

# SUMMARY PLAN DESCRIPTION

FOR

VERMONT LAW SCHOOL

**Group Dental Insurance**

Notice: This document is not complete without the certificate booklet provided by the insurance company.

## Table of Contents

Title	Page
Information About This Document	2
Plan Name	3
Plan Sponsor	3
Plan Administrator	3
Employer Identification Number	3
Plan Number	3
Plan Agent	3
Insurance Company	3
Plan Administration	4
Plan Funding	4
Plan Year	4
Plan Type	4
Qualified Medical Child Support Orders	5
Sources of Contributions and Cost of Benefits	5
Eligibility	5
Claims Procedures	5
Termination	6
Plan Amendment or Termination	6
Continuation (COBRA)	6
HIPAA Privacy	9
Information on Your Rights Under ERISA	9

This document is a Summary Plan Description. It has been compiled to provide you with information about the Employee Welfare and Benefit Plan sponsored by Vermont Law School.

This Plan is fully-insured. This means that the benefits are provided to you under an insurance policy. A certificate booklet has been provided to you for the applicable insurance policy.

While every effort has been made to make this Summary Plan Description as accurate as possible, the provisions contained within the Summary Plan Description DO NOT replace or supersede any provisions of the applicable insurance policy. In the event that there is conflict between this document and the insurance policy, the insurance policy shall be the controlling authority.

If you have any questions regarding this document or require additional information regarding your benefits plan, contact the plan administrator at 802-831-1229.

**PLAN NAME:** Northeast Delta Dental Plan for the Employees of  
Vermont Law School

**PLAN SPONSOR:** Vermont Law School  
PO Box 96  
South Royalton, VT 05068

For the purposes of this plan, the plan sponsor is also named the fiduciary.

This plan is operated exclusively for the employees of Vermont Law School. No other employer or groups of employers are associated with this plan.

**PLAN ADMINISTRATOR:**

Clarke Collins  
Vermont Law School  
PO Box 96  
South Royalton, VT 05068

**EMPLOYER IDENTIFICATION NUMBER:** 23-7251952

**PLAN NUMBER:** 504

**PLAN AGENT:**

Service of legal process may be made to:

Vermont Law School  
PO Box 96  
South Royalton, VT 05068  
802-831-1000

Service of legal process may also be made upon trustee or Plan Administrator.

**INSURANCE COMPANY:** Northeast Delta Dental  
One Delta Drive  
PO Box 2002  
Concord, NH 03302

1-800-832-5700

**PLAN ADMINISTRATION:**

This plan is administered by the plan sponsor in cooperation with Northeast Delta Dental. Claims are sent to and reimbursements are made by Northeast Delta Dental.

**PLAN FUNDING:**

Premiums are paid on behalf of eligible employees to Northeast Delta Dental. Vermont Law School pays the premiums for the insurance, but may allocate part of the cost to the employee. The Employer determines the portion of the cost to be paid by the employee.

**PLAN YEAR:**

For the purposes of this plan, the end of the fiscal year shall be June 30<sup>th</sup>.

**PLAN TYPE:** Group Dental Plan

Benefits are provided through a fully-insured insurance contract. As a participant in this plan, you will automatically receive a certificate booklet from Northeast Delta Dental, free of charge, which describes the benefits provided to you and the various provisions of that particular insurance contract.

Review the applicable certificate or booklet for specific information on Plan benefits including, but not limited to:

- Description of cost-sharing provisions, including premium, deductibles, coinsurance and co-payment amounts.
- Any annual or lifetime caps or other limits such as limits on services covered by the Plan.
- Whether and under what circumstances coverage is provided for medical tests, devices and procedures.
- Provisions governing the use of network providers, the composition of the provider network and whether, and under what circumstances, coverage is provided for out-of-network services.
- Conditions or limits on the selection of primary care providers or providers of specialty medical care.

- Any condition or limit applicable to obtaining emergency medical care.
- Any provisions requiring preauthorization or utilization review as a condition to obtaining a benefit or service under the Plan.

If you do not receive a certificate booklet from the insurance provider or if you require a new copy, contact them at 800-832-5700.

#### **QUALIFIED MEDICAL CHILD SUPPORT ORDERS:**

For the purposes of this plan, and notwithstanding any contrary provisions of the applicable insurance policy, a dependent child may include a child for which the eligible employee has been compelled by a Qualified Medical Child Support Order (QMCSO) to insure. The Plan Administrator will make available, upon request, a copy of the Plan's QMCSO procedure free of charge.

#### **SOURCES OF CONTRIBUTIONS AND COST OF BENEFITS:**

Vermont Law School makes contributions under the Plan on behalf of eligible, participating employees. These contributions are used to purchase insurance coverage under a fully-insured contract with Northeast Delta Dental. As a participant in the Plan, you may also be required to make contributions. If you are required to contribute, you may be eligible to pay your premium on a pre-tax basis under a Section 125 Plan. Please note that paying your premium on a pre-tax basis may restrict your rights under this plan. Refer to the Section 125 Summary Plan Description or contact the Plan administrator at 802-831-1229 for more information.

#### **ELIGIBILITY:**

Benefits provided under this plan are available to regular full-time employees and their dependents, when applicable. Some benefits of this plan are provided only upon successful completion of a waiting or affiliation period. Please refer to the specific certificate or booklet for additional information. If you have any questions regarding eligibility, please contact the Plan Administrator at 802-831-1229.

#### **CLAIMS PROCEDURES:**

The insurance company is responsible for the day-to-day administration of claims under this plan. The insurance company has established procedures for the submission, payment and appeal of claims. These procedures are outlined in the certificate booklet provided by the insurance company.

