

**Fort Bend County
Employee Benefit Dental Plan Document**

Amendment #1

Effective January 1, 2025

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE MEDICAL PLAN DOCUMENT IS AMENDED AS FOLLOWS:

1. On page iii of 36 under **ARTICLE V: ELIGIBILITY AND PARTICIPATION**, section **D. LATE ENTRANTS / FAMILY STATUS CHANGE / DEPENDENT DELETION**, is RENAMED and REPLACED in its entirety with the following removing reference to Late Entrants:
D. FAMILY STATUS CHANGE / DEPENDENT DELETION
2. On page 11, **ARTICLE IV: Definitions**, the “**Dependent**” definition is replaced in its entirety as follows:

Dependent means any one or more of the following:

1. The lawful Spouse of an Employee;
2. Natural children of the Employee under the age of twenty-six (26), including legally adopted children and stepchildren.
3. Unmarried natural children of the Employee, including legally adopted children and stepchildren, who have not attained age twenty-six (26), reside with the Employee, and are principally dependent upon the Employee for support and maintenance, are incapable of self-sustaining employment due to mental or physical disability, provided such disability commenced prior to attainment of age twenty-six (26), and Dependent was covered prior to attainment of such age. Proof of dependency or mental or physical disability must be furnished by you when required by the Plan Administrator;
4. Natural child of an Employee who is subject to a current order of a court or Attorney General for the State of Texas to provide dental benefits for such natural child;
5. Grandchild of the Plan Participant who is a dependent of the Plan Participant for federal income tax purposes at the time application for coverage of the child is made; up to the age of twenty-six (26);
6. Grandchild of a Plan Participant who is a dependent of the Plan Participant for federal income tax purposes at the time application for coverage of the child is made; and who have attained age twenty-six (26), reside with the Employee, are principally dependent upon the Employee for support and maintenance, are incapable of self-sustaining employment due to mental or physical disability, provided such disability commenced prior to attainment of age twenty-six (26), and child was covered prior to attainment of

such age (proof of dependency or mental or physical disability must be furnished by you when required by the Plan Administrator);

7. Unmarried Grandchild of a Plan Participant who is a dependent of the Plan Participant for federal income tax purposes at the time application for coverage of the child is made; and who have attained age twenty-six (26), reside with the Employee, are principally dependent upon the Employee for support and maintenance, are incapable of self-sustaining employment due to mental or physical disability, provided such disability commenced prior to attainment of age twenty-six (26), and child was covered prior to attainment of such age (proof of dependency or mental or physical disability must be furnished by you when required by the Plan Administrator); or
8. Child for whom the Plan Participant must provide medical support under a court order issued under Chapter 154, Family Code, or enforceable by a court in the State of Texas, stating Employee must provide dental support for child, and child has not attained age eighteen (18) or graduated from high school, whichever occurs later; and is unmarried.

3. On page 12, **ARTICLE IV: Definitions**, the following definition is DELETED in its entirety:

Full-Time Student means a Participant's dependent child who is enrolled in and regularly attends an accredited public or private secondary school, college, university, trade school or business school for the minimum number of credit hours required by that college, university, trade school or business school in order to maintain full-time student status.

4. On page 12, **ARTICLE IV: Definitions**, the following definition is DELETED in its entirety:

Late Entrant means an Employee who elects to waive participation and later decides to enroll in the Plan more than thirty-one (31) days after first becoming eligible to participate in the Plan. "Late Entrant" will also include the Dependent of an Employee who is a Late Entrant and a Dependent who does not enroll in the Plan within the first thirty-one (31) days after such Dependent is eligible to enroll. If you and/or your Dependent(s) do not enroll for benefits at the initial time you are eligible for benefits, then you and/or your Dependent(s) will be considered Late Entrants.

5. On page 13, **ARTICLE IV: Definitions**, the following definition is REPLACED in its entirety removing reference to Late Entrants:

Waiting Period means for a regular enrollee, the first of the month after 58 days of continuous Active Service beginning on the first day of eligibility for coverage under the Plan (other than satisfaction of the Waiting Period requirement).

