

# MSIA POLICIES AND PROCEDURES MANUAL

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## SECTION 400 – PROGRAM PARTICIPATION

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### POLICY 400.5 DENTAL PROGRAM ELIGIBILITY AND ENROLLMENT

The **Board of Directors** recognizes the importance of spreading risk over the greatest number of enrollees possible to keep rates low. The **Board of Directors** further recognizes the potential financial impact to **Participant** employees who may incur out-of-pocket expenses for dental benefits for themselves or their families. The **Board of Directors** does hereby establish the following eligibility and enrollment criteria for the **Authority's** Dental Program which will be reviewed annually:

#### Employee Eligibility

Full-time or part-time benefit eligible employees, shall be considered primary enrollees to the Program. "Full-time or part-time benefit eligible" shall be defined by each **Participant's** collective bargaining agreements. The **Authority** shall require all Dental Program **Participants** to enroll all full-time benefit eligible employees in the Dental program. The **Authority** shall require all Dental Program **Participants** to enroll all part-time benefit eligible employees in the Dental Program if the **Participant** pays 100% of the employees' premiums; however, if **Participant** employees pay any portion of Dental premiums, the **Authority** shall not require the **Participant** to make enrollment mandatory for its part-time benefit eligible employees in the Dental Program.

"Full-time or part-time benefit eligible" may include the following Employee types:

- Classified
- Certificated
- Administration
- Confidential
- District superintendent and his/her assistants
- Members of Governing Board
- Retirees

#### Employee Enrollment

Subject to the above provisions, all **Participant** employees, including two married employees employed by the same **Participant** must be enrolled when the employee becomes eligible. *Enrollment in the Dental Program is a one-time election, except in the event of loss of coverage, as defined below; therefore, open enrollment does not apply to Dental Participants.* An employee's eligibility ends on the last day of the month in which full-time employment ends or as otherwise defined by the **Participant's** collective bargaining agreements.

#### Dependent Eligibility and Enrollment

The **Authority** shall not require benefit-eligible dependents of **Participant** employees to enroll in the Dental Program. Subject to the above provisions, all eligible dependents of **Participant** employees must be enrolled when the dependent becomes eligible or within sixty (60) days of the dependent becoming eligible. **Participants** are discouraged from allowing employees to double-cover spouses and/or other dependents employed by the same **Participant**. *Enrollment*

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*in the Dental Program for eligible dependents is a one-time election, except in the event of loss of coverage, as defined below; therefore, open enrollment does not apply.* A dependent's eligibility ends on the last day of the month in which the primary enrollee's employment ends or as otherwise defined by the **Participant's** collective bargaining agreements.

Benefit eligible dependents, as defined by each **Participant's** collective bargaining agreements, may include a(n):

- Legal spouse of a primary enrollee,
- Domestic Partner of a primary enrollee as defined by California Family Code Section 297,
- Unmarried dependent child(ren) from birth to age 25. A child includes a legally adopted child from the moment of placement for adoption with the enrollee, or a child that has been placed into the enrollees care by the courts for support and maintenance, or
- Unmarried children, 25 years or older, if they are incapable of self-support because of a physical or mental disability. The disability must begin before the child reached age 25.

#### Re-enrollment or Loss of Coverage

If an employee or dependent is not added to the program upon eligibility or are dropped from the plan, they may not re-enroll, except in the event of loss of coverage. Said employee or dependent will be required to show proof of loss of coverage, such as a *Sworn Affidavit* (see attached sample), termination notice, COBRA notice, evidence of prior coverage, continuation of coverage letter, etc., for acceptance to the Program. Coverage will be effective the first day of the month, following 30 days from the loss of coverage. The employee or dependent will be required to participate in the plan for a minimum participation period of one year (12 months) from the date of enrollment.

#### Federal or State Mandated Regulations

All Federal or State mandated regulations (including but not limited to FMLA, COBRA, etc.) are to be administered accordingly. Primary enrollees on Federal or State regulated leaves (including but not limited to FMLA) will have continuing eligibility up to the maximum period as defined by the Federal or State regulations. Primary enrollees on a **Participant**-approved leave of absence are subject to the **Participant's** collective bargaining agreements as it relates to continuation of benefits.