

AFSCME COUNCIL 5 DENTAL INSURANCE FREQUENTLY ASKED QUESTIONS



ELIGIBILITY

The AFSCME Council 5 Member's Health & Welfare Fund dental insurance is a negotiated union benefit offered to eligible bargaining unit employees in Hennepin County, HCMC and the City of Shorewood.

Eligibility

The dental benefit is available to bargaining unit positions scheduled to work a minimum of 20 hours per week under the following AFSCME Council 5 locals:

- Hennepin County - Local 34, 1719, 2822
- HCMC - Local 977 & 2474
- City of Shorewood - Local 224

ENROLLMENT

Enrollment is not automatic! The dental enrollment form must be completed in your MemberLink account.

If you do not already have a MemberLink account, create one at www.members.afscmemn.org.

Dental Forms

Dental forms can be found in your MemberLink account at www.members.afscmemn.org (under the DENTAL tab). Forms are ONLY available during the initial enrollment period, open enrollment, or for those who have not yet enrolled.

New Hire Enrollment

initial enrollment period. Within 45 days of your hire date, you will receive a welcome letter from AFSCME Council 5 which will provide enrollment instruction into the AFSCME Council 5 dental plan.

This is considered the initial enrollment period and allows you to enroll for single or family coverage.

Late Enrollment (After Initial New Hire Period)

Employees may still enroll for dental coverage outside of the initial new hire enrollment period; however, only single coverage is allowed.

If you did not add your dependents during the initial enrollment period and need to do so, please see 'Adding or Removing Dependents' for coverage exceptions.

PLAN INFORMATION

Carrier Name: HealthPartners
Group Number: 35991
Plan Name: AFSCME Tiered Network

COVERAGE INFORMATION

Summary of Benefits

What services are covered? View the current summary of benefits in MemberLink at www.members.afscmemn.org (summary is listed under the DENTAL tab).

- Do you have additional coverage questions?
- Wondering what providers are considered in network?
- Need a new dental card?

Contact HealthPartners at (952) 883-5000 or visit them online at www.healthpartners.com.

Effective Date of Coverage

Coverage will begin on the first (1) of the month following 30 days of employment if the enrollment form is submitted during the initial enrollment period from your hire date.

If your enrollment form was submitted after the initial enrollment period, coverage will be effective on the first (1) of the month following the date of application.

OPEN ENROLLMENT

Open enrollment is from November 1 - November 30.

During open enrollment you may make changes to your coverage such as adding or removing a dependent.

If you do not need to make any changes then no action is needed, and coverage will remain the same for the next plan year.

Make Changes by logging into your MemberLink account at www.members.afscmemn.org and updating the dental enrollment/change form (located under the DENTAL tab).

Please note: Your employer may offer a separate dental plan. **Any changes made with your employer will NOT transfer to AFSCME Council 5.** It is your responsibility to notify both plans of any changes made.



DEPENDENT COVERAGE

Dependents may be added (or removed) from your coverage under the following circumstances:

Initial Enrollment Period (New Hire)

New hires have the option to add dependents during the initial enrollment period (within 60 days from your hire date) and can do so by completing the dental form in your MemberLink account at www.members.afscmemn.org (under the DENTAL tab).

Open Enrollment (Nov 1 – 30)

Dependents may be added or removed during open enrollment which runs November 1 - November 30. Add dependents during open enrollment by logging into your MemberLink account at www.members.afscmemn.org and selecting the enrollment/change form (located under the DENTAL tab).

Qualifying Event (Within 31 days)

Dependents may be added or removed within 31 days of a qualifying event. Email us at dental@afscmemn.org and request a dental change form. Please state in your email the reason for your request is due to a recent qualifying event.

Children 5 years or younger (Anytime)

If you have children 5 years or younger - they can be added at any time. Email us at dental@afscmemn.org and request a dental change form. Please state in your email the reason for your request is due to your dependent being under 5 years old.

DEFINITION OF A DEPENDENT

Definition of a Dependent

Spouse, meaning:

- Married
- Legally separated.

Dependent children up to the age of 26, including:

- **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.
- **Stepchildren** who reside with you.
- **Grandchildren** who are financially dependent on you and reside with you.
- **Children who are required to be covered by reason of a Qualified Medical Child Support Order.** You can obtain, without charge, a copy of the procedures governing Qualified Medical Child Support Order ("QMCSOs") from the Plan Administrator.
- **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 a physical or intellectual handicap, mental illness, or mental disorders.

CHANGE IN JOB STATUS

Retirement

Once you have retired, our COBRA/retiree administrator, HR Simplified, will mail an enrollment packet to your home address. This packet will provide information such as the current monthly premium rates, payment details, as well as provide the enrollment form that will need to be completed and returned to HR Simplified. Enrollment may also be completed online at www.app.unifyhr.com.

If you do not receive the initial enrollment paperwork from HR Simplified within 30 days from your retirement date, please contact HR Simplified at (888) 318-7472.

Job Transfers

If you move into a non-bargaining unit, your coverage will end on the last day of the month in which your bargaining position ended.

Leave of Absence

If you are on unpaid leave for more than 12 weeks then your coverage will end and you will receive paperwork from our COBRA administrator, HR Simplified. This paperwork will provide details for continuing your coverage under the COBRA plan. Once you return from leave, please email us at dental@afscmemn.org to request the reinstatement of your dental coverage.

Termination of Employment

If your employment ends, you will receive paperwork from our COBRA administrator, HR Simplified, which will provide details on how to continue your coverage under the COBRA dental plan.

QUESTIONS

HealthPartners

Website: www.healthpartners.com

Customer Service: (952) 883-5000

For questions regarding services covered, provider networks, or status of dental cards.

AFSCME Council 5 Dental Trust

Website: www.afscmemn.org

Email: dental@afscmemn.org

Phone: (651) 450-4990

For general plan questions/issues.

HR Simplified

Website www.app.unifyhr.com

Customer Service (888) 318-7472

For questions regarding enrollment and billing for COBRA and Retiree coverage.