I. ELIGIBILITY CRITERIA	
State Employees	• Employee: An individual who is: a) Any person employed by the employer, who is regularly scheduled to work at least 30 hours per week; b) Any person who has received a seasonal appointment and who meets the requirements set forth in TCA 8-27-204(a)(3); and c) All other individual required by applicable state or federal law. • Retiree – An individual who: a) has left active employment as a State Employee; and b) receives a monthly benefit from the Tennessee Consolidated Retirement System (TCRS) or is a member of one of the Higher Education Optional Retirement Plan(s) (ORP).
Local Education Employees	• Employee of participating agency: An individual who is: a) A teacher as defined in TCA 8-34-101-(49); b) An interim teacher whose salary is based on the local school system's schedule; c) An Employee not defined in 1 or 2 in this section who is regularly scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position; d) A non-certified employee who has completed 12 months of employment with a local education agency that participates in the local education insurance plan and works a minimum of 25 hours per week [a resolution passed by the school system's governing body authorizing the expanded 25-hour rule for the local education agency must be sent to Benefits Administration before enrollment]; or e) All other individual required by applicable state or federal law. • Retiree: An individual who: a) has retired from the employer; and b) receives a monthly benefit from the Tennessee Consolidated Retirement System (TCRS).
Local Government Employees	• An individual who is: a) An employee scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position; b) A member of the chief legislative body of the county or municipal government (defined as only those elected officials who have the authority to pass local legislation);

	c) a utility board member appointed or elected pursuant to TCA 7-82-307, but only during their term of service. d) A county official: as defined in TCA 8-34-101(9)(A) and (B), regardless of whether the county participates in the local government plan, pursuant to TCA 8-27-704(a). e) All other individual required by applicable state or federal law. • Retiree: An individual who: a) has retired from the employer; and b) receives a monthly benefit from the Tennessee Consolidated Retirement System (TCRS).
Dependents of State, Local Education, and Local Government Employees or Retirees	Note: A person cannot enroll as an Employee and as a Dependent under the same group plan (State, Local Education, or Local Government.) If both parents of a child qualify as eligible Employees, only one Employee (parent) can enroll dependent children. • Dependents eligible for coverage: An individual who meets the following criteria based upon an employee or retiree eligibility. a) A legally married spouse; b) A child under age 26 who is i. natural or adopted, ii. stepchild, or iii. child for whom the employee or retiree is the legal guardian, custodian, or conservator. c) A child over age 26 who is i. enrolled in the dental plan at age 26, ii. mentally or physically disabled and not able to earn a living if disabled before 26th birthday, and iii. on an application for continued coverage received by the ABC/BA before the 26th birthday. • Dependents not eligible for coverage: a) Ex-spouse (even if court ordered) b) Parents of the employee or retiree or spouse c) Children in the care, custody, or guardianship of the Tennessee Department of Children's Services or equivalent placement agency who are placed with the subscriber for temporary or long-term foster care d) Children age 26 and over (unless they meet qualifications for incapacitation/disability) e) Live-in companions who are not legally married to the employee or retiree
II. PARTICIPATION REQUIREMENTS	

