

# **CALIFORNIA DENTAL PARTICIPATION GUIDE**

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**Word&Brown®**

# 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: Minimum 30% excluding valid waivers and a minimum of 2 enrolled</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> </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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Employer Sponsored	Voluntary
Eligibility	
<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>• Effective 1/1/2023: Unlimited PPO Plans require 10+ eligible and a minimum of 25% participation</li></ul> <b>Dual Option Dental:</b> <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>• Available for groups of 5-100 eligible employees, a minimum of 2 employees must enroll and meet participation guidelines</li></ul>
Owner Only Groups	
<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>	
Spouses Only/Domestic Partner Only Groups	
<ul style="list-style-type: none"><li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li></ul>	
Participation	
<ul style="list-style-type: none"><li>• Effective 1/1/2023: 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>
Dual Option	
<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 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></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></ul>
Ortho	
<ul style="list-style-type: none"><li>• Requires 5+ Enrolling: DPPO 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	
Eligibility			
• Contributory plans require a minimum of one employee		• At least one must enroll	
<b>Please Note:</b> Blue Shield dental plans may not be offered alongside another carrier’s dental plans.			
Owner Only Groups			
• Owner Only Groups are not eligible for coverage			
Spouses Only/Domestic Partner Only Groups			
• Spouses Only/Domestic Partner Only Groups are eligible for coverage as long as both are not owners			
• One of the spouses/domestic partners must be a W2 employee on payroll and not an owner			
• The group cannot be a Sole Proprietor or Partnership			
• Group must be an S-Corporation, C-Corporation, or an LLC			
Participation			
• At least 65% of all eligible employees must enroll in the Blue Shield plan(s)		• No participation requirements	
• 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		• PLEASE NOTE: Waivers are required for voluntary	
Dual Option			
• Any two dental plan options may be selected			
» 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			
Triple Option			
• The following combination of three dental plans may be selected			
» Any two DHMO plans with any one DPPO plan			
» Any three DHMO plans			
» 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			
Ortho			
<b>Please Note:</b> Blue Shield dental plans may not be offered alongside another carrier’s dental plans.			
• Offered for groups from 1 – 100.			
• Blue Shield offers Child-Only Ortho or Adult and Child Ortho.			

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Employer Sponsored		Voluntary	
Eligibility			
**Only available with Medical**			
<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 including 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>	
Owner Only Groups			
<ul style="list-style-type: none"><li>• Owner Only Groups are not eligible for coverage</li></ul>			
Spouses Only/Domestic Partner Only Groups			
<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 10 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: 25+ eligible and 5 enrolled on PPO</li> <li>MetLife: 10+ eligible and 5+ enrolled on PPO</li> </ul>

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Employer Sponsored		Voluntary	
Eligibility			
<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>	
Owner Only Groups			
<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>			
Spouses Only/Domestic Partner Only Groups			
<ul style="list-style-type: none"><li>• Spouses Only/Domestic Partner Only Groups are not eligible for coverage</li></ul>			
Participation			
<p><b><u>PPO:</u></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: 100% participation requires 100% participation. No waivers allowed</li></ul> <p><b><u>DeltaCare USA:</u></b></p> <ul style="list-style-type: none"><li>• 0-99% contribution: A minimum of 2 eligible employees must enroll</li></ul>		<p><b><u>PPO:</u></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><u>DeltaCare USA:</u></b></p> <ul style="list-style-type: none"><li>• 0-99%: A minimum of two eligible employees must enroll</li></ul>	
Dual Choice			
Not available in combination with another carrier. Rate tier selection must be the same for both plans			
<p><b><u>PPO and DeltaCare USA:</u></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></ul> <p><b><u>PPO and Core/Buy-Up:</u></b></p> <ul style="list-style-type: none"><li>• 0-49% contribution is not applicable with this option</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>			

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Employer Sponsored	Voluntary
<b>Ortho</b>	
<b><u>Deluxe plan</u></b> <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> <b><u>Advantage plan</u></b> <ul style="list-style-type: none"><li>• Orthodontics options are not available for group sizes of 2-4</li></ul> <b><u>Core Plan</u></b> <ul style="list-style-type: none"><li>• Orthodontics options are not available</li></ul>	

