

Dental Insurance

The College provides Dental Insurance for employees and their dependents. An employee may elect to “opt out” of dental coverage and receive a cash rebate.

The dental insurance plan year is effective January 1st through December 31st. Enrollment is done a time of hire (effective the first of the month following hire) or during the annual Open Enrollment period. Enrollment elections can only be made once each year, unless a qualifying “family status” change occurs. An employee with a qualifying family status change may elect or change their benefit within 30 days of the qualifying event.

Dental Plan Basics:

- 80/20 coverage plan with the insurance paying 80% of the claim and the employee responsible for 20%
- No deductible on the plan
- Annual maximum benefits of \$1500 per year, per covered member
- Lifetime orthodontic maximum of \$2000 (up to age 19)
- Blue Cross Blue Shield of Michigan is the current dental provider for the College
- See the BCBS Dental Coverage Certificate for a list of covered services. Available on the Benefits website, under Dental Insurance Information

Dental Opt Out

- Employee’s not electing dental insurance will receive a cash rebate of \$150.
- The rebate will be paid in 24 equal installments, via paycheck, over the course of the plan year (January – December)

Coverage Level & Employee Cost:

Both plans offer three different levels of coverage:

- Single Coverage (employee only)
- Double Coverage (employee + one dependent)
- Family Coverage (employee + 2 or more dependents)
See information below for dependent eligibility

The College covers the cost of the dental insurance premium for all levels of coverage. There is no expense to the employee.

Dependent Eligibility

Employees may provide full coverage for family dependents including:

- Wife or husband
- Unmarried children until the end of the year in which they reach age 19 or to any age if they are “totally and permanently” disabled, either by a physical or mental condition prior to age 19
 - Eligible children include:
 - children by birth
 - legal adoption
 - legal guardianship (while they are a dependent and in the member’s custody)
 - a spouse’s child while they are residing as members of the household
- Any non-dependent children for whom medical coverage is required per a Qualified Medical Child Support Order (QMCSO)

(continued)

Coverage for Young Adults age 19-26

Young adults, after the end of the year in which they reach age 19, may be added to/continued on the employee's contract.

Dental benefits for these dependents are exactly the same as the member's.

Coverage may be continued until the end of the year in which they reach age 26.

Coverage for Sponsored Dependents

Dependents that are related by blood or marriage and reside in the member's household may be eligible for coverage if:

- They are dependent on the member for more than half support and reported as such on the member's most recent income tax return.

The employee pays the full additional premium cost for each dependent.

Appropriate documentation establishing dependent eligibility may be required.