

# **CALIFORNIA DENTAL PARTICIPATION GUIDE**

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• 1 eligible employee: Not available</li> <li>• 2 eligible employees:                             <ul style="list-style-type: none"> <li>» Non-Voluntary dental allowed, but conditional. If the groups industry is ineligible, then dental would only be allowed if it is sold with medical</li> </ul> </li> <li>• 3 to 100 eligible employees:                             <ul style="list-style-type: none"> <li>» Non-Voluntary dental plans are available with or without medical</li> <li>» Standalone available</li> <li>» Standalone dental has ineligible industries</li> </ul> </li> <li>• Spousal waivers are the only waivers considered valid</li> </ul>	<ul style="list-style-type: none"> <li>• 1 eligible employee: Not available</li> <li>• 2 to 100 eligible employees:                             <ul style="list-style-type: none"> <li>» Available with or without medical</li> <li>» Standalone available</li> <li>» Standalone dental has ineligible industries</li> </ul> </li> <li><b>Waivers:</b> <ul style="list-style-type: none"> <li>• Waivers are required</li> <li>• Spousal waivers are the only waivers considered valid</li> </ul> </li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are not eligible for coverage</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• 2-50 with medical or standalone (rounded down)                             <ul style="list-style-type: none"> <li>» 2-3: 100% excluding valid waivers with a minimum of 2 enrolled employees</li> <li>» 4-50 non-contributory: 100% excluding valid waivers</li> <li>» 4-50 contributory: 75% excluding valid waivers. Minimum of 2 and 50% of total eligible employees must enroll</li> </ul> </li> <li>• 51-100 with medical or standalone                             <ul style="list-style-type: none"> <li>» 51 to 100 non-contributory: 100% excluding valid waivers</li> <li>» 51 to 100 contributory: 30% excluding valid waivers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 2 to 100 eligible employees with medical or standalone</li> <li>• Contributory Only                             <ul style="list-style-type: none"> <li>» 2-50: Minimum 30%, excluding valid waivers and a minimum of 2 enrolled</li> <li>» 51-100: Minimum 20%, excluding valid waivers</li> </ul> </li> </ul>
<b>Dual Option</b>	
<ul style="list-style-type: none"> <li>• Voluntary and Non-Voluntary plans cannot be sold together</li> <li>• Dual Option DHMO/DPPPO: Both the DHMO and DPPPO plans must include ortho or exclude ortho or the DHMO can include ortho while the PPO excludes ortho</li> <li>• Dual Option DPPPO/DPPPO: Requires prior carrier approval. Only available to 51+ eligible employees with Aetna medical. Dental plans must cover the same service categories (preventative, basic, major, ortho), plan benefits must have a minimum of 10% differential for basic and major services</li> <li>• Freedom-of-Choice cannot be packaged with any other option. It must be the only plan sold.</li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• 2-9 eligible: Minimum 2 enrolled and meet above participation requirements</li> <li>• 10-100 eligible: Minimum 5 enrolled and meet above participation requirements</li> </ul>	

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<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>No employer contribution requirement for Dental as long as participation is met, using employer sponsored rates.</li> <li>Available for 2-100 employees, a minimum of 2 employees must enroll</li> <li>Unlimited PPO Plans require 10+ eligible and a minimum of 25% participation</li> </ul>	<ul style="list-style-type: none"> <li>Available for groups of 5-100 eligible employees, a minimum of 2 employees must enroll and meet participation guidelines</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>Owner Only Groups are eligible for coverage as long as the group’s business entity is a type of Corporation such as LLC, S-Corporation, or C-Corporation</li> <li>At least 2 eligible owners are required</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>Unlimited PPO Plans require 10+ eligible and a minimum of 25% participation</li> <li>25% participation for groups with 2-100 eligible with a minimum of 2 enrolled</li> </ul>	<ul style="list-style-type: none"> <li>Requires a minimum of 5 eligible and minimum of 2 enrolling</li> </ul>
<b>Dual Option</b>	
<ul style="list-style-type: none"> <li>Requires a minimum of 5 eligible, 2 enrolled in each plan and meet participation guidelines</li> <li>Dual Option plans with Ortho require a minimum of 10 eligible and 5 enrolled in the DPPPO plan</li> <li>When offering dual option, the two plans must have at least a 10% differential of the employee-only tier premium</li> </ul> <p><b>Dental HMO</b></p> <ul style="list-style-type: none"> <li>Dental PPO/Dental Net or 2 PPO Dental Plans</li> </ul>	<ul style="list-style-type: none"> <li>Requires minimum of 10 eligible and 5 enrolled in each plan</li> <li>When offering dual option, the two plans must have at least a 10% differential of the employee-only tier premium</li> <li>Dual Option plans with Ortho require a minimum of 5 enrolled in each DPPPO plan</li> <li>Dental PPO/Dental HMO, or 2 PPO Dental Plans</li> </ul>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>Requires 5+ Enrolling: DPPPO plans are rated as Adult and Child Ortho or plans with Child Ortho only. Adult Ortho only is not available</li> </ul>	

