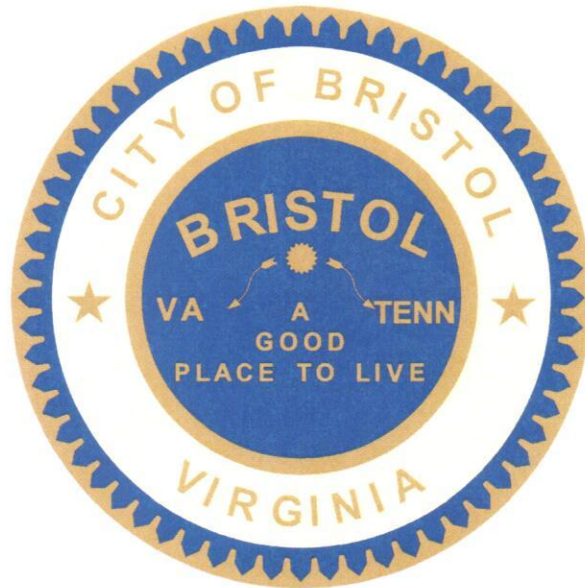


City of Bristol Virginia



Dental Assistance Plan

Benefit Handbook

Effective 7/1/2011

Welcome to the City of Bristol, Virginia's Dental Reimbursement Plan. The information within this plan, explains your dental benefit. Please read this information carefully and keep it for future reference. Should City employees have any changes in family status, address, or have any questions regarding the dental benefit, please contact Human Resources – 300 Lee Street – Bristol, VA 24201 – (276) 642-2325 – School employees should contact Bristol, Virginia City Schools – (276) 821-5625.

Reimbursement Policy

This Plan will reimburse at the rate of 50% of dental expenses, excluding finance charges, per covered individual not to exceed \$750.00 per fiscal year. Claims for reimbursement must be received in the Comptroller's Office no later than the 20th of each month. Forms not received by the 20th will be held for the next month. Claims eligible for reimbursement will be processed within three (3) working days after the 20th of each month. Claims are processed only on a one time per month basis. Any claim returned for correction not received within this period of time will not be eligible for reimbursement until the following month.

Definitions

Eligibility/Employee Eligibility requirements are subject City Code Section 66-28 "Eligibility for participation in retirement and insurance programs" and Section 66-45 "Eligibility."

Regular full-time and permanent part-time employees of the City of Bristol, Virginia or the Constitutional Offices for the City of Bristol, Virginia, the Registrar of Voters, Department of Social Services and the Library. A full-time employee is considered to be one who works forty (40) hours or more a week on a year round basis. Part-time employees, working a minimum of twenty-four (24) hours per week, are also considered eligible on a pro-rata basis.

Eligibility/Dependents

1. The employee's spouse.
2. Children up to age 26.

In compliance with the federal healthcare law reform, and under the provisions of the Patient Protection and Affordable Care Act (PPACA) effective September 23, 2010, this self-funded dental benefit plan provides coverage to adult children dependents to age 26. Coverage is not restricted to adult child(ren) on factors such as financial dependency, residency, student status, employment or marital status. Coverage for the adult dependent child will terminate at the end of the month in which the child attains the age of 26. Eligibility for dependent child coverage is based on the relationship between a child and participating parent of the plan.

The employee's dependent child(ren) 26 years of age and over who is incapable of self-support because of mental limitations, mental illness, or physical incapacity which commenced prior to the child's attaining 26 years of age. The Plan will require a Physician's periodic certification as to the dependent's disability.

Changes in Eligibility Status The employee/enrollee shall provide written notification of any dependent status changes within 31 days of such change.

Enrollment/Waiting Period ALL enrollees **must be enrolled three (3) months prior** to using the dental reimbursement fund.

