

**AMENDMENT #2**  
TO THE  
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION  
for the  
COLLIER COUNTY GOVERNMENT DENTAL EMPLOYEE BENEFIT PLAN  
Group # 2003021

Effective January 1, 2021, Collier County Government Dental Employee Benefit Plan is amended as follows (**red** and *italics* mean change/addition; ~~strikeout~~ means deletion):

Within the "**COORDINATION OF BENEFITS**" section, the "ORDER OF BENEFIT DETERMINATION" subsection is replaced as follows:

ORDER OF BENEFIT DETERMINATION

1. **Non-Dependent/Dependent:**

The plan that covers the person as other than a dependent, (e.g., as an employee, member, subscriber, retiree) is primary and the plan that covers the person as a dependent is secondary.

2. ***Dependent* Child Covered Under More Than One Plan:**

A. ~~The primary plan is the plan of the parent whose birthday is earlier in the year if:~~

- ~~1) The parents are married;~~
- ~~2) The parents are not separated (whether or not they have ever been married), or~~
- ~~3) A court decree awards joint custody without specifying that one parent has the responsibility to provide health care coverage.~~

~~B. If both parents have the same birthday, the plan that has covered either of the parents longer is primary.~~

~~C. If the specific terms of a court decree state that one of the parents is responsible for the child's health care expenses or health care coverage and the plan of that parent has actual knowledge of those terms, that plan is primary. If the parent with financial responsibility has no coverage for the child's health care services or expenses, but that parent's spouse does, the spouse's plan is primary. This subparagraph will not apply with respect to any claim determination period, Benefit Period or Plan Year during which benefits are paid or provided before the entity has actual knowledge.~~

~~D. If the parents are not married or are separated (whether or not they were ever married) or are divorced, and there is no court decree allocating responsibility for the child's health care services or expenses, the order of benefit determination among the plans of the parents and the parents' spouses (if any) is:~~

- ~~1) The plan of the custodial parent.~~
- ~~2) The plan of the spouse of the custodial parent.~~
- ~~3) The plan of the non-custodial parent.~~
- ~~4) The plan of the spouse of the non-custodial parent.~~

*Unless there is a court decree stating otherwise, plans covering a dependent child shall determine the order of benefits as follows:*

A. *For a dependent child whose parents are married or are living together, whether or not they have ever been married:*

- 1) The plan of the parent whose birthday falls earlier in the calendar year is the primary plan; or*
- 2) If both parents have the same birthday, the plan that has covered the parent the longest is the primary plan.*

- B. *For a dependent child whose parents are divorced or separated or are not living together, whether or not they have ever been married:*
- 1) *If a court decree states that one of the parents is responsible for the dependent child's health care expenses or health care coverage and the plan of that parent has actual knowledge of those terms, that plan is primary. If the parent with responsibility has no health care coverage for the dependent child's health care expenses, but that parent's spouse does, that parent's spouse's plan is the primary plan. This item shall not apply with respect to any plan year during which benefits are paid or provided before the entity has actual knowledge of the court decree provision;*
  - 2) *If a court decree states that both parents are responsible for the dependent child's health care expenses or health care coverage, the provisions of subparagraph A of this paragraph shall determine the order of benefit;*
  - 3) *If a court decree states that the parents have joint custody without specifying that one parent has responsibility for the health care expenses or health care coverage of the dependent child, the provisions of subparagraph A of this paragraph shall determine the order of benefit;*
  - 4) *If there is no court decree allocating responsibility for the child's health care expenses or health care coverage, the order of benefits for the child are as follows:*
    - a) *The plan covering the custodial parent;*
    - b) *The plan covering the custodial parent's spouse;*
    - c) *The plan covering the non-custodial parent; and then*
    - d) *The plan covering the non-custodial parent's spouse.*
- C. *For a dependent child covered under more than one plan of individuals who are not the parents of the child, the order of benefits shall be determined, as applicable, under subparagraph a or b of this paragraph as if those individuals were parents of the child.*
- D. *For a dependent child who has coverage under either or both parents' plans and also has his or her own coverage as a dependent under a spouse's plan, the rule in paragraph 5 applies.*
- E. *In the event the dependent child's coverage under the spouse's plan began on the same date as the dependent child's coverage under either or both parent's plans, the order of benefits shall be determined by applying the birthday rule in subparagraph A to the dependent child's parent(s) and the dependent's spouse.*

3. **Active *Employee* or Inactive *Retired* or *Laid-Off* Employee**

~~The plan that covers a person as an employee who is neither laid-off nor retired (or as that employee's dependent) is primary. If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule will not be followed.~~

- A. *The plan that covers a person as an active employee that is an employee who is neither laid-off nor retired or as a dependent of an active employee is the primary plan. The plan covering that same person as a retired or laid-off employee or as a dependent of a retired or laid-off employee is the secondary plan.*
- B. *If the other plan does not have this rule, and as a result, the plans do not agree on the order of benefits, this rule is ignored.*
- C. *This rule does not apply if the rule in paragraph 1 can determine the order of benefits.*