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• 2-4 enrolling: 100% participation required</li> <li>• 5+ enrolling: 60% participation required</li> <li>• Valid waivers do not count against participation</li> <li>• Must provide only enough waivers to meet participation</li> </ul> <p><b>Current DE9C required for groups of 2-4 enrolling</b></p>	<ul style="list-style-type: none"> <li>• Minimum 5 eligible, and 5 enrolling</li> <li>• 20% participation required</li> <li>• Valid waivers do not count against participation.</li> <li>• Must provide only enough waivers to meet participation</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are eligible for coverage (additional information required to confirm owners)</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are eligible for coverage</li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• Minimum 5 enrolling employees</li> </ul>	

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NOTE: DE9C requirements follow medical guidelines

Employer Sponsored	Voluntary
<p><b>Please Note:</b>                      Blue Shield dental plans may not be offered alongside another carrier’s dental plans.                      Current Quarterly Report (DE9C) is required for groups that do not qualify for the No DE9C guidelines.                      Please see No DE9C Quick Reference Guide for full details</p>	
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Non-contributory plans require 100% participation</li> <li>• Contributory plans require a minimum of one employee</li> </ul>	<ul style="list-style-type: none"> <li>• At least one must enroll</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are not eligible for coverage</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are eligible for coverage as long as both are not owners</li> <li>• One of the spouses/domestic partners must be a W2 employee on payroll and not an owner</li> <li>• The group cannot be a Sole Proprietor or Partnership</li> <li>• Group must be an S-Corporation, C-Corporation, or an LLC</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• At least 65% of all eligible employees must enroll in the Blue Shield plan(s)</li> <li>• Relaxed Requirements: At least 25% of the total number of eligible employees must enroll in the Blue Shield plan(s) and no fewer than five</li> <li>• Employees cannot split their enrollment between themselves and their dependent who is also enrolling as an employee. Whichever products an employee is electing must all be under employee coverage or all under dependent coverage through the other employee.</li> </ul>	<ul style="list-style-type: none"> <li>• No participation requirements</li> <li>• PLEASE NOTE: Waivers are required for voluntary</li> <li>• Employees cannot split their enrollment between themselves and their dependent who is also enrolling as an employee. Whichever products an employee is electing must all be under employee coverage or all under dependent coverage through the other employee.</li> </ul>

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Employer Sponsored	Voluntary
<b>Dual Option</b>	
<ul style="list-style-type: none"> <li>• Any two dental plan options may be selected                             <ul style="list-style-type: none"> <li>» Combined participation between the two offered dental plans must meet minimum requirements. Enrollment in both options is not required for dual plan offering; however, voluntary dental plans require a minimum of one enrolling eligible employee</li> <li>» If a voluntary plan is combined with a contributory plan, a total combined contribution of 50% is required</li> </ul> </li> </ul>	
<b>Triple Option</b>	
<ul style="list-style-type: none"> <li>• The following combination of three dental plans may be selected                             <ul style="list-style-type: none"> <li>» Any two DHMO plans with any one DPPO plan</li> <li>» Any three DHMO plans</li> <li>» Two DPPO plans and one DHMO plan: This option requires the group to offer Blue Shield medical plans. The two DPPO plans must have the same orthodontic benefit</li> </ul> </li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• Offered for groups from 1 – 100.</li> <li>• Blue Shield offers Child-Only Ortho or Adult and Child Ortho.</li> </ul>	