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<tr><td colspan="2">An agency must be participating in the State of Tennessee Sponsored Group Health Plan in order to qualify for participation in the State of Tennessee Voluntary Dental Insurance Program.
Employees/Retirees and Dependents of Employees/Retirees ARE NOT required to participate in a state-sponsored group health plan to participate in the State Group Dental Insurance Program.
Unless otherwise stated herein, an Employee or Retiree’s participation in the State Group Dental Insurance Program is required for participation of eligible Dependents.</td></tr>
<tr><th colspan="2">III. ENROLLMENT WHEN FIRST ELIGIBLE</th></tr>
<tr><td colspan="2">Enrollment must be completed and submitted to Benefits Administration (BA) within 60 calendar days of employee’s hire date or date of becoming eligible. Coverage will begin the first day of the month after the enrollment form and documentation is received by BA and is effective for the entire Plan Year (calendar year) unless there is a permissible mid-year event.</td></tr>
<tr><th colspan="2">IV. ANNUAL ENROLLMENT</th></tr>
<tr><td colspan="2">Annual Enrollment Period is, with respect to a Plan Year, the period designed by BA in the year preceding the Plan Year during which Eligible Employees or Retirees may make elections or cancel coverage for the upcoming Plan Year. Elections will be effective on the first day of the following Plan Year (January 1) and remain in effect for the entire Plan Year (calendar year) unless there is a permissible mid-year event.</td></tr>
<tr><th colspan="2">V. EVENTS PERMITTING MID-YEAR ENROLLMENTS</th></tr>
<tr><td colspan="2">Without regard to the dates or circumstances on which an individual would otherwise be able to enroll current Employees/Retirees and Dependents as defined in Section I-Eligibility Criteria of this document are permitted to enroll in coverage under this Plan if the Employee/Retiree or Dependent experiences one of the following events in Section V.A. or Section V.B. below.</td></tr>
<tr><td>A. Loss of Eligibility for Other Coverage</td><td>1) An Employee/Retiree or Dependent, otherwise eligible to enroll in a benefit plan, may be enrolled through this provision mid-year provided that they:
a) Declined coverage when it was previously offered during their initial eligibility period or during a subsequent annual enrollment period;
b) Had coverage under any group dental insurance plan at the time this coverage was previously offered; and
c) Experience a loss of eligibility for other dental insurance coverage for reasons including the following (but not for a failure to pay premiums or termination for cause):
(i) Death;
(ii) Divorce;
(iii) Legal separation;
(iv) Cessation of dependent status;
(v) Termination of employment (voluntary and non-voluntary);
(vi) Employer’s discontinuation of contribution to insurance coverage (total contribution, not partial);
(vii) Reduction in number of work hours of employment;</td></tr>
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	(viii) Spouse maintaining coverage that has reached their lifetime maximum (if legally permitted); (ix) The loss of eligibility due to an HMOs failure to provide benefits in the area where the individual lives, works, or resides if the requirements of HIPAA are satisfied; or (x) Loss of dental benefits through TennCare or Children's Health Insurance Program (CHIP) coverage other than non-payment of premium, or expiration of COBRA coverage. 2) If an Employee/Retiree satisfies all three requirements of A(1) above, the Employee/Retiree and all Dependents of the Employee that lost eligibility for dental coverage are eligible for mid-year enrollment to the Plan. All coverage changes made as a result of a loss of eligibility of coverage shall be on account of and correspond with the change in status that affected eligibility for coverage under the plan. 3) If a Dependent satisfies all three requirements of A (1) above, only that Dependent, the Employee/Retiree, and other Dependents satisfying the requirements of A (1) above are eligible for mid-year enrollment to the Plan. 4) All mid-year enrollment requests for Loss of Eligibility for Coverage including required documentation must be submitted to and received by ABC/BA within sixty (60) calendar days of the loss of eligibility for other coverage. 5) The effective date of coverage for a mid-year enrollment for Loss of Coverage shall be the first day of the first calendar month after the date the ABC/BA receives the request for special enrollment. 6) Substantiation of Loss of Coverage. If requesting mid-year enrollment based on loss of eligibility for other coverage, the Employee must submit appropriate documentation to substantiate all of the following: a) That the Employee/Retiree or Dependent was covered by another group dental insurance plan at the time they declined the offer of this coverage; and b) That the Employee/Retiree experienced an event resulting in the Employee or Dependent's loss of eligibility for coverage under the other group dental insurance plan, and the date of the Employee/Retiree or Dependent's loss of eligibility.

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<tr><td>B. Acquisition of New Dependents</td><td>1) When an Employee/Retiree acquires a new Dependent by marriage, birth, adoption, or placement for adoption, the Employee/Retiree, Spouse, and any Dependent may be enrolled by Special Enrollment. When an Employee/Retiree acquires a new Dependent by a legal guardianship order placing child in the custody of the Employee/Retiree and requiring Employee/Retiree to provide insurance coverage for the new Dependent, only the Employee/Retiree and new Dependent may be enrolled by Special Enrollment.

2) Any coverage changes made as a result of a mid-year enrollment shall be on account of and correspond with the change in status that affected eligibility for coverage under the plan.

3) All Special Enrollment applications based upon the acquisition of a new Dependent must be submitted to and received by ABC/BA within sixty (60) calendar days of the acquisition date.

4) The effective date of coverage for a Special Enrollment for acquiring a new dependent shall be prospective only from the first day of the first calendar month after the date the ABC/BA receives the request for special enrollment.