4. **COBRA or State Continuation Coverage:**

- A. *If a person whose coverage is provided pursuant to COBRA or under a right of continuation pursuant to state or other federal law is covered under another plan, the plan covering the person as an employee, member, subscriber or retiree or covering the person as a dependent of an employee, member, subscriber or retiree is the primary plan and the plan covering the same person pursuant to COBRA or under a right of continuation pursuant to state or other federal law is the secondary plan.*
- B. *If the other plan does not have this rule, and if, as a result, the plans do not agree on the order of benefits, this rule is ignored.*
- C. *This rule does not apply if the rule in paragraph 1 can determine the order of benefits.*

5. **Longer or Shorter Length of Coverage**

~~If the preceding rules do not determine the order of benefits, the plan that has covered the person for the longer period of time is primary:~~

- ~~A. To determine the length of time a person has been covered under a plan, two plans will be treated as one if the Covered Person was eligible under the second within 24 hours after the first ended:~~
- ~~B. The start of a new plan does not include:
  - ~~1) A change in the amount or scope of a plan's benefits;~~
  - ~~2) A change in the entity that pays, provides, or administers the plan's benefits; or~~
  - ~~3) A change from one type of plan to another (such as from a single employer plan to that of a multiple employer plan);~~~~
- ~~C. A person's length of time covered under a plan is measured from the person's first date of coverage under that plan. If that date is not readily available for a group plan, the date the person first became a member of the group will be used as the date from which to determine the length of time the person's coverage under the present plan has been in force:
  - A. *If the preceding rules do not determine the order of benefits, the plan that covered the person for the longer period of time is the primary plan and the plan that covered the person for the shorter period of time is the secondary plan.*
  - B. *To determine the length of time a person has been covered under a plan, two successive plans shall be treated as one if the covered person was eligible under the second plan within twenty-four (24) hours after coverage under the first plan ended.*
  - C. *The start of a new plan does not include:
    - 1) *A change in the amount or scope of a plan's benefits;*
    - 2) *A change in the entity that pays, provides or administers the plan's benefits; or*
    - 3) *A change from one type of plan to another, such as, from a single employer plan to a multiple employer plan.**~~
- D. *The person's length of time covered under a plan is measured from the person's first date of coverage under that plan. If that date is not readily available for a group plan, the date the person first became a member of the group shall be used as the date from which to determine the length of time the person's coverage under the present plan has been in force.*

6. **No Rules Apply** If none of the preceding rules determines the ~~primary plan~~ *order of benefits*, the Allowable Expense ~~will be determined~~ *shall be shared* equally between the plans.

Within the "**CONTINUATION COVERAGE AFTER TERMINATION**" section, the following "**OPTIONS OTHER THAN COBRA CONTINUATION COVERAGE**" is added after "**WHEN COBRA CONTINUATION COVERAGE ENDS**" and the "**QUESTIONS**" subsection is replaced as follows:

OPTIONS OTHER THAN COBRA CONTINUATION COVERAGE

*Instead of enrolling in COBRA Continuation Coverage, there may be other coverage options for Employees and their enrolled Dependents through the Health Insurance Marketplace, Medicaid or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period". Some of these options may cost less than COBRA Continuation Coverage. For more information visit [www.HealthCare.gov](http://www.HealthCare.gov).*

*In general for a person who is still employed, if enrollment in Medicare Part A or Part B is not made when first eligible, after the Medicare initial enrollment period, there is an 8-month special enrollment period to sign up for Medicare Part A or Part B, beginning on the earlier of:*

- 1. The month after employment ends; or*
- 2. The month after group health plan coverage based on current employment ends.*

*A Covered Person who elects COBRA Continuation Coverage instead of enrolling in Medicare may result in a significant surcharge by Medicare for late enrollment in Part B and there may be a gap in coverage if enrolling for Part B at a later time. If a Covered Person elects COBRA Continuation Coverage and later enrolls for Medicare Part A or Part B before the COBRA Continuation Coverage ends, the Plan may terminate COBRA Continuation Coverage for this individual. However, if Medicare Part A and Part B is effective on or before the date of the COBRA election, COBRA Continuation coverage may not be discontinued on account of Medicare entitlement, even if enrollment is made in the other part of Medicare after the date of the election of COBRA Continuation Coverage.*

*If enrolling in both COBRA Continuation Coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA Continuation Coverage will pay second (secondary payer). Certain plans may pay as if secondary to Medicare, even if not enrolled in Medicare.*

*For more information visit <https://www.medicare.gov/medicare-and-you>.*

QUESTIONS

Any questions about COBRA Continuation Coverage should be directed to Allegiance COBRA Services, Inc. or contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA). Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). *For more information about the Marketplace visit [www.HealthCare.gov](http://www.HealthCare.gov).*

Nothing in this amendment is deemed to change any other provision of the Plan Document of which it becomes a part.

COLLIER COUNTY GOVERNMENT

BY:



TITLE:

*Director, Risk Management*