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<b>**Only available with Medical**</b>	
<ul style="list-style-type: none"> <li>• Employer must contribute at least 50% of the total cost for the lowest cost employee dental plan in the employee’s ZIP Code, if offered</li> <li>• If employer contribution is 100%, employees cannot waive due to cost or individual coverage. Additionally, 70% of eligible employees must enroll excluding those with other group dental coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Employer is not permitted to contribute towards Voluntary Dental</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are not eligible for coverage</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>Requires minimum 2 enrolled</li> </ul>	<ul style="list-style-type: none"> <li>Ameritas: Requires minimum 10 eligible and 5 enrolled</li> <li>Anthem Blue Cross: Requires minimum 5 eligible and 2 enrolled</li> <li>Delta Dental: Requires minimum 10 eligible and 5 enrolled</li> <li>MetLife: 2-9 eligible requires 2 enrolled; 10+ eligible requires 5 enrolled</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>Owner Only Groups are eligible for coverage</li> <li>At least 2 eligible employees to enroll</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>Spouses Only/Domestic Partner Only Groups are eligible for coverage</li> <li>At least 2 eligible employees to enroll</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>70% Participation</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>Ameritas: 5+ eligible and 2 enrolled on PPO</li> <li>Anthem Blue Cross: 10+ eligible and 2 enrolled on PPO</li> <li>Delta Dental: 10+ eligible and 5 enrolled on PPO</li> <li>MetLife: 10+ eligible and 5+ enrolled on PPO</li> </ul>	<ul style="list-style-type: none"> <li>Ameritas: 5+ eligible and 5 enrolled on PPO</li> <li>Delta Dental: 10+ eligible and 5 enrolled on PPO</li> <li>MetLife: 10+ eligible and 5+ enrolled on PPO</li> </ul> <p><b>Note:</b> Ortho is not available with Anthem Blue Cross voluntary plans.</p>

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• 2-99 eligible employees</li> <li>• Deluxe 100 plan is not available for groups of 2-4 eligible</li> </ul>	<ul style="list-style-type: none"> <li>• 2-99 eligible employees</li> <li>• Deluxe 100 plan is not available for groups of 2-4 eligible</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are eligible for coverage</li> <li>• At least 2 eligible owners are required that are not comprised of a dependent relationship (e.g. spouses/domestic partners or parent and child under 26)</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	
<b>Participation</b>	
<p><b>PPO:</b></p> <ul style="list-style-type: none"> <li>• 50-74% employer contribution: The greater of 50% or 5 must enroll (2 for groups of 2-4 eligible)</li> <li>• 75-99%: The greater of 75% or five must enroll (2 for groups of 2-4 eligible)</li> <li>• 100% contribution: requires 100% participation. No waivers allowed</li> </ul> <p><b>DeltaCare USA:</b></p> <ul style="list-style-type: none"> <li>• 0-99% contribution: A minimum of 2 eligible employees must enroll</li> <li>• 100% contribution: requires 100% participation.... Please duplicate what is under the PPO section immediately above.</li> </ul>	<p><b>PPO:</b></p> <ul style="list-style-type: none"> <li>• 0-49% employer contribution: A minimum of 5 eligible must enroll (2 for groups with 2-4 eligible)</li> </ul> <p><b>DeltaCare USA:</b></p> <ul style="list-style-type: none"> <li>• 0-99%: A minimum of two eligible employees must enroll</li> </ul>

(Continued on page 11)