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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: 2-24 lives</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	
Eligibility			
<b>DHMO:</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></ul> <b>DPPO:</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></ul>		<b>DHMO:</b> <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>DPPO:</b> <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>	
Owner Only Groups			
<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>			
Spouses Only/Domestic Partner Only Groups			
<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>			
Participation			
<b>DHMO:</b> <ul style="list-style-type: none"><li>A minimum participation of 50% of the eligible employees is required for employer paid rates. Note: Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation</li></ul> <b>DPPO:</b> <ul style="list-style-type: none"><li>A minimum participation of 50% of the eligible employees is required for employer paid rates. Note: Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation</li></ul>		<b>DHMO:</b> <ul style="list-style-type: none"><li>Voluntary rates apply to those cases with less than 50% participation, less than 50% contribution</li><li>A minimum of 2 active subscribers is required</li></ul> <b>DPPO:</b> <ul style="list-style-type: none"><li>Voluntary rates apply to those cases with less than 50% participation, less than 50% contribution</li><li>A minimum of 2 active subscribers is required</li></ul>	
Dual Choice			
<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 DPPO with orthodontia are subject to the minimum enrollment requirements indicated below</li></ul>			

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Employer Sponsored	Voluntary
<b>Ortho</b>	
<ul style="list-style-type: none"><li>• Orthodontia is available in Plus DHMO 150 and 225, and DPPO Classic 5 and Essential 5 only</li><li>• Groups electing Employer Paid DPPO with orthodontia and are enrolling 2-9 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 10 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> <b>Dual Option (Mix &amp; Match)</b> <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/DPPPO or DPPPO with varying co-insurance</li> <li>» 25+ enrolled: Triple options available with DHMO/DPPPO/ DPPPO</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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<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Employer contributes at least 50% of the employee premium</li> </ul> <b>DHMO:</b> <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> <b>DHMO:</b> <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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# Nippon Life Benefits<sup>®</sup>

2-50 Enrolled Lives

Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>Non-contributory: (100% employer contribution) requires 100% of eligible employees to enroll</li> <li>Contributory: (minimum 50% employer contribution) requires 25% of eligible employees to enroll</li> </ul>	<ul style="list-style-type: none"> <li>N/A</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>Non-contributory: (100% employer contribution) requires 100% of eligible employees to enroll</li> <li>Contributory: (minimum 50% employer contribution) requires 25% of eligible employees to enroll</li> </ul>	<ul style="list-style-type: none"> <li>Greater of 5 enrolled or 25% of eligible employees</li> </ul>
<b>Ortho</b>	
<p>Orthodontia: Child and Adult Orthodontia</p> <ul style="list-style-type: none"> <li>5 or more enrolled with current orthodontia coverage</li> <li>10 or more enrolled without current orthodontia coverage</li> </ul> <p>Dual Option: Minimum case size is 10 enrolled employees. At least one employee must be enrolled in each benefit offering</p>	

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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>At least 2 eligible employees are required to enroll</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) 100% employer contribution is required however will allow 25% valid waivers</li> <li>Groups of only 2 employees: Neither individual can be related by blood or marriage</li> </ul>		<ul style="list-style-type: none"> <li>Minimum 5 eligible, 2 enrolled</li> </ul>
<b>Ortho</b>		
<p>Group size: 3-100</p> <p>Orthodontia: Orthodontic coverage is available to groups of 5+ enrolled lives. Dependent ortho available to age 19</p> <p>Child Ortho: Available to groups of 5 or more enrolled employees</p> <p>Child &amp; Adult Ortho: Available to groups of 25 or more enrolled employees</p>		

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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 19)

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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><u>HMO/PPO Dual Option:</u></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><u>PPO/PPO Dual Option:</u></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>

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Employer Sponsored	Voluntary
<b>Eligibility</b>	
• 2-99 eligible	• 2-99 eligible
<b>Owner Only Groups</b>	
• Owner Only Groups are not eligible for coverage	
<b>Spouses Only/Domestic Partner Only Groups</b>	
• Spouses Only/Domestic Partner Only Groups are not eligible for coverage	
<b>Participation</b>	
<b><u>Standalone PPO:</u></b> • 2+ Employees <b><u>Dual Option PPO:</u></b> • 10+ (5 enrolled in each plan) <b><u>Standalone PPO:</u></b> • 5+ in PPO, 2+ in HMO <b><u>Standalone PPO:</u></b> • 10+ Employees	• 2+ Employees
<b>Ortho</b>	
Orthodontia: Available up on request but not available for virgin group	

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