6. On page 14, under **Article V, ELIGIBILITY AND PARTICIPATION**, section A. **EMPLOYEE PARTICIPATION, #1. Waiver of Participation in this Plan** is REPLACED in its entirety removing reference to Late Entrants as follows:

1. Waiver of Participation in this Plan

An Employee has the right to waive their coverage under this Plan. Dependent coverage will not be available if Employee coverage is not selected. If an eligible Employee or Dependent elects to waive participation and later decides to enroll in the Plan beyond 31 days of first becoming eligible to participate in the Plan, the Employee and the Employee's Dependents, they will not be allowed to enroll until Annual Enrollment, as a result of a Family Status Change or Special Enrollment Right as described herein.

7. On page 14, under **Article V, ELIGIBILITY AND PARTICIPATION**, section A. **EMPLOYEE PARTICIPATION**, #3. **Effective Date of Coverage** is REPLACED in its entirety removing reference to Late Entrants as follows:

3. Effective Date of Coverage

Coverage will become effective for an eligible Employee on the first (1st) day of the month following completion of the Waiting Period, or if none, upon the date of eligibility (provided the Employee is in Active Service on that date, otherwise the Effective Date will be deferred until return to Active Service) subject to the Pre-existing Conditions exclusion. Employees with a change of status from part-time to full-time or from temporary to regular will be subject to the same Waiting Period beginning the date their status changes and subject to the exclusion of Pre-existing Conditions. Employees who previously waived their benefit participation and decide to participate at a later date may only enroll during the annual enrollment period. Payment of any contribution toward the cost of coverage under the Plan, if required by the Employer, must be made prior to coverage becoming effective.

8. On page 17, under **Article V, ELIGIBILITY AND PARTICIPATION**, Section D: **LATE ENTRANTS/FAMILY STATUS CHANGE/DEPENDENT DELETION** is REPLACED in its entirety removing reference to Late Entrants as follows:

D: FAMILY STATUS CHANGE / DEPENDENT DELETION

Annual Enrollment – An Employee may enroll eligible Dependent(s) during the annual enrollment period without a Family Status Change

Family Status Change – An Employee who participates in the Section 125 Plan may add eligible Dependent(s) mid-year only if there is a qualified Family Status Change and the Participant has all required documentation turned into Risk Management within thirty-one (31) days of the Family Status Change event. Qualified Family Status Changes for adding an eligible Dependent include, but are not limited to, marriage, birth, adoption, or a change in a Spouse or Dependent's employment status as specified by Section 125 of the Internal Revenue Code.

In the event of birth, adoption, or marriage, benefits for the eligible Dependents will be effective on the date of the Family Status Change. For example, when adding a Spouse due to marriage, the effective date of coverage will be the date of marriage on the certified marriage license or informal marriage certificate and premiums will be due beginning on that date.

Dependent Deletion – An Employee must delete a Dependent that is no longer eligible to remain on the Plan at the time they become ineligible. Dependents who are not eligible are

those who have turned 26 years of age or ex-Spouses and ex-step-children. In the case of divorce, a certified divorce decree is required before the Plan will terminate the Dependents no longer eligible.

It is the Employee's responsibility to notify Risk Management of a Dependent who is no longer eligible and complete the proper form(s). Notification is subject to COBRA notification requirements. Verbal notification is unacceptable. The Plan will refund Plan Participant contributions paid after effective date and prior to the submission and receipt in Risk Management of the proper forms within required time frames of the life event. In addition, the Employee will be responsible for paying all claims paid by the Plan on behalf of the Dependent during the ineligible period.

ALL OTHER SECTIONS OF THE PLAN DOCUMENT REMAIN UNCHANGED.

APPROVED AND ACCEPTED:

County Judge

County Commissioner, Precinct 1

County Commissioner, Precinct 2

County Commissioner, Precinct 3

County Commissioner, Precinct 4

Approved by Commissioners Court on
____ day of _____ 20____

Attest:
