

CALIFORNIA DENTAL PARTICIPATION GUIDE

Word&Brown®

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TABLE OF CONTENTS

Aetna..... 3

Anthem Blue Cross..... 4

Blue Shield of California..... 5

CaliforniaChoice 6

ChoiceBuilder 7

Delta Dental..... 8

Guardian..... 10

Health Net 11

Humana..... 13

MetLife 14

Nippon Life Benefits 15

Principal 16

United Concordia 17

UnitedHealthcare 18

Unum 20

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| Employer Sponsored | Voluntary |
|--|--|
| Eligibility | |
| <ul style="list-style-type: none"> • 1 eligible employee: Not available • 2 eligible employees: <ul style="list-style-type: none"> » Non-Voluntary dental allowed, but conditional. If the groups industry is ineligible, then dental would only be allowed if it is sold with medical • 3 to 100 eligible employees: <ul style="list-style-type: none"> » Non-Voluntary dental plans are available with or without medical » Standalone available » Standalone dental has ineligible industries • Spousal waivers are the only waivers considered valid | <ul style="list-style-type: none"> • 1 eligible employee: Not available • 2 to 100 eligible employees: <ul style="list-style-type: none"> » Available with or without medical » Standalone available » Standalone dental has ineligible industries Waivers: <ul style="list-style-type: none"> • Waivers are required • Spousal waivers are the only waivers considered valid |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage | |
| Participation | |
| <ul style="list-style-type: none"> • 2-50 with medical or standalone (rounded down) <ul style="list-style-type: none"> » 2-3: 100% excluding valid waivers with a minimum of 2 enrolled employees » 4-50 non-contributory: 100% excluding valid waivers » 4-50 contributory: 75% excluding valid waivers. Minimum of 2 and 50% of total eligible employees must enroll • 51-100 with medical or standalone <ul style="list-style-type: none"> » 51 to 100 non-contributory: 100% excluding valid waivers » 51 to 100 contributory: 30% excluding valid waivers | <ul style="list-style-type: none"> • 2 to 100 eligible employees with medical or standalone: Minimum 30% excluding valid waivers and a minimum of 2 enrolled |
| Dual Option | |
| <ul style="list-style-type: none"> • Voluntary and Non-Voluntary plans cannot be sold together • 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 • 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 | |
| Ortho | |
| <ul style="list-style-type: none"> • 2-9 eligible: Minimum 2 enrolled and meet above participation requirements • 10-100 eligible: Minimum 5 enrolled and meet above participation requirements | |

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| Employer Sponsored | Voluntary |
|--|---|
| Eligibility | |
| <ul style="list-style-type: none"> No employer contribution requirement for Dental as long as participation is met, using employer sponsored rates. Available for 2-100 employees, a minimum of 2 employees must enroll Effective 1/1/2023: Unlimited PPO Plans require 10+ eligible and a minimum of 25% participation <p>Dual Option Dental:</p> <ul style="list-style-type: none"> Dental PPO/Dental Net or 2 PPO Dental Plans | <ul style="list-style-type: none"> Available for groups of 5-100 eligible employees, a minimum of 2 employees must enroll and meet participation guidelines |
| Owner Only Groups | |
| <ul style="list-style-type: none"> 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 At least 2 eligible owners are required | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> Spouses Only/Domestic Partner Only Groups are not eligible for coverage | |
| Participation | |
| <ul style="list-style-type: none"> Effective 1/1/2023: Unlimited PPO Plans require 10+ eligible and a minimum of 25% participation 25% participation for groups with 2-100 eligible with a minimum of 2 enrolled | <ul style="list-style-type: none"> Requires a minimum of 5 eligible and minimum of 2 enrolling |
| Dual Option | |
| <ul style="list-style-type: none"> Requires a minimum of 5 eligible, 2 enrolled in each plan and meet participation guidelines Dual Option plans with Ortho require a minimum of 10 eligible and 5 enrolled in each plan When offering dual option, the two plans must have at least a 10% differential of the employee-only tier premium | <ul style="list-style-type: none"> Requires minimum of 10 eligible and 5 enrolled in each plan When offering dual option, the two plans must have at least a 10% differential of the employee-only tier premium |
| Ortho | |
| <ul style="list-style-type: none"> Requires 5+ Enrolling: DPPO plans are rated as Adult and Child Ortho or plans with Child Ortho only. Adult Ortho only is not available | |

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| Employer Sponsored | Voluntary |
|--|--|
| Eligibility | |
| <ul style="list-style-type: none"> Contributory plans require a minimum of one employee | <ul style="list-style-type: none"> At least one must enroll |
| <p>Please Note: Blue Shield dental plans may not be offered alongside another carrier’s dental plans.</p> | |
| Owner Only Groups | |
| <ul style="list-style-type: none"> Owner Only Groups are not eligible for coverage | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> 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 | |
| <ul style="list-style-type: none"> At least 65% of all eligible employees must enroll in the Blue Shield plan(s) 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 | <ul style="list-style-type: none"> No participation requirements PLEASE NOTE: Waivers are required for voluntary |
| Dual Option | |
| <ul style="list-style-type: none"> Any two dental plan options may be selected <ul style="list-style-type: none"> » 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 | |
| <ul style="list-style-type: none"> The following combination of three dental plans may be selected <ul style="list-style-type: none"> » 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 | |
| <p>Please Note: Blue Shield dental plans may not be offered alongside another carrier’s dental plans.</p> <ul style="list-style-type: none"> 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"> • 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 • 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 | <ul style="list-style-type: none"> • Employer is not permitted to contribute towards Voluntary Dental |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage | |

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| Employer Sponsored | Voluntary |
|---|--|
| Eligibility | |
| <ul style="list-style-type: none"> Requires minimum 2 enrolled | <ul style="list-style-type: none"> Ameritas: Requires minimum 10 eligible and 5 enrolled Anthem Blue Cross: Requires minimum 5 eligible and 2 enrolled Delta Dental: Requires minimum 10 eligible and 5 enrolled MetLife: 2-9 eligible requires 2 enrolled; 10+ eligible requires 5 enrolled |
| Owner Only Groups | |
| <ul style="list-style-type: none"> Owner Only Groups are eligible for coverage At least 2 eligible employees to enroll | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> Spouses Only/Domestic Partner Only Groups are eligible for coverage At least 2 eligible employees to enroll | |
| Participation | |
| <ul style="list-style-type: none"> 70% Participation | <ul style="list-style-type: none"> N/A |
| Ortho | |
| <ul style="list-style-type: none"> Ameritas: 5+ eligible and 2 enrolled on PPO Anthem Blue Cross: 10+ eligible and 2 enrolled on PPO Delta Dental: 10+ eligible and 10 enrolled on PPO MetLife: 10+ eligible and 5+ enrolled on PPO | <ul style="list-style-type: none"> Ameritas: 5+ eligible and 5 enrolled on PPO Delta Dental: 25+ eligible and 5 enrolled on PPO MetLife: 10+ eligible and 5+ enrolled on PPO |

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| Employer Sponsored | Voluntary |
|--|--|
| Eligibility | |
| <ul style="list-style-type: none"> • 2-99 eligible employees • Deluxe 100 plan is not available for groups of 2-4 eligible | <ul style="list-style-type: none"> • 2-99 eligible employees • Deluxe 100 plan is not available for groups of 2-4 eligible |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • 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) | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage | |
| Participation | |
| <p>PPO:</p> <ul style="list-style-type: none"> • 50-74% employer contribution: The greater of 50% or 5 must enroll (2 for groups of 2-4 eligible) • 75-99%: The greater of 75% or five must enroll (2 for groups of 2-4 eligible) • 100% contribution: 100% participation requires 100% participation. No waivers allowed <p>DeltaCare USA:</p> <ul style="list-style-type: none"> • 0-99% contribution: A minimum of 2 eligible employees must enroll | <p>PPO:</p> <ul style="list-style-type: none"> • 0-49% employer contribution: A minimum of 5 eligible must enroll (2 for groups with 2-4 eligible) <p>DeltaCare USA:</p> <ul style="list-style-type: none"> • 0-99%: A minimum of two eligible employees must enroll |
| Dual Choice | |
| <p>Not available in combination with another carrier. Rate tier selection must be the same for both plans</p> <p>PPO and DeltaCare USA:</p> <ul style="list-style-type: none"> • Minimum of 2 enrolled in each plan • When enrolling less than 5 in PPO, use 2-4 rates • Minimum of 5 primary enrollees in PPO for Orthodontic Coverage • Employer contribution percentage must be identical for both plans • 0-49% contribution: Minimum 5 enrolled <p>PPO and Core/Buy-Up:</p> <ul style="list-style-type: none"> • 0-49% contribution is not applicable with this option • 50-74% contribution: The greater of 50% of eligible employees or five • 75-99% contribution: The greater of 75% of eligible employees or five • 100% contribution requires 100% participation. No waivers allowed | |

(Continued on page 9)

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| Employer Sponsored | Voluntary |
|---|-----------|
| Ortho | |
| <p><u>Deluxe plan</u></p> <ul style="list-style-type: none"> • Orthodontics options are not available for group sizes of 2-4 • Adult orthodontics are not available to employer-paid groups of 5-24 and voluntary groups of 5-49 <p><u>Advantage plan</u></p> <ul style="list-style-type: none"> • Orthodontics options are not available for group sizes of 2-4 <p><u>Core Plan</u></p> <ul style="list-style-type: none"> • Orthodontics options are not available | |

