

DIOCESE OF WINONA
HEALTH AND DENTAL PLAN

ADMINISTERED BY BLUE CROSS BLUE SHIELD OF MINNESOTA and

DELTA DENTAL

PARTICIPATION

Eligible participants are those employees who work at least 20 hours a week or at least one half academic load during the school year. Health and dental insurance starts on the 1st of the month coincident with or following the date of hire. **New employees have 30 days from their initial date of employment/eligibility to enroll. When the 30 days are over employees are able to sign up at yearly renewal on September 1.**

FORM REQUIRED TO ENROLL AN EMPLOYEE:

Enrollment/Change/Waive form for Group Coverage Form (Form A-1)

PURPOSE: To initiate health and dental coverage by collecting required information.

- a. Employees should complete Section A, B, C, and D. Section D needs to be completed if the employee or spouse is enrolled in Medicare. The employee's signature is required in Section E.
- b. Upon enrollment provide the employee with a copy of the plan summaries. Each employee enrolling in the health/dental insurance can access the benefit book (plan books) online at www.dow.org.

FORM REQUIRED TO WAIVE GROUP COVERAGE:

Enrollment/Change/Waive form for Group Coverage Form (Form A-1)

PURPOSE: To prove the employee was offered the health/dental insurance and wishes to waive their right to this benefit.

If an employee does not wish to participate in the health/dental plan, they MUST complete Section A of the Enrollment/Change form for Group Coverage and sign Section E (Waiver of Coverage section).

FORM REQUIRED FOR CHANGES TO EXISTING EMPLOYEES:

Qualifying Event Form for Group Coverage (Form A-2)

PURPOSE: Required if an enrolled participant needs to make changes to the plan. This would include changing their name, address or marital status; a birth or adoption; adding dependent coverage, etc. This form must be completed within 30 days of change. The employee's signature is required.

- a. Employee should always complete Section A. Depending on what changes the employee needs to make, Section B, C and F will be completed. The employee always needs to sign Section G.

TERMINATING EMPLOYEES:

Notice of Employee Termination of Employment (Form is in the Hire/Term tab)

PURPOSE: It is very important to complete and return this form promptly so that all COBRA regulations and MN Continuation laws are complied with. The Diocese of Winona contracts with a third party administrator for COBRA administration on the health and dental plan. Please complete the Notice of Employee Termination of Employment form, found in the Hire/Term tab of this Employee Benefits Guide, and return to the Employee Benefits Coordinator in Winona within five days of the employee’s termination. The COBRA third party administrator will contact the employee directly regarding their option to continue this health and dental coverage.

*NOTE – Upload ALL FORMS to Dropbox for processing. A copy will be returned to the employer of enrollments, changes, or qualifying events.

Health/Dental Group Numbers:

	<u>2016/17</u>	<u>2017/18</u>	<u>Dental</u>
\$1,000 Deductible – Health: SE053-W5		10274582	00918
\$6,350 Deductible – Health: SE053-M0		10274581	00918

Renewal:

Renewal happens yearly on September 1. Employees may sign up or change deductible amounts only during renewal unless the employee has a qualifying event.

Single Health/Dental Coverage:

Single coverage is coverage for only the employee.

Family Health/Dental Coverage:

Family coverage is coverage for the employee and each member of the family.

- Employees may keep their adult children on the health/dental plan through age 26. After that time COBRA is available.
- Employees enrolling in family insurance will receive their health insurance cards from Blue Cross; every member in the family will receive one with their name on it. Delta Dental will provide cards with the employee’s name only.