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Employer Sponsored	Voluntary
<b>Dual Choice</b>	
<p>Not available in combination with another carrier. Rate tier selection must be the same for both plans</p> <p><b>PPO and DeltaCare USA:</b></p> <ul style="list-style-type: none"> <li>• Minimum of 2 enrolled in each plan</li> <li>• When enrolling less than 5 in PPO, use 2-4 rates</li> <li>• Minimum of 5 primary enrollees in PPO for Orthodontic Coverage</li> <li>• Employer contribution percentage must be identical for both plans</li> <li>• 0-49% contribution: Minimum 5 enrolled</li> <li>• 100% contribution requires 100% participation. No waivers allowed</li> </ul> <p><b>PPO/PPO and Core/Buy-Up:</b></p> <ul style="list-style-type: none"> <li>• 0-49% contribution is not applicable with this option: Minimum of 5 enrolled. NOTE: Not available for Core/Buy-Up</li> <li>• 50-74% contribution: The greater of 50% of eligible employees or five</li> <li>• 75-99% contribution: The greater of 75% of eligible employees or five</li> <li>• 100% contribution requires 100% participation. No waivers allowed</li> </ul>	
<b>Ortho</b>	
<p><b>Deluxe plan</b></p> <ul style="list-style-type: none"> <li>• Orthodontics options are not available for group sizes of 2-4</li> <li>• Adult orthodontics are not available to employer-paid groups of 5-24 and voluntary groups of 5-49</li> </ul> <p><b>Advantage plan</b></p> <ul style="list-style-type: none"> <li>• Orthodontics options are not available for group sizes of 2-4</li> </ul> <p><b>Core Plan</b></p> <ul style="list-style-type: none"> <li>• Orthodontics options are not available</li> </ul>	

**NOTE:** If the employer is paying 100% of the employee premium, there will be no open enrollment allowance, except to switch plans if dual option choice is offered.

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Non-contributory (100% employer paid): No waivers allowed</li> <li>• Contributory: Minimum 2 enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 4 enrolled</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are eligible for coverage</li> <li>• At least 2 eligible employees to enroll</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• Non-contributory (100% employer paid): 100% participation</li> <li>• Contributory: 40%</li> </ul>	<ul style="list-style-type: none"> <li>• 30% participation</li> </ul>
<b>Ortho</b>	
<p>Group size: 2 - 4 lives - No Ortho benefit available.</p> <p>Rates for dental are impacted by the overall participation of the group. Quoting default is 75% participation if employer is offering 50% or more employer contribution or 50% participation if group has no prior coverage. Possible rate impact if participation drops below 65%</p> <p>Guardian offers adult and/or child ortho to groups 10+. Participation requirement is minimum 40% or 5 enrolled. Guardian can offer down to 5 lives which requires 100% participation</p>	

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• A minimum employer contribution of 50% of the employee premium is required for employer paid rates</li> <li>• A minimum of 2 active subscribers is required</li> <li>• Most current DE9C required. Payroll and/or ownership documentation is required for anyone not on the DE9C</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution</li> <li>• A minimum of 2 active subscribers is required</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are not eligible for coverage</li> <li>• Officer Only Groups are eligible for coverage as long as the group’s business entity is specifically a C-Corporation. They will not write Officer Only for any other business entity type</li> <li>• At least 2 eligible officers are required and at least one of the officers may not be a shareholder, must be listed on the DE9C and must be covered by Workers’ Compensation</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only Groups are not eligible for coverage</li> <li>• Domestic Partner Only Groups are eligible for coverage as long as one of the Domestic Partners is W2 on DE9C/Quarterly Wage Report and not an owner of the group</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• A minimum participation of 50% of the eligible employees is required for employer paid rates.</li> <li>• Employees waiving coverage with valid coverage elsewhere will not count against participation.</li> <li>• Groups electing Employer Paid or Voluntary DPPO Essential 10 or 11 must enroll 5 or more eligible employees on each of those plans</li> </ul>	<ul style="list-style-type: none"> <li>• Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution</li> <li>• A minimum of 2 active subscribers is required</li> <li>• Groups electing Employer Paid or Voluntary DPPO Essential 10 or 11 must enroll 5 or more eligible employees on each of those plans</li> </ul>
<b>Dual Choice</b>	
<ul style="list-style-type: none"> <li>• Dual Choice Dental is available</li> <li>• Groups may select 1 DHMO and 1 DPPO, 2 DHMO, or 2 DPPO plans, with a minimum of 2 active subscribers on each plan</li> <li>• Groups electing Employer Paid or Voluntary DPPO Essential 10 or 11 are subject to the minimum enrollment requirements indicated above</li> <li>• Groups electing DPPO with orthodontia are subject to the minimum enrollment requirements indicated below</li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• 2025 Effective Dates: Orthodontia is available in Plus DHMO 150 and 225, DPPO Classic 5 and 11, and DPPO Essential 5 and 9 only</li> <li>• 2026 Effective Dates: Orthodontia is available in Plus DHMO 150 and 225, DPPO Classic 5 and 11, and DPPO Essential 5, 10 and 11 only</li> <li>• Groups electing Employer Paid DPPO with orthodontia and are enrolling 2-4 eligible employees must provide proof of immediately prior indemnity orthodontic coverage</li> <li>• Groups electing Employer Paid or Voluntary DPPO with Orthodontia and are enrolling 5 or more eligible employees are not required to provide proof of prior indemnity orthodontic coverage</li> </ul>	