If your claim is denied, you have the right under ERISA to appeal this decision. The insurance company will then make a determination regarding your appeal in accordance with the claims procedures outlined in the certificate booklet. If you do not appeal within the appropriate time frame as set forth in the certificate booklet, you may lose your right to sue.

#### **TERMINATION:**

In order to be covered under this plan, you must remain in an eligible class of employees. Coverage will be generally last day of the month in which you are in an eligible class. For example, if you are terminated from employment, you are no longer eligible for coverage after the last day of the month in which your employment ended.

In the event that you are no longer in an eligible class, you may be able to continue coverage under COBRA and/or an individual conversion policy. Please refer to the certificate booklet provided by the insurance carrier or contact the Plan Administrator at 802-831-1229 for additional information regarding termination of coverage.

#### **PLAN AMENDMENT OR TERMINATION:**

The plan sponsor may, at their discretion, choose to amend or terminate this plan at any time.

#### **CONTINUATION:**

COBRA continuation coverage is a continuation on Plan coverage when coverage would otherwise end because of a life event known as a “qualifying event”. Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary”. You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of any of the following qualifying events happening:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child".

#### **When is COBRA Coverage Available?**

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

#### **You Must Give Notice of Some Qualifying Events**

**For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing their eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs.**

#### **How is COBRA Coverage Provided?**

Once the Plan Administrator received notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18 month period of COBRA continuation coverage can be extended.

*Disability Extension of 18-month period of continuation coverage*

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18-month period of continuation coverage. You must provide a copy of the SSA determination letter to the Plan Administrator within 60 days of the date of the disability determination, the date of the qualifying event or the date coverage was lost or would be lost under the plan (whichever is later) and before the end of the first 18 months of continuation coverage.

*Second qualifying event extension of 18-month period of continuation coverage*

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent to lose coverage under the Plan had the first qualifying event not occurred.

### **If You Have Questions**

Questions concerning your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa). (Addresses and phone numbers of Regional or District EBSA Offices are available through EBSA's website.)

### **Keep Your Plan Informed of Address Changes**

In order to protect your family's rights, you should keep the Plan Administrator informed for any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### **HIPAA PRIVACY:**

The Health Insurance Portability and Accountability Act of 1996 requires plan administrators to protect certain health-related information. This information is commonly referred to as PHI or Protected Health Information.

The Plan has contracted with Northeast Delta Dental to handle the day-to-day administration of the Plan. Accordingly, Vermont Law School has no direct access to or contact with PHI. Please refer to the certificate booklet provided by the insurance company for the specific privacy disclosures and procedures related to the operation of this plan. Vermont Law School will not request, accept, or store any PHI. In the event that there is an incidental disclosure of PHI to the plan sponsor, Vermont Law School will take immediate action to appropriately destroy these records.

### **INFORMATION ON YOUR RIGHTS UNDER ERISA:**

As a participant in Northeast Delta Dental Plan for Employees of Vermont Law School, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). ERISA provides that all Plan participants shall be entitled to:

#### **Receive Information About Your Plan and Benefits**

- Examine, without charge, at the Plan Administrator's office and at other specified locations, such as worksites and union halls, all documents governing the Plan, including insurance contracts and collective bargaining agreements, and a copy of the latest annual report (Form 5500 Series) filed by the Plan with the U.S.

Department of Labor and available at the Public Disclosure Room of the Pension and Welfare Benefit Administration.

- Obtain, upon written request to the Plan Administrator, copies of documents governing the operation of the Plan, including insurance contracts and collective bargaining agreements, and copies of the latest annual report (Form 5500 Series) and updated Summary Plan Description. The administrator may make a reasonable charge for the copies.
- If your Plan has more than 100 participants, receive a summary of the Plan's annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report.

#### Continue Group Health Plan Coverage

- Continue health care coverage for yourself, spouse, or dependents if there is a loss of coverage under the Plan as result of a qualifying event. You or your dependents may have to pay for such coverage. Review this Summary Plan Description and the documents governing your COBRA continuation coverage rights.
- Reduction or elimination of exclusionary periods of coverage for preexisting conditions under your group health Plan, if you have creditable coverage from another Plan. You should be provided a Certificate of Coverage, free of charge, from your group health Plan or health insurance issuer when you lose coverage under the Plan, when you become entitled to elect COBRA continuation coverage, when your COBRA continuation coverage ceases, if you request it before losing coverage, or if you request it up to 24 months after losing coverage. Without evidence of creditable coverage, you may be subject to a preexisting condition exclusion for 12 months (18 months for late enrollees) after your enrollment date in the Plan.

#### Prudent Actions by Plan Fiduciaries

- In addition to creating rights for Plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit Plan. The people who operate your Plan, called "fiduciaries" of the Plan, have a duty to do so prudently and in the interest of you and other Plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise discriminate against you in any to prevent you from obtaining a (pension, welfare) benefit or exercising your rights under ERISA.

### Enforce Your Rights

- If your claim for a benefits is denied or ignored, in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial all within certain time schedules.
- Under ERISA, there are steps that you may take to enforce the above rights. For instance, if you request a copy of Plan documents or the latest annual report from the Plan and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court.
- In addition, if you disagree with the Plan's decision or lack thereof concerning the qualified status of a domestic relations order or medical child support order, you may file suit in federal court. If the Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person who you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees, for example, if it finds your claim was frivolous.

### Assistance with Your Questions

- If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, or if you need assistance in obtaining documents from the Plan Administrator, you should contact the nearest office of the Pension and Welfare Benefits Administration, U.S. Department of Labor, listed in your telephone directory or the division of Technical Assistance and Inquiries, Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Pension and Welfare Administration.