coverage to the district.
 - b. Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). When an employee and/or dependent(s) will lose coverage under a district-sponsored group dental plan because of a "qualifying event" such as termination of employment, layoff, reduction in hours below fully-paid benefit level, divorce, or age limitation, coverage may be continued for a limited period of time on a self-pay basis by making the required payment to the district. This program is known as COBRA. Continuation of benefits under the COBRA program is not available to an employee's same sex-domestic partner or the partner's dependents. For more information, contact the Employee Benefits Department.
 - c. Dependents of active employees. Coverage terminates on the date employee coverage terminates or the date the dependent no longer qualifies as an eligible dependent, whichever occurs first.

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9. Continuation of Coverage (when active service ceases)
 - a. Sabbatical leave of absence. Coverage for an employee and his/her eligible dependents remains in effect during the period of sabbatical leave if the employee is receiving half salary and the required payroll deduction, if any, is continued.
 - b. Family and medical care leave. If an employee is enrolled in any district-sponsored group insurance plan (medical, dental, and vision), coverage for an employee and eligible dependents will continue to be paid by the district during an approved family and medical care leave (FMLA). Employees working in a job share assignment who are enrolled in a district-sponsored medical and/or dental plan must continue to remit their required pro rata share of the premium cost during the period of time they are on an approved FMLA. An employee may continue any current life insurance plan by paying the required contribution to the district.
 - c. Other approved unpaid leaves of absence (e.g., parental, professional study, and health). Coverage for an employee and his/her eligible dependents may be continued by remitting the required contribution to the district within 31 days of the date such coverage normally would terminate because of termination of active service.
 - (1) Employee coverage terminates on the first to occur of the following dates:
 - (a) End of month for which the required contribution has been received by the Employee Benefits Department.
 - (b) End of the month in which the district-approved unpaid leave of absence expires.
 - (c) End of the month in which employment with the district is terminated (i.e., resignation, retirement, or death).
 - (2) Dependent coverage terminates on the same date the employee coverage terminates, or the date the dependent no longer qualifies as an eligible dependent, whichever occurs first.
 - (3) An employee on an unpaid leave of absence who allows coverage to terminate will not be eligible to reapply for coverage until returning to active paid service in an eligible monthly salaried position.

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- d. Approved leave due to on-the-job illness or injury. If an employee's paid service ceases as a result of an on-the-job illness or injury and the employee is on a district-approved unpaid leave of absence and is receiving Workers' Compensation benefits, coverage for the employee and his/her eligible dependents may be continued provided the employee continues to make required contributions to the Employee Benefits Department.
- (1) Employee coverage terminates on the first to occur of the following dates:
 - (a) End of the month in which resolution of the workers' compensation claim is approved by the Workers' Compensation Appeals Board.
 - (b) End of the month in which the temporary disability payment ceases.
 - (c) End of the 12th month following the last date of paid service.
 - (d) End of the month for which a required contribution has been received by the Employee Benefits Department .
 - (e) End of month in which employment with the district is terminated (i.e., resignation, retirement, or death).
 - (2) Dependent coverage terminates on the same date the employee coverage terminates, or the date the dependent no longer qualifies as an eligible dependent, whichever occurs first.
 - (3) An employee who allows coverage to terminate will not be eligible to reapply for coverage until he/she returns to active paid service in an eligible monthly position.
- e. Retirement
- (1) If an employee's paid service ceases because of retirement and he/she is receiving a monthly benefit from the State Teachers' Retirement System or the Public Employees Retirement System, coverage may be continued only for the employee and his/her eligible spouse as long as payment of the required contribution is received by the Employee Benefits Department within 31 days of the date coverage normally would terminate because of termination of active service. Coverage for other eligible dependents may be continued under the COBRA program.

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- (2) Retiree's coverage terminates on the first to occur of the following dates:
 - (a) End of the month for which the required contribution has been received by the Employee Benefits Department.
 - (b) End of the month in which the death of the retiree occurs.
 - (3) Spouse coverage terminates on the same date the retiree coverage terminates, or the date the spouse no longer qualifies as an eligible spouse, whichever occurs first.
 - (4) If retiree coverage is allowed to terminate, it cannot be reinstated.
- f. Surviving spouse. Upon the death of an employee who was in a paid status or on a district-approved unpaid leave of absence, or of a retiree who was enrolled in one of the district-sponsored group dental benefits plans, the surviving spouse may only continue dental coverage by remitting the required contribution to the Employee Benefits Department until the first to occur of the following dates:
- (1) Remarriage or death. (However, if the surviving dependent spouse also qualifies as a retiree of the district and is receiving a monthly benefit from the State Teachers' Retirement System or the Public Employees' Retirement System, his/her coverage may be continued without regard to remarriage, by prepaying the required contribution.)
 - (2) Last day of the month for which contributions have been received by the Employee Benefits Department.
 - (3) If coverage is allowed to terminate, it cannot be reinstated.
- g. Other surviving dependents. Upon the death of an employee who was in paid status or on a district-approved unpaid leave of absence and who was enrolled in one of the district-sponsored group dental benefits plans, coverage may be continued through the COBRA program.

Implementation

- 1. Human Resource Services Division. At the time of hire, provides all new, eligible employees with a new employee packet of materials describing available plan selections, eligibility provisions, necessary enrollment forms, and enrollment instructions.

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2. Employee

- a. Must complete and submit to the Employee Benefits Department the appropriate enrollment application forms for self and eligible dependents, within 31 days of the first day of paid service, if coverage is desired. Failure on the part of the employee to complete and submit enrollment application forms within the time specified herein shall constitute a waiver of coverage.
- b. Files claims as outlined in plan brochure.
- c. If coverage is desired, submits payment to continue coverage while on district-approved unpaid leave of absence or retirement.
- d. During scheduled open enrollment period contacts the Employee Benefits Department to enroll for dental coverage, change plans, and/or add dependents.
- e. Immediately notifies the Employee Benefits Department and completes appropriate paperwork to delete a spouse upon final decree of divorce, a same-sex domestic partner and the partner's dependents upon termination of the partnership, or a dependent child who no longer meets the eligibility requirements.

3. Finance Division

- a. Employee Benefits Department
 - (1) Disseminates open enrollment materials describing available plan selections, changes to benefits within existing plans, eligibility and enrollment requirements, and maintains the district's benefits web site.
 - (2) Negotiates contracts with selected carriers.
 - (3) Verifies and establishes employee and dependent eligibility for coverage.
 - (4) Computes premiums paid by district, and requests payment from the Fiscal Control Department, to the district-approved group dental benefits plans on a monthly basis.

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- (5) Sends billings and collects payments from retirees, employees on district-approved unpaid leaves of absence and COBRA participants who elect to continue coverage; transmits payments to the Fiscal Control Department.
 - (6) Assists in resolving eligibility, claims, or payment issues; acts as liaison between employee or retiree and plan.
 - (7) Provides required COBRA notifications to employees and their dependents.
4. Fiscal Control Department
- a. Receives payment request from the Employee Benefits Department; verifies totals and prepares warrant.
 - b. Fiscal Control Department receives, records, and deposits payments transmitted by the Employee Benefits Department or retirees or employees on district-approved unpaid leaves of absence who elect to continue coverage.
5. Enrollment forms are available from the Employee Benefits Department. Plan documents and additional resources are available on the Employee Benefits Department web site.