5) Substantiation of Acquiring a New Dependent. If requesting enrollment based on acquiring a new Dependent, the Employee/Retiree must submit appropriate documentation as listed on the enrollment application form within sixty (60) calendar days of acquisition to substantiate the following:
a) The date of birth of a child;
b) The date of the order of adoption or of the order placing the child in custody for adoption;
c) The date of guardianship specified by the order granting guardianship of the person and requiring financial support and insurance coverage; or
d) The date of marriage.</td></tr>
<tr><td colspan="2">VI. EVENTS PERMITTING MID-YEAR COVERAGE TERMINATION</td></tr>
<tr><td>A. Cancellation Provisions</td><td>Subscribers may not terminate dental coverage outside of the annual enrollment period unless they experience one of the reasons listed in VI.B or VI.C below.</td></tr>
<tr><td>B. Voluntary Termination of Coverage</td><td>Voluntary termination of Subscriber or Dependent coverage outside of the annual enrollment period is prohibited unless the Subscriber or Dependent experiences one of the events listed below. For all events the Section 125 consistency rule must be met, and the Insurance Cancel Request Application Form and required documentation must be received by BA within 60 days</td></tr>
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	from the date of the event. If the status change event is new entitlement to Medicare or Medicaid, the Insurance Cancel Request Application Form must be received by BA within 60 days from the date of the Subscriber/Dependent's receipt of notice of the new entitlement. The effective date of voluntary coverage termination is the first day of the calendar month following BA's receipt of the Insurance Cancel Request Application Form and required documentation. Permissible voluntary coverage termination events are as follows: a) New eligibility for group dental insurance/benefits through spouse or dependent's employer; b) Annual enrollment into a spouse, former spouse, or dependent's employer's group dental plan; c) New entitlement to Medicare or Medicaid; d) Termination of medical support order of dependent child provided by National Medical Support Notice; or e) Change of residence out of the national service area
C. Involuntary Termination of Coverage	Coverage terminates involuntarily when a Covered Person ceases to satisfy coverage eligibility requirements of the Program or fails to make premium payments in the manner required by BA. Unless otherwise expressly provided in the Program involuntary termination is effective as follows: 1) Coverage of the Subscriber shall terminate upon the earliest to occur of the following: a) The last day of the month in which the employee separates employment with the State or otherwise loses eligibility for coverage (this does not apply to State Higher Education employees); b) The last day of the month following the month in which the employee separates employment or otherwise loses eligibility for coverage (this does not apply to Central State Government employees); c) The last day of the month for which the employee's last contribution was applied; d) The date the plan is amended to terminate the coverage of a class of employees of which the employee is a covered person; or e) The date the plan is terminated. 2) Coverage of Dependents shall terminate at the end of the month in which the Dependent ceases to be an eligible Dependent as defined in the ELIGIBILITY CRITERIA section of this document. It is the responsibility of the Subscriber to notify the Agency Benefits Coordinator or Benefits Administration of a status change event causing a Dependent to become ineligible for coverage.

	Claims paid for ineligible dependents will be recovered from the Subscriber.
D. Pending Divorce Actions	If a Subscriber submits a timely request to terminate coverage of a Dependent Spouse or Dependent Child for any of the above listed mid-year change events or drops coverage of a dependent spouse during annual enrollment while a divorce case is pending, the termination will be processed and final. Court orders in matters to which the Program is not a party have no application to the Program and do not entitle the Subscriber to rescind a termination request or to permit re-enrollment of a dependent spouse. 1) It is the responsibility of the Subscriber to comply with the requirements of all applicable law regarding termination of insurance coverage while a divorce action is pending. 2) BA may rely upon the direction, information, or election of a Subscriber to remove a dependent spouse while a divorce action is pending as being proper and in compliance with all legal requirements and the Program shall not be responsible for removal of a dependent spouse if it is determined that the Subscriber's request was in violation of court orders or applicable law, or if proper notice was not provided by the Subscriber to the Spouse. 3) A former or ex-Spouse is not eligible for coverage on the Program even if a court order requires the Subscriber to provide dental insurance coverage to a former/ex-Spouse.
VII. SURVIVOR	
A. Survivor in Current Plan	Upon the Subscriber's death, all covered surviving dependents may continue their enrollment in this dental program with one of the two options listed below: a) Deceased Subscriber was eligible for continuation of coverage as a retiree at time of death - dependents may elect COBRA or RETIREE continuation of dental elections in effect for them on the date of employee or retiree's death; or b) Deceased Subscriber was not eligible for continuation of coverage as a retiree at time of death - dependents may elect COBRA continuation for dental elections in effect for them on the date of employee or retiree's death.
B. Survivor with New LG or LEA Agency Joining a Health Plan	Upon a new agency joining the State Group Insurance Plan (SGIP), surviving dependents of deceased employees or retirees may enroll in this dental program if the following criteria is satisfied: a) The new agency opts to offer the SGIP dental plan to its employees, and

	b) Surviving dependents were enrolled in COBRA or the new agency's regular dental plan in the month prior to the new agency joining the SGIP, and c) The deceased Subscriber was eligible to receive a pension from the Tennessee Consolidated Retirement System (TCRS) (note: this does not apply to COBRA participants)