

WASHINGTON DENTAL SERVICE Billing Invoice Procedures

This explanation should help you understand the procedures related to your monthly Washington Dental Service billing invoice. Your billing statement lists currently enrolled employees, retroactive changes and dental coverage for the month shown in the coverage period summary area.

Payment is due the first day of the month. For example, if the coverage period is October 1 to October 31, payment is due the first day of October. Your monthly billing will be generated on or about the 15th day of the preceding month. Please pay as billed. Any changes you provide will be reflected on a future billing invoice.

If an emergency arises and you need your enrollment information updated prior to the next billing cycle, please contact your Group Administration representative or the Washington Dental Service Group Administration team at (800) 408-9850 for assistance. You will find the name and telephone number of your Group Administration team representative on the top of your monthly billing invoice.

ADDITIONS

To add an employee and his/her family members to your plan, please complete a Washington Dental Service enrollment application. Be sure to include the effective date and/or qualifying event if outside of open enrollment. Please also complete the **Addition** section of the billing summary page that is sent monthly with your billing invoice. The employee and his/her family member(s) must be added within 60 days of the effective date to become eligible for coverage, unless your contract states otherwise.

PLEASE NOTE: To ensure accuracy, we must have a completed application to add anyone to your group account.

TERMINATIONS

To terminate an employee, please list the name of the employee who is no longer eligible for your dental benefits, the employee's Social Security number and the effective date of the termination in the **Termination** section of the billing summary page that is sent monthly with your billing invoice. Once you have returned the billing summary page, Washington Dental Service will make the changes. *Unless your contract states otherwise*, termination requests must be received within 60 days of the termination date.

PLEASE NOTE: The termination date is the last day the employee is no longer eligible for coverage.

CHANGES

To make any changes to an existing employee's coverage, list the changes in the **Changes** section of the billing summary page that is sent monthly with your billing invoice.

Any changes to coverage that include adding an additional person must accompany a Washington Dental Service enrollment form. Unless your contract states otherwise, changes to enrollment status must be received within 60 days of the effective date of the change.

To ensure timely processing of dental claims for your employees, please return the completed summary page and payment to Washington Dental Service at the address below:

Washington Dental Service
P.O. Box 84885, Seattle, WA 98124-6185

If you have any problems or questions regarding your invoice or current eligibility, please call your administrative representative or the Group Administration team at 1-800-408-9850.

For inquiries on claims or benefit information, please contact Washington Dental Service Customer Service at 1-800-554-1907.

RE: SB 5688 Referendum 71 – Registered Domestic Partner

Review Summary

Voters approved Washington's new domestic partnership law (SB 5688) in November 2009. This new law, effective December 3, 2009, gives registered domestic partners all the rights and responsibilities of spouses under state law.

Two types of couples can register with Washington state under the new domestic partnership law: opposite sex couples where one person is over age 62 and same sex couples (with no limiting age). The law also protects same sex domestic partners who are registered in other states.

The law does not provide any legal rights to domestic partners that have not registered with a state. Nothing in the law, however, prevents employers from providing benefits to unregistered domestic partners.

In reviewing the law, Washington Dental Service has determined that it will accept enrollment for all domestic partnerships. It will be up to the group to determine if they wish to cover registered domestic partners only or all domestic partners.

What groups does the law affect?

All fully-insured groups and individual plans are subject to complying with the new law.

Under ERISA, self-insured plans are not subject to state law and thus are exempt from domestic partnership regulations. Washington Dental Service will continue to process enrollment with these groups as currently in place unless notified by the group otherwise.

Will plans allow coverage for children of domestic partners?

Children of domestic partnerships that are dependent upon the subscriber for support will be covered.

How do groups enroll domestic partners?

Enrollment for domestic partnerships will be performed in accordance with current enrollment procedures for the group and as required at the time of a qualifying event.

If you elect to cover only state registered domestic partners, you will need to visit the Washington Dental Service Web site for further information. It will be the group's responsibility to maintain documentation to support coverage determinations such as affidavits or other methods for determining domestic partnerships and/or registered domestic partnerships.

How does the law affect Family Leave and COBRA?

Washington state statutory leaves, like family care leave, family and medical leave, spouse military leave, and domestic violence leave now cover registered domestic partners of employees on the same terms as spouses.

Although the new law does not require employers to provide COBRA to registered domestic partners, neither state nor federal law prohibits an employer from offering domestic partners a COBRA benefit. Washington Dental Service will manage COBRA benefits in the same manner as currently provided.

Will contracts and benefit booklets be updated to reflect the legislative change?

All contracts and benefit booklets will be updated with language approved by the Office of the Insurance Commissioner. Washington Dental Service will not be sending out contract amendments regarding domestic partners. This language will be updated at your next group renewal; amendments are not required by the Office of Insurance Commissioner.

Will there be a cost for coverage of domestic partners and will there be an increase in administrative fees?

All costs and administrative fee changes will be evaluated based on current Washington Dental Service underwriting review procedures.