

HOW THE PLAN WORKS

Understanding Your Options Under the Plan

If you elect coverage, the **PPO** option provides a preferred level of benefits and reduced paperwork when you choose **in-network providers** for your dental care, yet gives you the flexibility to go **out-of-network** when you choose. You choose between **in-network** or **out-of-network providers** each time you need dental care, but using **in-network providers** can help reduce your costs.

If you elect to participate in the Dental Plan, you have a choice of three coverage categories:

- *Individual* – for yourself only
- *Two-Person* - for you and one **eligible dependent**
- *Family* – for you and two or more **eligible dependents**

Generally, you must elect the same category (individual, two-person or family) for the Dental and Medical Plan.

You may make an election to defer enrolling in retiree health (medical and dental) benefits. There is no limit on how long you may defer. If you elect to defer coverage, you may enroll at a future date. If you later terminate coverage due to non-payment, you *cannot* re-enroll ever again.

In addition, you may waive dental and medical coverage, meaning you have been enrolled, and later opt-out of coverage. You can re-enroll in the Dental and Medical Plan within 31 days of when previous coverage ends. You must show evidence of continuous health coverage for the period in which you were not enrolled in the Dental and Medical Plan (but no more than the most recent 12 months) in order to re-enroll. There is no limit to the number of times you may waive coverage and re-enroll as long as you can prove you have continuous health coverage. If you do not have continuous medical coverage for the period of coverage you were not enrolled in the Medical Plan, you will not be able to re-enroll ever again. If you have continuous medical coverage but do not have continuous dental coverage, you will not have dental coverage for two Plan Years. The required contributions will not be reduced if you do not have dental coverage.

You must make an election within 31 days of receipt of your retirement kit in order to be covered. If you do not make an election, the default coverage is deferred coverage.