County employees eligible for dental benefits must complete the Dental Plan Enrollment/Change Form in order to select a dental plan. The County requires all eligible employees to carry County-sponsored dental insurance, unless the employee is able to Opt-Out to other employer - group sponsored coverage or Waive to an eligible County employee.

REFERENCES

Current County Memoranda of Understanding (MOU); Compensation Plan; *or* Employee Benefits Guide

FORMS REQUIRED MANDATORY FIELDS

Dental Plan Enrollment/Change Form Employee ID; Last Name, First Name;

Premium Deduction Election Form Department; Telephone; Reason for Election Agreement; Benefit Plan Election; and Provider Name and Number (DHMO Plan)

General Information

All employees in a regular position who are scheduled to work 40 or more hours must enroll in a County- sponsored dental plan.

The County currently offers Cigna Dental DPPO and Cigna Dental Care DHMO dental plans. The County may provide Benefit Plan Dollars or Dental Premium Subsidies to each employee to pay for all or part of the dental insurance premium.

The Dental Plan Enrollment/Change Form should be included with the New Hire packet that is sent to EMACS-Human Resources (HR). If the form is not received, the employee’s dental benefits will default to the lowest cost dental plan with employee only coverage, after tax. If the form is not received in the New Hire packet, the employee has 60 days from date of hire in which to supply the information to Employee Benefits and Services Division (EBSD) - HR.

**Additional Information**

Opt Out - Employees may Opt-Out if they have other employer-sponsored group dental insurance that offers coverage comparable to a County-sponsored plan. An Opt-Out/Waiver Election Agreement form, Premium Deduction Election Form, and proof of dental coverage must be submitted to the department payroll specialist.

Waive - Employees may Waive individual dental coverage and elect coverage as a dependent on their spouses/domestic partner’s or parent’s County-sponsored dental plan. An Opt-Out/Waiver Election Agreement form and a Premium Deduction Election Form must be submitted to the department payroll specialist.

Over-Age Dependent - Employees may add a dependent to their dental plan who is 26 years or older and is incapable of self-sustaining employment because of a mental or physical handicap.

## Acceptable Documentation for Dependent Eligibility (Add or Delete)

Copy of:

* Marriage Certificate/registration of domestic partnership
* Birth Certificate (including hospital issued)
* Death Certificate
* Court issued adoption placement paperwork
* Divorce Decree/dissolution of domestic partnership
* Insurance termination letter, Certificate of Coverage, or letter from employer or medical plan verifying coverage (stating date of eligibility)
* Front and back of Medical Plan card

ENROLLMENT (OTHER THAN OPEN ENROLLMENT)

**New Enrollment**

“New Enrollment Only” section should be completed if the employee is enrolling a spouse/domestic partner or child for the first time.

“Other Dental Coverage” section should be completed if the employee, or other family member, is also covered under another dental plan.

If the employee is newly enrolling into the Cigna Dental Care DHMO plan, the employee may specify a dental office for themselves and/or their enrolled dependents. If the employee does not indicate their choice of dental office or does not note the provider number correctly, Cigna Dental will auto assign the employee and/or their enrolled dependents to a dental office. To obtain the most current provider information refer to the Cigna’s website at **www.cigna.com**.

EMPLOYEE RESPONSIBILITIES

* Obtain and complete the Dental Plan Enrollment/Change Form, and the Premium Deduction Election Form
* Provide documentation for each dependent that is being added to the dental plan, as applicable. *Refer to Acceptable Documentation for Dependent Eligibility section above*
* Retain copies for file
* Submit to department payroll specialist

PAYROLL SPECIALIST RESPONSIBILITIES

* Provide employee with the Dental Plan Enrollment/Change Form and the Premium Deduction Election Form
* Audit for completeness
* Complete appropriate JAR packet
* Retain copies for department file
* Forward original to EMACS-HR (0030

**Mid-Year Enrollment Change**

“Enrollment Changes Only” section should be completed for mid-year changes only.

“Other Dental Coverage” section should be completed if the employee, or other family member, is also covered under another dental plan.

If the employee experiences a qualifying Section 125 Change in Status Event, they may make an enrollment change mid-year that is consistent with the event (e.g. Employee go married, can add spouse to dental plan). A Dental Plan Enrollment/Change Form and a Premium Deduction Election Form must accompany all mid-year change paperwork requesting any change to dental benefits (i.e., deleting or adding dependents). *Note: Forms must be received by EBSD - HR within 60 days of event in order for change to be processed.*

EMPLOYEE RESPONSIBILITIES

* **O**btain and complete the Dental Plan Enrollment/Change Form and the Premium Deduction Election Form
* Submit forms to EBSD - HR within 60 days of qualifying change in status event
* Provide documentation for each dependent that is being added to the dental plan, as applicable.
*Refer to Acceptable Documentation for Dependent Eligibility section*
* Retain copies for file
* Submit to department payroll specialist or EBSD-HR

PAYROLL SPECIALIST RESPONSIBILITIES

* Provide employee with the Dental Plan Enrollment/Change Form and the Premium Deduction Election Form
* Audit for completeness
* Retain copies for department file
* Forward original to EBSD-HR (0030)

DEADLINES

Mid-Year Changes - EBSD-HR must receive the Dental Plan Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation within 60 days of the qualifying event

DISTRIBUTION GUIDELINES

New Enrollment - The completed Dental Plan Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation must be submitted with the New Hire packet and sent to EMACS-HR (0030)

Changes - Employees defaulted to the lowest cost dental plan and mid-year changes must send the completed Dental Plan Enrollment/Change Form, Premium Deduction Election Form, and the acceptable documentation to EBSD-HR (0440)

RELATED FORMS

Premium Deduction Election Form

Checklist - Contract to Regular

Checklist - Extra-Help-Recurrent-PSE to Contract

Checklist - Extra-Help-Recurrent-PSE to Regular

Checklist - Job Share

Checklist - New Hire-Contract

Checklist - New Hire-Exempt

Checklist - New Hire-Regular-Part-time-Reemployment (Rehire)

Checklist - Regular to Contract

Checklist - Return from Leave (With Right- Without Right-Medical Leave of Absence) Without Right to Return section