



SUMMARY OF COVERAGE & CERTIFICATE OF BENEFITS

Wyoming State Employees' & Officials Group Dental Plan Master Group #600



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**GROUP DENTAL BENEFITS
CERTIFICATE OF COVERAGE
DELTA DENTAL OF WYOMING
(Hereinafter called Delta Dental)**

Policy Statement

THE STATE OF WYOMING (the Employer) has established an Employee Welfare Benefit Plan. This booklet, effective January 1, 2011, replaces any prior Dental Plan booklet issued. The benefits described in this booklet constitute the benefits available under the Dental Plan. The plan will be maintained pursuant to the terms of this booklet. The Dental Plan may be amended from time to time. All prior plan descriptions established or maintained by the Employer are hereby revoked.

The benefits that form the Preventive and Diagnostic AND the Voluntary Option I Dental Plan as described in this booklet are self-funded by the Employer. The Plan Administrator has complete authority to control and manage the plan and has full discretion to determine eligibility, to interpret the plan and to determine whether a claim should be paid or denied, according to the provisions of the plan, as set forth in this booklet.

DELTA DENTAL OF WYOMING

ELIGIBILITY

I. Definitions

Eligible Employee means any official or employee of a covered entity who regularly works a minimum of 80 hours per calendar month and is a resident of the United States or Puerto Rico. Covered entities include, but are not limited to the State of Wyoming, the University of Wyoming, Wyoming Business Council, and the Wyoming Community Colleges.

- A. All employees become eligible for this Plan on the first day of the month following their date of employment.
- B. With respect to an employee who is covered under the Dental Plan and terminates employment, he or she may transfer employee coverage to his or her spouse who also is employed by a covered entity, if application is made within 31 days of termination. If the family is covered under a split contract (both spouses employed by covered entity with covered children), the currently covered employee will automatically be changed to cover the family.
- C. If you are enrolled on the State Health Insurance Plan you must also be enrolled at a minimum in the Preventive and Diagnostic Dental Plan. If you are enrolled with single coverage for the State Health Plan you may elect either single or family dental coverage. If you are enrolled with family coverage for the State Health Plan you must have family dental coverage.

II. Retiree

An Employee who:

- has been retired from active service with the covered entity; and
- has made application with the Employees' Group Insurance within 31 days of termination to continue coverage; and
- has had dental coverage in effect under the covered entity's plan for at least one year just prior to retirement; and either
 - has attained at least age 50 on the date he/she retires; and just prior to the date of his/her retirement had completed at least 4 years of continuous service for the covered entity and is eligible for State of Wyoming Retirement benefits/TIAA CREF; or
 - is eligible for State of Wyoming Retirement Benefits/TIAA CREF; and just prior to the date of his/her initial retirement had completed at least 20 years of continuous service with the covered entity.

An Employee who has previously retired from a covered entity and has returned to work with a covered entity who:

- has retired from active service with the covered entity for at least a second time; and
- has made application with the Employees' Group Insurance within 31 days of termination to continue coverage; and
- has had dental coverage in effect under the covered entity's plan for at least one year just prior to retirement; and either
 - has attained at least age 50 on the date he/she retires; and just prior to the date of his/her return to retirement had completed at least 4 years of continuous service for the covered entity and is eligible for State of Wyoming Retirement Benefits/TIAA CREF; or
 - maintained continuous retiree dental benefit coverage with the State's plan from previous retirement to the time of rehire with no break in coverage plus has had dental coverage in effect under the covered entity's plan since the retiree has rehired.

Medicare eligible retirees may continue to keep the dental plan they are currently enrolled in (Preventive and Diagnostic only or Preventive and Diagnostic and Voluntary Option I Plan) even if they cancel coverage under the State's Health Plan. Both the Medicare eligible retiree and their eligible dependents may continue the plan they are currently enrolled in (Preventive and Diagnostic only or Preventive and Diagnostic and Voluntary Option I Plan) if they participated in the plan at the time that enrollment in the Health Plan is canceled. Medicare eligible retirees and their eligible dependents may not continue the Voluntary Option I Dental Plan if they are not also enrolled in the Preventive and Diagnostic Dental Plan.