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# Humana

Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• 1-100 employees</li> </ul> <p><b>Dual Option (Mix &amp; Match)</b></p> <ul style="list-style-type: none"> <li>• Multiple choices available for Employers                             <ul style="list-style-type: none"> <li>» 10-24 enrolled: Dual option DHMO/DPPO or DPPO with varying co-insurance</li> <li>» 25+ enrolled: Triple options available with DHMO/DPPO/DPPO</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Requires minimum of 2+ eligible</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are eligible for coverage</li> <li>• At least 2 eligible owners are required. 1 may waive with a valid waiver reason</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are eligible for coverage</li> <li>• At least 2 eligible employees are required. 1 may waive with a valid waiver reason</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• 50% Participation (minimum 2 enrolled)</li> <li>• Requires 2+ eligible with a minimum of one enrolled if sold with another line of coverage or standalone along with 50% participation after valid waivers are removed</li> <li>• Groups unable to meet the 50% participation requirement are required to enroll in a voluntary plan</li> <li>• NOTE: Once it has been determined at enrollment if the group will be enrolled in an employer-sponsored or voluntary plan, they will remain on this plan and will not be switched at renewal</li> </ul>	<ul style="list-style-type: none"> <li>• Requires minimum of 2 eligible but can have a minimum of 1 enrolled employee</li> <li>• NOTE: Once it has been determined at enrollment if the group will be enrolled in an employer-sponsored or voluntary plan, they will remain on this plan and will not be switched at renewal</li> </ul>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• Humana does not offer adult or adult/child ortho for any size group. There is a 24 month wait period unless the group currently has ortho on their prior plan</li> </ul>	

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Employer contributes at least 50% of the employee premium</li> </ul> <p><b>DHMO:</b></p> <ul style="list-style-type: none"> <li>• At least 30% of the total eligible with a minimum of 5 enrolled regardless of employer contribution</li> </ul>	<ul style="list-style-type: none"> <li>• Employer contributes 49% or less of the employee premium</li> </ul> <p><b>DHMO:</b></p> <ul style="list-style-type: none"> <li>• At least 30% of the total eligible with a minimum of 5 enrolled regardless of employer contribution</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are not eligible for coverage</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• PPO 2-4 Eligible Lives: 100% of the total eligible must enroll</li> <li>• PPO 5-99 Eligible Lives: 75% of the total eligible must enroll</li> </ul>	
<b>Dual Option</b>	
<ul style="list-style-type: none"> <li>• Employer Sponsored PPO/DHMO dual options available starting at 10 eligible lives with a minimum of 5 enrolled in each plan. Voluntary PPO/DHMO dual options available starting at 25 eligible lives             <ul style="list-style-type: none"> <li>» 10-24 Eligible Lives: minimum of 5 enrolled in each plan</li> <li>» 25-49 Eligible Lives: minimum of 5 enrolled in the DHMO and 10 enrolled in the PPO</li> <li>» 50-99 Eligible Lives: minimum of 5 enrolled in the DHMO and 20 enrolled in the PPO</li> <li>» Required participation % based on the single option PPO requirements listed</li> </ul> </li> <li>• Employer Sponsored and Voluntary PPO/PPO dual options available at             <ul style="list-style-type: none"> <li>» 50 eligible lives 50-99 Eligible Lives: minimum of 10 enrolled in each plan</li> <li>» The 2 plans paired together should not be too similar to one another. Either of the following scenarios would be acceptable:                 <ul style="list-style-type: none"> <li>• The coinsurance is different between the High and Low plan</li> <li>• Maximum, Out of Network, and Endo/Perio - at least 2 out of these 3 categories must be different between the High and Low plan</li> </ul> </li> <li>» Required participation % based on the single option PPO requirements listed</li> </ul> </li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• Orthodontia requires at least 2 enrolled lives             <ul style="list-style-type: none"> <li>» Groups with 2-9 enrolled must have prior ortho coverage. A copy of the groups prior plan summary or certificate that reflects ortho coverage in place is required</li> <li>» 10+ enrolled requires prior major coverage</li> </ul> </li> </ul>	

