

## REVISION OF DENTAL BENEFIT PLAN SUMMARY

---

**ELIGIBILITY** - the following sections are amended to read as follows

### **Dependents**

A) Spouse, meaning:

1. Married;
2. Legally separated;
3. Qualified domestic partner of an eligible employee, if all of the following criteria are met:
  - a. are same-sex adults;
  - b. are not related by blood closer than permitted under Minnesota marriage laws;
  - c. are not married and do not have any other domestic partners;
  - d. are at least eighteen (18) years of age and have the capacity to enter into a contract;
  - e. share a residence;
  - f. are jointly responsible to each other for the necessities of life and, if asked, could produce documentation of at least three of the following items as evidence of joint responsibility:
    - joint mortgage or joint tenancy on a residential lease;
    - joint bank account;
    - joint liabilities (e.g., credit cards or car loans);
    - joint ownership of significant property (e.g., cars, land, etc.)
    - naming of each other a primary beneficiary in wills or life insurance policies;
    - written notarized agreements or contracts regarding the relationship, showing mutual support obligations, or joint ownership of assets acquired during the relationship;
    - commitment to a long-term relationship with the intention of remaining together indefinitely.

B) Unmarried dependent children to the age of 25, including:

1. Natural-born and legally adopted children (including children placed with you for legal adoption. NOTE: A child's placement for adoption terminates upon the termination of the legal obligation of total or partial support.
2. Children of the domestic partner of the employee. NOTE: Children of a Domestic Partner are eligible only as long as the Domestic Partner is covered, and they must qualify as a Domestic Partner's dependent for Federal tax purposes.

3. Stepchildren who reside with you.
4. Grandchildren who are financially dependent on you and reside with you.
5. Children who are required to be covered by reason of a Qualified Medical Child Support Order. You can obtain, without charge, a copy of procedures governing Qualified Medical Child Support Orders (“QMCSOs”) from the Plan Administrator.
6. Children who become handicapped prior to reaching the Plan’s limiting age if:
  - they are primarily dependent upon you; and
  - are incapable of self-sustaining employment because of physical handicap, mental retardation, mental illness or mental disorders

NOTE: If both you and your spouse are employees of the employer, you may be covered as either an employee or as a dependent, but not both. Your eligible dependent children may be covered under either parent’s coverage, but not both.

### **Family Status Change**

Your benefit elections are intended to remain the same for the entire Coverage Year. During the Coverage Year, you will be allowed to change your benefits only if you experience an eligible Family Status Change which includes:

- Change in legal marital status such as marriage or divorce.
- Change in number of dependents in the event of birth, adoption, or death.
- Change in your or your spouse’s employment - either starting or losing a job.
- Change in your or your spouse’s work schedule, such as going from full-time to part-time or part-time to full-time, or beginning or ending an unpaid leave of absence.
- Change in dependent status, such as when a child reaches maximum age under the Plan.
- Change in residence or work location so you are no longer eligible for your current health plan.
- Qualification for Medicare or Medicaid.
- Loss of other coverage.

Due to federal regulations, the changes you make to your benefits must be consistent with the Family Status Change event that you experience. For example, if you have a baby, it is consistent to add your newborn to your current dental coverage but it not consistent to drop your dental coverage altogether.

If you experience one of the following eligible Family Status Changes during the year, you have 31 days (except in the case of the birth/adoption of a child - See Effective Dates of Coverage as stated above) from the event to change your elections. If you do not change your benefits within 31 days of the event, you will not be allowed to make changes until the next Open Enrollment period, if any. You may obtain a Family Status Change Form by contacting your Employer. All changes are effective the date of the change.