Medicare eligible retiree's (eligible) dependents may not be enrolled in the Preventive and Diagnostic Dental Plan or the Voluntary Option I Plan if the retiree is not enrolled in the same plan. Medicare eligible retirees who cancel their coverage in either Dental Plans **MAY NOT** re-enroll at a future date.

III. Dependents

If you are insured as an employee, your dependents are eligible for coverage on the same date as you or the date they become eligible dependents. (a) If you enroll for dependent coverage on or before the date they become eligible, they will be covered on the 1st day of the month following the date they become eligible. (b) If you enroll for dependent coverage after they become eligible, but on or before the 60th day following the date they become eligible, they will become covered on the first day of the month coinciding with or next succeeding the date you enroll.

An eligible dependent is:

- Your legal spouse, as recognized by the State of Wyoming;
- Any child under the age of 26 (until the last day of the month the child turns 26).

The term "child" means your children. This includes any legal step-child, adopted child, foster child, or any child you are legally responsible to provide for by virtue of a court order specifically naming you as the permanent responsible party. Legal documents must be provided at the time you enroll eligible children in one of these categories. Statements concerning the legal responsibility for care cannot be made for limited purposes including but not limited to educational and/or insurance purposes.

The age limit does not apply to an enrolled child who becomes disabled, or became disabled before reaching the age limit and who cannot hold a self-supporting job due to a permanent physical handicap or mental retardation.

Any eligible dependent child who is not self-supporting due to development disabilities or physical handicap must have been covered under the plan on the day before the date the child would otherwise lose dependent status due to reaching age 26.

"Physical handicap/mental retardation" means permanent physical or mental impairment that is a result of either a congenital or acquired illness or injury leading to the individual being incapable of independent living.

"Permanent physical or mental impairment" means a physiological condition, skeletal or motor deficit, or mental retardation or organic brain syndrome.

A non-permanent total disability where medical improvement is possible is not considered to be a "handicap" for the purpose of this provision. This includes substance abuse and non-permanent mental impairments.

At reasonable intervals, but not more often than annually, the Plan may require a Doctor's certificate as proof of the child's disability.

The plan will allow for a dependent child, if the employee has been appointed as permanent legal guardian and if the dependent child is a resident in the employee's home.

Your dependent must live in the United States or Puerto Rico to be eligible for coverage.

A person who is covered under this Plan as an Employee may not be covered as both an "Employee" and a "Dependent". A child may not be covered as a "Dependent" of more than one Employee.

Individuals where both husband and wife, "with eligible dependents", are employed by covered entities are required to enroll in the Split Premium Arrangement if they are electing to cover themselves and any children. Spouses must choose the same benefits under the Split Premium Arrangement (i.e., same deductible health plan).

If you did not apply for dependent coverage within 31 days of the date you became eligible because your dependents were covered under a group dental coverage plan sponsored by your spouse's employer when you were initially eligible for dependent coverage under this contract, and such coverage is later terminated due to:

- termination of your spouse's employment; or
- temporary lay-off or a labor strike, resulting in loss of dental benefits; or
- termination of the other plan; or
- significant change in benefits or premium that results in an additional cost of at least 35%;

then you may apply for dependent coverage under this contract. Such application must be made within 60 days of the date in which your spouse's coverage terminated under the group coverage plan sponsored by his/her employer. If you enrolled for dependent coverage and later drop that coverage because your dependents became covered under another group plan sponsored by your spouse's employer, and such coverage is later terminated under the same circumstances as set forth in the preceding

paragraph, you will be allowed to re-enroll your dependents for coverage without waiting the full three (3) years otherwise required under this Plan, as long as you, the employee, have retained the single dental coverage throughout the time period your dependents were enrolled on the other plan, and you apply for dependent coverage within 60 days of the date on which your spouse's coverage terminated under the group plan sponsored by his/her employer.

