



DENTAL PLAN ENROLLMENT

Frequently Asked Questions



Who is eligible for dental benefits?

In order to be eligible, data records must show that you are authorized and were paid to work 25 or more hours a month for the most current 6 consecutive months. You will continue to be eligible as long as you continue to work at least 25 hours a month.

What is the best plan for me?

The Public Authority offers two good options for dental benefits. The **EPO** plan allows you to pick from a large network of dentists. This plan covers 80% or more of the cost of most services. The **LDP100** plan provides services through a smaller group of dentists with no co-payment for most services. See the Comparison of Benefits information to decide the best plan based on your needs.

How do I enroll in the new dental plan?

Review the enclosed Comparison of Benefits and choose your plan. Complete and sign the Enrollment Form and send it **to the IHSS Public Authority** in the enclosed envelope.

When do I have to send in my Enrollment Form and when will my coverage start?

Your completed and signed Enrollment Form must be received by the IHSS Public Authority on or before the twelfth of any month to be effective the first of the following month.

How will I know when I am enrolled?

You will receive an ID packet from LIBERTY welcoming you to the plan. You should wait until you receive this packet to obtain dental services.

How much will the plan cost me?

You are required to pay a monthly premium contribution. The amount you contribute is dependent on the plan you enroll in:

- **LDP100 Plan:** Employee Only - \$1 per month
- **LDP100 Plan:** Employee + 1 dependent - \$2 per month
- **LDP100 Plan:** Employee + 2 or more dependents - \$3 per month
- **EPO Plan:** Employee Only - \$2 per month

In addition to your monthly fees, you may be required to pay a share of the cost for some of the services you receive. See the attached Comparison of Benefits for any additional co-payments that might be required.

How will I pay for my dental coverage?

If you elect to have dental coverage, the premium contribution will be deducted from your paycheck each month.

Will my family be covered in the new plan?

Dependent coverage is only available under the LDP100 plan. There is an additional monthly cost for dependent coverage. For a premium cost of \$2 per month you may add one dependent to be covered by the LDP100 plan.

For a premium cost of \$3 per month you may add 2 or more dependents to be covered by the LDP100 plan. You may not add dependents to the EPO plan.

Who is an eligible dependent?

- **Legal spouse.** You must submit a copy of a county or state issued marriage certificate to be able to enroll your spouse.
- **Domestic Partners and their children.** A domestic partnership is established when persons meeting the criteria specified by California Family Code section 297 file either a Declaration of Domestic Partnership (Form NP/SF DP-1) or a Confidential Declaration of Domestic Partnership (Form NP/SF DP-1A) with the California Secretary of State. A copy of the declaration and a Certificate of Registration of Domestic Partnership will be returned to the partners after the declaration is filed. You must submit the Certificate of Registration of Domestic Partnership with your enrollment form to be able to enroll your domestic partner.
- **Children up to the age of 26.** You must submit a copy of a birth certificate, proof of adoption, foster care agreement or guardianship court order to be able to enroll your child.
- **Dependent children over the age of 26 with disabilities who are dependent upon you for support and are not able to support themselves due to physical or mental disability.** You must submit IRS qualifying documents or SSI qualifying documents to be able to enroll your disabled child over the age of 26. Medical statements or legal documents can be considered.

Can I choose my own dentist?

If you enroll in the LDP100 plan you can choose a dentist from the provider network provided in the enrollment packet. If you do not choose a dentist at the time you enroll, a dentist will be selected for you based on your home zip code and language preference. If you wish to change to another contracted dentist, you may do so by the 20th day of any month for the change to be effective the first day of the following month. If you choose the EPO plan you do not need to choose a primary care provider, but when you go to a dentist you should check the provider list to make sure your chosen dentist is an in-network doctor. If you need assistance with choosing a provider for either the LDP100 plan or EPO plan please contact LIBERTY Dental Plan at **888-703-6999**. LDP100 providers can also be found by visiting the **Liberty Dental Plan Website**. EPO providers can also be found by visiting **www.firstdentalhealth.com**. Click on “For Members”, then on “Find a Dentist”, and when filling out the information on the next page, be sure to set it to “EPO” by “Select a Network”. If you go to an out-of-network doctor, you may have a higher out-of-pocket expense.

Once I enroll in the LDP100 or the EPO, can I change to the other plan?

You may change plans only during the annual open enrollment period. Open enrollment will take place in November and December of each year and is effective January 1st of the following year.

If I change my mind, can I drop dental coverage?

Yes, you can voluntarily dis-enroll from the dental benefit plan at any time by providing written notice to the Public Authority. To re-enroll for voluntary termination, you must wait for Open Enrollment to re-apply.

How long will I receive dental benefits?

The dental benefit plan you select will continue as long as you are providing IHSS home care services. If you work less than 25 hours for two or more months you will lose eligibility for dental benefits.

How can I get my dental coverage restored if I lose it due to a reduction of hours or stopped working?

If you lose your benefits due to a reduction of hours or stopped working, you must re-qualify by working a minimum of 25 hours per month for six consecutive months. Once this criteria has been met, you may re-apply.

| If I lose my eligibility, can I purchase continued coverage?

Federal law requires that all workers have the right to purchase their group coverage for a specific period of time after employment ends. You will be responsible to pay the full amount of premium to continue under this coverage. This law is called COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985). Once your eligibility ends, you will have 60 days to elect coverage with no lapse in coverage.

| Who do I contact with questions about eligibility?

San Francisco IHSS Public Authority, Benefits Coordinator, Betty Hom at [415-593-8125](tel:415-593-8125).

| Anything about services, coverages, change clinics and pharmacy contact:

- Liberty Dental: [888-703-6999](tel:888-703-6999)
- WageWorks Cobra: [888-678-4881](tel:888-678-4881)

HAVE A QUICK QUESTION ABOUT BENEFITS?

You can text your question to [415-593-8125](tel:415-593-8125).

Please allow time for a response.

By sending a text, you have agreed that your phone number will be used for SMS message notifications sent by the San Francisco IHSS Public Authority. Message and data rates may apply.