Dental expenses paid by the enrollee during this three month waiting period are not subject to reimbursement. Similarly, a change in coverage, excluding additional dependent on family plan, requires an additional three (3) month waiting period before claims can be submitted on the added individuals; i.e. employee paying premiums for employee only adds spouse to plan. Spouse as a new enrollee must wait three months after initial enrollment to begin submission of claims.

Special Enrollment Period:

Loss of Coverage

Employees and their dependents may be entitled to special enrollment periods due to loss of other dental plan coverage(s). For an eligible employee, upon losing coverage under another plan. For an eligible dependent, upon losing coverage under another plan, but only if such individual is an eligible dependent of an employee already under this plan. To enroll due to loss of coverage, employees must apply for coverage for the employee and or eligible dependents within 31 days of loss of coverage.

Acquisition of a dependent.

The eligible employee must apply for coverage for the eligible dependent within 31 days of marriage, birth, adoption, interim court order for adoption or legal guardianship, or placement for adoption.

Provider Shall be a properly licensed person in the field dentistry or a related discipline, who is rendering services and treatment within the scope of their licensure and training.

Administrator The Administrator is the Employer who shall appoint Trustees to carry out the day to day operations of the Plan.

Named Fiduciary The Named Fiduciary for the Plan is the Employer.

Trustees The persons responsible for the day to day operations and maintenance of the Plan.

Administration of Plan

The Plan is administered through the City. Fiscal records are maintained for a Plan Year ending the last day of June each year.

Acceptance of Legal Notice

The Plan is a legal entity. Legal notices may be filed with, and legal process served upon the City Manager as Chief Executive Officer for the Administrator and as one of the named Trustees of the Plan.

Plan Modification and Amendment

The City may modify or amend the Plan from time to time to its sole discretion and such amendments or modifications which affect covered participants will be communicated to participants.

Plan Termination

It is the City's intent that this Plan or its successors will remain in effect indefinitely, but the Plan may be terminated at any time by the Administrator upon due determination of the City council that it is in the best interests of the City to do so and such termination shall be effective as of the date of such determination.

In the event of such termination, the Administrator shall have no obligation under the Plan beyond paying the maximum allowed on claims incurred within the remaining period of the fiscal year in which termination occurs.

Such claims shall be paid from the funds as normal expenses of the Plan.

In the event of such termination, any funds remaining in the trust shall be applied by the Administrator toward hospitalization insurance or any other health related program which the City may have in effect at the time of termination.

Plan Not a Contract

The Plan shall not be deemed to constitute a contract between the Employer and any covered party or to be a consideration for, or an inducement or condition of, the employment of any employee.

Filing Dental Claims

Original paid receipt(s), along with a statement of services rendered, and an Explanation of Benefits (if applicable), should be filed with the Comptroller's Office, accompanied by a completed application for reimbursement form. Claims must be filed within ninety (90) days of the date paid. Copies of Canceled Checks will not be accepted as proof of payment. Regardless of form of payment, all claims must be accompanied by a paid receipt from provider.

Upon receipt by the Comptroller's Office of an original paid receipt(s), statement of services rendered, an Explanation of Benefits (if applicable), and the Dental Assistance Claim Form as proof a covered person has incurred expenses for care or treatment by a dentist for necessary services or appliances, with sufficient information to identify the covered person, the Plan will reimburse 50% of paid expense up to the maximum benefit specified in the Schedule of Reimbursement. Dental expenses shall include the cost for prescription drugs when prescribed by the dental provider and are eligible for reimbursement. Prescription costs should be filed with major medical provider prior to submission for payment under Dental Assistance Plan.

No reimbursement shall be payable for hospital care, surgery or other expense which is covered under any medical care plan. Reimbursement does apply to medical expenses incurred for dental procedures, i.e. medical expenses associated with the extraction of impacted teeth, medical expenses incurred as the result of accidental injury to teeth. Reimbursement will only be paid on the portion applied toward deductible, denied or partially paid by a medical care plan.