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Employer Sponsored	Voluntary
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are eligible for coverage</li> <li>• At least 2 eligible owners are required to enroll</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are eligible for coverage</li> <li>• Each must enroll separately, one cannot be covered as a dependent of the other.</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• Minimum 2 enrolled</li> <li>• Contributory: (50% minimum employer contribution) requires 50% participation</li> <li>• Non-contributory: (100% employer paid) will allow 25% valid waivers</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 5 eligible, 2 enrolled</li> <li>• At least 2 enrolled, or 20% participation, whichever is greater.</li> </ul>
<b>Ortho</b>	
<p>Group size: 5 - 100</p> <p>Orthodontia: Orthodontic coverage is available to groups of 5+ enrolled lives. Dependent ortho available to age 19</p> <p>Child and Child/Adult Ortho is available to groups of 5+ enrolled employees</p>	
<b>Dual Option</b>	
<ul style="list-style-type: none"> <li>• Minimum of 10 enrolled employees</li> <li>• Participation is determined on a combined basis between both plans</li> <li>• At least 1 employee must enroll in each plan</li> <li>• POS and EOP plans may be combined</li> </ul>	

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# UNITED CONCORDIA<sup>®</sup> DENTAL

Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>Requires minimum 2 enrolled</li> </ul>	
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>Owner Only Groups are eligible for coverage</li> <li>At least 2 eligible owners are required to enroll</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>Spouses Only/Domestic Partner Only Groups are eligible for coverage</li> <li>At least 2 eligible employees are required to enroll</li> </ul>	
<b>Participation</b>	
<ul style="list-style-type: none"> <li>DPPO Groups 2-9 (70% participation must be met with a minimum of 2 employees enrolled in California)</li> <li>DPPO Groups 10-50 (70% participation must be met with a minimum of 10 employees enrolled in California)</li> <li>DHMO: Minimum employee enrollment requirement is 2 employees</li> </ul>	<ul style="list-style-type: none"> <li>All plans qualify for Voluntary. Benefits and rates do not change. Minimum 20% participation is required</li> </ul>
<b>Dual Option (Mix &amp; Match)</b>	
<ul style="list-style-type: none"> <li>DHMO/PPO: 70% participation with a minimum of 10 eligible – at least 2 on the DHMO and 5 on the PPO</li> <li>DPPO/DPPO: Minimum enrollment requirement for each PPO plan is 5 enrolled employees unless orthodontia is covered. Plans with orthodontia require 10 enrolled employees and proof of prior coverage</li> <li>Requested plan must have at least 10% difference in coinsurances in some benefit class. This excludes orthodontic coverage, and the differences in service classifications (e.g. endo &amp; period in basic versus major)</li> <li>If a Class II or Class III coinsurance differs by more than 30% between plans, there must be at least one significantly better benefit on the low plan. A significantly better benefit is defined as at least a \$50 lower deductible, a \$500 higher annual maximum or 90th out-of-network on the low plan and MAC on the high plan. Benefit differences must be meaningful (e.g., having a \$0 deductible on a low plan that doesn't cover Class II or III services)</li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>Underwriting guidelines for any FFS plan, offering orthodontic coverage, are as follows:                             <ul style="list-style-type: none"> <li>» If any FFS plan has less than 25 enrolled contracts, orthodontics is available on a takeover basis only</li> <li>» Groups that do not currently have orthodontic coverage are not eligible for this benefit</li> <li>» Proof of prior orthodontic coverage (prior carrier summary plan description) is required as part of the implementation package. If orthodontia is covered on the FFS plan, a minimum of 10 enrolled contracts on a FFS plan is required, with proof of prior orthodontic coverage</li> <li>» Adult ortho is not available for groups less than 10 lives</li> <li>» The adult ortho would have to be paired with child ortho. Book rates offer either child only ortho or child &amp; adult ortho only - no adult only</li> </ul> </li> </ul>	

