

Administrative Rule # 402 – Dental Eligibility

Section: 4 (Optional Coverages)	Subject: Dental Eligibility
Rule Number: 402	
Reference: Article XV, Section 15.1	Resource: Benefits
	Original Date: 12/90, 4/11,
	Revision Dates: 2/91, 6/91, 6/95, 4/97, 9/97, 1/02, 3/02, 12/04 2/05, 4/05, 04/11

DENTAL ELIGIBILITY

A member is eligible to subscribe for dental coverage:

- . upon his/her first eligibility (Plan entry)
- . due to a "life-change" event
- . during an open enrollment period

LIFE-CHANGE EVENTS

- . service change
- . change of marital status
- . dependent change
- . change in your or your spouse employment status
- . significant change in your spouse's healthcare coverage

The member must notify the Board within 31 calendar days of the life-change event.

If coverage is elected, expanded, or the option changed (from DMO to PPO or vice versa):
due to a life-change event, the coverage is effective as of the life change event, but only if information received within the 31 day notification period. The member is ineligible to subscribe if the life change event notification is received outside the 31 day rule.

If coverage is elected or expanded due to a life-change event, coverage for the new individual(s) will be limited to Preventive and Diagnostic services for the first twelve (12) months of coverage.

EXCEPTION 1: If coverage is being expanded to include a spouse, the coverage for the new spouse will not be limited if the new spouse is being enrolled at his/her first eligibility (i.e.

within 31 days of marriage). The member will not be allowed to expand coverage if notification is not received within the 31-day period.

EXCEPTION 2: When a spouse and the Plan member/children are covered through the spouse's employer sponsored dental program and the spouse loses dental coverage, the member is eligible to enroll in the Aetna dental program. There will be no limitation placed on the coverage provided a certificate of creditable coverage is received. The 31 day life change event notification also applies.

MEMBER TERMINATES COVERAGE

If a member elects to terminate dental coverage, the termination will be effective on the first day of the following month. (The coverage will remain effective through the last day of the month in which the request was received.)

If the member was enrolled in the dental program prior to the termination of disability benefits, there is a thirty- day extension of benefits if the services are "ordered" prior to the date coverage ends. Please call Aetna at 800-843-3661 to find out which services are eligible. Additionally, the ordered service must be installed or delivered no later than 30 days after the coverage ends.

RE-ELECTION AFTER MEMBER TERMINATES COVERAGE

If a member voluntarily terminates dental coverage, a 24-month waiting period must elapse before dental coverage can be elected, again. Additionally, the member can only elect the dental coverage after the 24 months has passed in conjunction with a life-change event or during the open enrollment period.

There will be the usual twelve-month limit to Preventive and Diagnostic services, if elected during a life change event

ORTHODONTIA

A member must be enrolled in the dental program (dental children/dental family coverage) for one continuous year in order for eligible children to access the orthodontial benefit.

DISABLED MEMBERS

- . Disabled members cannot elect dental coverage under the open enrollment period; however, if dental benefits are in effect at the time of disability the member can continue dental benefits.

- . If a disabled member has a change in status to ACTIVE he/she may enroll for the dental program within 31 days of the life change event. There will be a twelve-month limit (Preventive and Diagnostic services) placed on the coverage.
- . Disabled members are not eligible to expand their dental coverage (e.g., dental member to dental spouse), even with a life-change event. If a disabled member drops dental coverage or dental coverage is "closed" because payment was delinquent, he/she will not be eligible to reelect it any time in the future, even if they experience a life-change event.

WHEN A MEMBER RETIRES

- . Dental coverage will terminate as of the date of retirement.
- . If the member was enrolled in the dental program prior to the termination of active plan participation, there is a thirty- day extension of benefits if the services are "ordered" prior to the date coverage ends. Please call Aetna at 800-843-3661 to find out which services are eligible. Additionally, the ordered service must be installed or delivered no later than 30 days after the coverage ends

WHEN A MEMBER TERMINATES

- . Dental coverage will terminate as of the date of termination of Plan membership.
- . There is no individual conversion policy available for terminated members.
- . Eligible children are covered until the age of 26.

WHEN A MEMBER DIES

- . If the member was enrolled in the dental program prior to a thirty- day extension of benefits for eligible surviving dependents if the services are "ordered" prior to the date coverage ends. Please call Aetna at 800-843-3661 to find out which services are eligible. Additionally, the ordered service must be installed or delivered no later than 30 days after the coverage ends.
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- . There is no individual conversion policy available for survivors.

GAPS-IN-SERVICE/BREAKS-IN-SERVICE/UNEMPLOYED

- . If a member who had a gap-in-service (90 days or less) re-establishes membership and did not have dental coverage prior to the gap, the coverage will be limited to Preventive Service for the first 12 months.

- . If the member did have dental coverage prior to the gap, he/she will be eligible to elect dental after the gap. In this case, no limit would be applied. Previous service will count towards the Orthodontia benefit.
- . If a member had a break-in-service and did not have dental coverage prior to the break (less than one year) and dental coverage was not voluntarily terminated by the member and re-establishes membership within one year he or she will be eligible to elect dental coverage. The coverage will be limited to Preventive Services for the first twelve-months.
- . If the member did have dental coverage prior to the break in service he/she will be eligible to elect dental after the break. In this case, no limit would be applied. Previous service will count towards the Orthodontia benefit.
- . If the member re-establishes membership by re-enrolling after at least one year of absence via a Membership Application, coverage will not be limited to Preventive and Diagnostic services for the first twelve months.
- . Members on transitional coverage can not elect dental coverage under the open enrollment period or during a life change event, other than a service change that transitions them into active service.
- . If a member on transitional coverage has a change in status to ACTIVE he/she may enroll for the dental program within 31 days of the life change event.

ORTHODONTICS

Orthodontic coverage is available for eligible children provided that at the time the orthodontic appliance is first installed, they meet the following criteria:

The child must be age 19 or younger, and the member is enrolled for either family dental or member and child(ren) dental coverage for a 12 consecutive month period prior to the child accessing orthodontia coverage.