IV. When You Marry or Have Children

If you have no eligible dependents at the time you become covered under the Plan but later acquire them, be sure to enroll them promptly, within 60 days of their acquisition. A new spouse is eligible on your date of marriage. **It is necessary to enroll additional dependents even if you are already enrolled for dependent coverage.** To have continuous coverage from date of birth, newborns must be enrolled within 60 days of birth. Whenever you acquire eligible dependents, you must notify the Employees' Group Insurance Agency and your Benefits Specialist and complete the appropriate form to cover them under the Plan.

V. Dependents of Deceased Employees

If you die while an employee of the State of Wyoming, your dependents may continue the dental coverage(s) in effect at the time of your death. Your surviving spouse may continue coverage until remarriage, and surviving eligible children may continue coverage until spouse's marriage or reaching the limiting age described under "Dependents" in the section above.

VI. Coverage Period

- A. If you enroll for coverage within 31 days of the date you become eligible, you will be covered beginning the first day of the month following your date of employment.
- B. Employees and/or dependents that waive or withdraw from this plan for any reason, will not be allowed to enroll or re-enroll until a three (3) year waiting period from the date the coverage was waived or withdrawn from has been met. Coverage would begin on January 1st following the three (3) year waiting period. There are two exceptions to this policy.

Exception 1:

Employees and dependents may apply to be enrolled in the Voluntary Option I Dental Plan prior to the three year waiting period if you submit a letter from your dentist that states neither you (the employee) nor your dependents (if applicable) are in need of any dental care based on examination. This statement must be submitted with the enrollment application. The Plan Administrator will make the final determination on whether you and your eligible dependents (if applicable) will be covered by the Voluntary Option I Dental Plan upon receipt of the information. Coverage becomes effective at the beginning of the month following approval by the Plan Administrator.

Exception 2:

Employees who enrolled eligible dependents for dependent coverage and later dropped that coverage because your dependents became covered under another group plan sponsored by your spouse's employer, and such coverage was later terminated under the same circumstances as set forth in Section III, "Dependents" on page 2, then you will be allowed to re-enroll your dependents for coverage without waiting the full three (3) years otherwise required under this plan, however you must apply for dependent coverage within 60 days of the date on which your spouse's coverage terminated under the group dental coverage plan sponsored by his/her employer.

- C. If you enroll more than 31 days after the date you become eligible, you must satisfy the dental plan eligibility requirements in order to be eligible for dental benefits. This applies to dependents also.

*An Eligible Employee becomes covered on the first day of the month following the Eligible Waiting Period of continuous full-time employment and remains eligible for the effective contract period.

Eligible Dependents, if enrolled, are eligible on the date the Employee's coverage is effective, or the date on which the Employee acquires the dependent, i.e. date of marriage.

Coverage for the Employee and/or Eligible Dependent shall terminate on the last day of the month in which: (1) the individual ceases to meet the definition of eligibility above, or (2) the required periodic premium is not received by Delta Dental from the covered group, whichever occurs first.

If you want to drop your dependent dental coverage, contact your Benefits Specialist and complete the appropriate form to drop dependent insurance. The Benefits Specialist will forward the form to the Employees' Group Insurance. If the form is not received by the last working day of the month prior to the month you wish your dependent's dental coverage to end, your dependent's dental coverage will continue for one month and the appropriate payroll deduction will be made from your paycheck. Be aware, if you have elected to have your dental premiums deducted pre-tax you are not allowed to drop coverage without a qualifying event as listed on page 2.

VII. Coverage After Termination

If an Employee's employment and/or coverage terminates while he/she is receiving treatment under a predetermination or preauthorization of benefits which was approved while he/she was eligible for benefits, benefits will not continue to be paid for such approved treatment.

Employees and dependents who have been terminated, voluntarily or involuntarily, the dependents of an Employee upon the Employee's death and Employees in certain other situations may be entitled to an extension of Benefits under "COBRA" at the employee's expense. (Ask your employer for complete details of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) or other State or Federal continuation of coverage statutes and/or regulations.)