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Minimum 2 enrolled for all plans</li> <li>• Contributory: (50% minimum employer contribution) requires 75% participation (not to fall below 50% with valid waivers)</li> </ul> <p><b>HMO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Minimum of 5 eligible employees, 3 enrolling</li> </ul> <p><b>PPO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Minimum of 10 enrolled between 2 plans</li> <li>• 20% rate difference between 2 plans required</li> <li>• Must have at least 2 differences in plan design (Example: Base plan without ortho and Buy Up plan with ortho and implant coverage)</li> </ul> <p><b>HMO/HMO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Not offered</li> </ul>	<ul style="list-style-type: none"> <li>• 0%-49% employer contribution</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are eligible for coverage as long as the group’s business entity is a type of Corporation such as LLC, S-Corporation, or C-Corporation</li> <li>• At least one owner must be a W2 employee who will appear on DE9C with eligible wages</li> <li>• At least 2 eligible owners are required</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	
<b>Participation</b>	
<p><b>HMO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 3 enrolled</li> </ul> <p><b>PPO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 10 enrolled between two plans</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a minimum of 2 enrolled</li> </ul>

(Continued on page 20)

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Employer Sponsored	Voluntary
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• Orthodontia available on PPO Only. Requires 50% employer contribution and available to groups of 5 or more eligible employees, with a minimum of 3 enrollees.</li> </ul> <p><b>HMO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 5 eligible and 3 enrolled is required on any INO or PPO plan that includes orthodontic services</li> </ul> <p><b>PPO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Minimum of 10 enrolled between 2 plans</li> <li>• 20% rate difference between 2 plans required</li> <li>• Must have at least 2 differences in plan design (Example: Base plan without ortho and Buy Up plan with ortho and implant coverage)</li> </ul>	<ul style="list-style-type: none"> <li>• Orthodontia only available on PPO plans and will still require 5 eligible and 3 enrolled even if Voluntary</li> </ul>

**NOTE:** A DE9C is required for groups of 1-2 enrolling. For groups with 3+ enrolling the CA Participation & Certification form is required.

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• 2-99 eligible</li> </ul>	<ul style="list-style-type: none"> <li>• 2-99 eligible</li> </ul>
<b>Owner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Owner Only Groups are not eligible for coverage</li> </ul>	
<b>Spouses Only/Domestic Partner Only Groups</b>	
<ul style="list-style-type: none"> <li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li> </ul>	
<b>Participation</b>	
<p><b>Standalone PPO:</b></p> <ul style="list-style-type: none"> <li>• 2+ Employees</li> </ul> <p><b>Dual Option PPO:</b></p> <ul style="list-style-type: none"> <li>• 10+ (5 enrolled in each plan)</li> </ul> <p><b>Standalone PPO:</b></p> <ul style="list-style-type: none"> <li>• 5+ in PPO, 2+ in HMO</li> </ul> <p><b>Standalone PPO:</b></p> <ul style="list-style-type: none"> <li>• 10+ Employees</li> </ul>	<ul style="list-style-type: none"> <li>• 2+ Employees</li> </ul>
<b>Ortho</b>	
Orthodontia: Available up on request but not available for virgin group	

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