

Delta Dental Small Business Program

Underwriting Guidelines

Group Size

PPO

2–99 eligible employees

DeltaCare USA

5–99 eligible employees

Eligible Industries

See Eligible Industries page for a complete list of eligible/ineligible industries.

Eligible Employees

Full-time, permanent employees. Contract employees (category 1099) are not eligible. Employer must submit documentation to verify employer/employee relationship. A group of two cannot be comprised of a dependent relationship (e.g., husband and wife).

Eligible Dependents

Spouse (or domestic partner, if offered by group) and dependent children up to age 26. Dependents in military service are not eligible.

Eligible Retirees

Retiree coverage is available in an active employee plan if there is no break in coverage and employer contribution is identical. Coverage must be available to all retirees.

Participation Requirements (unless covered elsewhere)

All plans — If employer contributes 100% of the cost, all eligible employees must enroll. If employer contributes 100% of the cost for dependents, all eligible dependents must be enrolled.

If employer contributes:

PPO

0–49% (MPB) — At least 50% of eligible employees or two, whichever is fewer, must enroll.

50–99% (Employer-Paid) — At least 75% of eligible employees or five (two for groups with 2–4 employees), whichever is greater, must enroll. At least 50% of employees with dependents must enroll their dependents.

DeltaCare USA

0–99% — A minimum of five eligible employees must enroll.

Out-of-State Enrollees

PPO

Eligible employees residing out-of-state may receive care from any licensed dentist, regardless of location.

DeltaCare USA

New York enrollees may receive services from their selected dentist in New York, Pennsylvania or New Jersey.

Employer Contribution (used to determine participation requirements)

Employee contribution must be paid through pre-tax payroll deductions.

PPO

Employer-Paid: Employer contributes at least 50% of the cost of the plan.

Minimum Participation Base (MPB): Employer contributes less than 50% of the cost of the plan (employee may contribute up to 100% toward the cost of the plan).

DeltaCare USA

Employer-Paid: Employer contributes at least 25% of the cost of the plan.

Voluntary: Employer may contribute up to 24% of the cost of the plan.

Underwriting Guidelines (continued)

Waiving Coverage

Employees who contribute toward the cost of the premium for themselves and/or their dependents and employees/dependents with coverage elsewhere can waive coverage.

Open Enrollment

Employees who contribute towards the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate, change dependent status or switch plans, if dual choice is offered.

Termination

Dental coverage will end on the last day of the month when the primary enrollee is no longer eligible. Dependent coverage ends when a dependent is no longer eligible, or when the primary enrollee's coverage ends.

Changing Benefits

Groups can only change benefits at the policy anniversary (renewal).

DeltaCare USA Dentist

Enrollees must select, and obtain treatment from, a primary care dentist listed as a DeltaCare USA participating dentist in New York, Pennsylvania or New Jersey.

Transferring into the Small Business Program

Existing Delta Dental clients, outside of the Small Business Program, cannot transfer into the Small Business Program.

Dual Choice

Groups can offer PPO and DeltaCare USA plans to employees. The following will apply:

- This feature is not available in combination with another carrier.
- PPO plan must meet the Participation Requirement (as stated on the previous page).
- When enrolling less than 5 eligible employees in PPO, use the 2-4 rates.
- Five eligible employees, at minimum, must enroll in the DeltaCare USA plan.
- Services under the DeltaCare USA plan must be provided in New York, Pennsylvania or New Jersey.
- Primary enrollees and their dependents can switch plans only during open enrollment. Dependents cannot switch independently of the primary enrollee.

Waiting Period

The below waiting periods are applicable only to PPO Minimum Participation Base (MPB) plans:

There is a six-month waiting period for all oral surgery, endodontic and periodontic services.

There is a 12-month waiting period for all major services, if covered.

These may be waived if the group can provide proof of prior comprehensive group dental coverage with no break in coverage.