**Dental Plans**  
**BU-PP 414**

**Policy**  
Baylor University offers eligible employees and dependents a choice between one or more dental plans.

**Topics**  
Eligibility  
Eligible Dependents  
Available Plans/Premiums Payment  
Enrollment/Qualifying Event  
Cancellation  
Separation from Service

**Related Policies**  
BU-PP 400 — Benefit Eligibility Classifications  
BU-PP 600 — Retirement Benefits

**Additional Information**  
[http://www.baylor.edu/hr/index.php?id=74187](http://www.baylor.edu/hr/index.php?id=74187)

**Contact:**  
Human Resources 254.710.2000  
Email: askHR@baylor.edu  
Self-Service: [baylor.edu/hr/selfservice](http://baylor.edu/hr/selfservice)

**Eligibility**  
All full-time employees (and their eligible dependents) may enroll in a dental plan upon employment.

**Eligible dependents** —  
The following are considered eligible dependents for the purposes of the dental plans:

- An employee's spouse
- An employee's child who is unmarried, dependent upon the employee for more than one-half of his/her support as defined by the Internal Revenue Code of the United States, not in active military service, and who is either
  - under 26 years of age
  - disabled.
- An employee's child who is 19-26 and is not eligible for their own employer group dental plan.

**Dependent** means your spouse or a child who is:

- Under the limiting age shown on the Schedule of Coverage;
- A child of any age who is medically certified as disabled prior to the 26th birthday and dependent on the parent for support and maintenance.

1. *Child* means:
   a. Your natural child; or
   i. Your legally adopted child, including a child for whom the Participant is a party in a suit in which the adoption of the child is sought; or
   ii. Your stepchild; or
   iii. A child of your child who is your dependent for federal income tax purposes at the time application of coverage of the child of your child is made; or
iv. A child for whom a Participant has received a court order requiring that Participant to have financial responsibility for providing health insurance; or
v. A child not listed above whose primary residence is your household; and
vi. to whom you are legal guardian or related by blood or marriage; and
vii. who is dependent upon you for more than one-half of his support as defined by the Internal Revenue Code of the United States.

**Available Plans/Premiums Payment**

http://www.baylor.edu/hr/index.php?id=74187

**Enrollment/Status Change**

<table>
<thead>
<tr>
<th>Initial Enrollment</th>
<th>Employee has 30 days from date of hire to enroll.</th>
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<tbody>
<tr>
<td><strong>Open Enrollment</strong></td>
<td>Benefit open enrollment occurs annually in November. Coverage elections are effective the following January.</td>
</tr>
<tr>
<td><strong>Status Change</strong></td>
<td>Employee may change enrollment status within 30 days of any of the following events:</td>
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</table>
| *Qualifying Event* | • Marriage or divorce  
                        • Childbirth or adoption  
                        • Death of spouse or child  
                        • Change in spouse’s employment  
                        Additional changes also apply; for a supplemental list please contact Human Resources at 254.710.2000. |

* Qualifying event regulations are stipulated by Internal Revenue Code 125.

**Cancellation**

Employees may cancel participation only during the open enrollment period at the end of each calendar year or any time there is a change in status within 30 days of the qualifying event.

Employees who cancel or reject coverage will have the opportunity to enroll during the next open enrollment period, or they may enroll under the provisions for the qualifying event.

**Separation from Service**

Employees separating from service and their dependents who have been covered may apply for continued coverage for up to 18 months subject to the following conditions:

- Participants will have 30 days from the date they lose coverage or from the date they are sent their election notice from Discovery Benefits to elect continuation of coverage, whichever is later.
- Participants must not be eligible for other group coverage or Medicare.
- Separated participants must pay both the employee monthly premium and the employer contribution for coverage.

**Note:** For information on continued coverage during official retirement see BU-PP 600.