Appealing a Claim

In the even a claim for assistance under the Plan is not paid in accordance with the herein above provisions, in whole or in part, notice, in writing, shall be delivered to the claimant in the same fashion as reimbursement for a claim. A claim worksheet will be provided showing the calculation of the total amount payable, charges not payable and the reason for rejection. You may request a review by filing a written application with the City Comptroller's Office. On receipt of the written request for review of claim, the City Comptroller will forward the written request, along with copies of all pertinent documents and information relating to the decision, for review by the City Manager, or his designee. You may submit your opinion of the issues and your comments in writing. Requests for review must be filed within 15 days after denial is received. A decision will be made within 15 days

and will be delivered to you in writing setting forth specific reasons for the decision and specific references to the pertinent Plan provisions upon which the decision is based. This decision will be final.

Premiums/Effective Date of Coverage

Premiums are paid monthly. The eligible employee may choose to pay premiums on a pre-tax basis through payroll deduction.

Employee Coverage

All full-time, regular employees of the City of Bristol Virginia, the Constitutional Offices thereof, the Registrar of Voters, the Department of Social Services and the Library shall be eligible to make premium contributions to the Plan effective with permanent status date and shall be eligible for reimbursement three (3) months from date first premium is collected. This policy also applies to Bristol Virginia School Board.

Dependent Coverage

Each employee becomes eligible for dependent coverage under the Plan on the later of the following dates:

- a. the date the employee is eligible ; or
- b. the date the dependent is acquired by the employee, if on that date the employee is covered

Individual Termination of Coverage

Unless he/she pays premiums for continued participation as required by COBRA, the coverage of any employee covered under this Plan shall terminate on the earliest of the following dates:

- a. the date of termination of the Plan; or
- b. the date employee membership ceases in an eligible class; or
- c. the date all or certain assistance is terminated on his/her particular class by modification of the Plan;
or
- d. the date he/she becomes a full-time member of the Armed Forces of any country; or
- e. the date he/she fails to make a required premium contribution, if any.

Dependent's coverage shall cease on the date such individual ceases to be a dependent as defined in this Plan. The dependent's coverage with respect to all dependents of any employee shall cease on the date the employee's coverage terminates, unless dependent pays premiums for continued participation in the assistance plan as required by COBRA.

Coordination of Benefits

The City of Bristol Virginia's Employee Dental Assistance Plan does not coordinate benefits with other plans. Therefore, employees covered under another dental plan must submit claim to other carrier prior to submission to the City's Plan. In all such cases, an Explanation of Benefits (EOB) is required and must be submitted as part of the reimbursement request. Only the portion remaining as employee responsibility is eligible for payment under the City's Dental Assistance Plan.

Assignment of Benefits

The covered participant's dental assistance plan may not be assigned for payment to anyone other than participant.

Funds for payment of dental claims are deposited into a trust from which claims are paid. The trust is known as the Dental Assistance Plan Trust Fund. All premium contributions received by the trust shall be applied toward payment of claims and reasonable expenses of administration of the Plan. The trustees in charge of the operation of the trust shall be the City Manager and the City Comptroller.

The City of Bristol Virginia has caused this Plan to take effect as of 12:01 a.m., July 1, 1989.

Schedule of Reimbursement

Dental Assistance Reimbursement:

Maximum allowance for Dental Expenses per fiscal year (July 1–June 30) is \$750.00 per person.

The following entities are eligible for participation in the City's Dental Assistance Plan in addition to the City of Bristol, Virginia.

1. Bristol Virginia School System.

Employees of the above mentioned localities must adhere to their employer's individual medical policies for eligibility and coverage requirements. All other plan information pertains to all participants.

Claim Contact Information:

Comptroller's Office
Steve Allen, CFO
sallen@bristolva.org
(276) 645-7358

Benefit Information:

Human Resources
Trish Henderson, PHR
persnl@bristolva.org
(276) 642-2325

Tammy Jones, Director of Finance
Bristol Virginia Schools
tmjones@bristolvaschools.org
(276) 821-5625

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