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| Employer Sponsored | Voluntary |
|---|--|
| Eligibility | |
| <ul style="list-style-type: none"> • Non-contributory (100% employer paid): No waivers allowed • Contributory: Minimum 2 enrolled | <ul style="list-style-type: none"> • Minimum 4 enrolled |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible employees to enroll | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage | |
| Participation | |
| <ul style="list-style-type: none"> • Non-contributory (100% employer paid): 100% participation • Contributory: 40% | <ul style="list-style-type: none"> • 30% participation |
| Ortho | |
| <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 | |
| <p>DHMO:</p> <ul style="list-style-type: none"> • A minimum employer contribution of 50% of the employee premium is required for employer paid rates • A minimum of 2 active subscribers is required <p>DPPO:</p> <ul style="list-style-type: none"> • A minimum employer contribution of 50% of the employee premium is required for employer paid rates • A minimum of 2 active subscribers is required | <p>DHMO:</p> <ul style="list-style-type: none"> • Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution • A minimum of 2 active subscribers is required <p>DPPO:</p> <ul style="list-style-type: none"> • Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution • A minimum of 2 active subscribers is required |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage • 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 • 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 | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only Groups are not eligible for coverage • 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 | |
| Participation | |
| <p>DHMO:</p> <ul style="list-style-type: none"> • 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 <p>DPPO:</p> <ul style="list-style-type: none"> • 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 | <p>DHMO:</p> <ul style="list-style-type: none"> • Voluntary rates apply to those cases with less than 50% participation, less than 50% contribution • A minimum of 2 active subscribers is required <p>DPPO:</p> <ul style="list-style-type: none"> • Voluntary rates apply to those cases with less than 50% participation, less than 50% contribution • A minimum of 2 active subscribers is required |
| Dual Choice | |
| <ul style="list-style-type: none"> • Dual Choice Dental is available • Groups may select 1 DHMO and 1 DPPO, 2 DHMO, or 2 DPPO plans, with a minimum of 2 active subscribers on each plan • Groups electing DPPO with orthodontia are subject to the minimum enrollment requirements indicated below | |

(Continued on page 12)

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| Employer Sponsored | Voluntary |
|---|-----------|
| Ortho | |
| <ul style="list-style-type: none"> • Orthodontia is available in Plus DHMO 150 and 225, and DPPO Classic 5 and Essential 5 only • Groups electing Employer Paid DPPO with orthodontia and are enrolling 2-9 eligible employees must provide proof of immediately prior indemnity orthodontic coverage • 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 | |

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Humana

| Employer Sponsored | Voluntary |
|---|---|
| Eligibility | |
| <ul style="list-style-type: none"> • 1-100 employees <p>Dual Option (Mix & Match)</p> <ul style="list-style-type: none"> • Multiple choices available for Employers <ul style="list-style-type: none"> » 10-24 enrolled: Dual option DHMO/DPPO or DPPO with varying co-insurance » 25+ enrolled: Triple options available with DHMO/DPPO/DPPO | <ul style="list-style-type: none"> • Requires minimum of 2+ eligible |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible owners are required. 1 may waive with a valid waiver reason | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are eligible for coverage • At least 2 eligible employees are required. 1 may waive with a valid waiver reason | |
| Participation | |
| <ul style="list-style-type: none"> • 50% Participation (minimum 2 enrolled) • 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 • Groups unable to meet the 50% participation requirement are required to enroll in a voluntary plan • 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 | <ul style="list-style-type: none"> • Requires minimum of 2 eligible but can have a minimum of 1 enrolled employee • 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 |
| Ortho | |
| <ul style="list-style-type: none"> • 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 | |

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| Employer Sponsored | Voluntary |
|--|--|
| Eligibility | |
| <ul style="list-style-type: none"> • Employer contributes at least 50% of the employee premium <p>DHMO:</p> <ul style="list-style-type: none"> • At least 30% of the total eligible with a minimum of 5 enrolled regardless of employer contribution | <ul style="list-style-type: none"> • Employer contributes 49% or less of the employee premium <p>DHMO:</p> <ul style="list-style-type: none"> • At least 30% of the total eligible with a minimum of 5 enrolled regardless of employer contribution |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage | |
| Participation | |
| <ul style="list-style-type: none"> • PPO 2-4 Eligible Lives: 100% of the total eligible must enroll • PPO 5-99 Eligible Lives: 75% of the total eligible must enroll | |
| Dual Option | |
| <ul style="list-style-type: none"> • 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"> » 10-24 Eligible Lives: minimum of 5 enrolled in each plan » 25-49 Eligible Lives: minimum of 5 enrolled in the DHMO and 10 enrolled in the PPO » 50-99 Eligible Lives: minimum of 5 enrolled in the DHMO and 20 enrolled in the PPO » Required participation % based on the single option PPO requirements listed • Employer Sponsored and Voluntary PPO/PPO dual options available at <ul style="list-style-type: none"> » 50 eligible lives 50-99 Eligible Lives: minimum of 10 enrolled in each plan » 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"> • The coinsurance is different between the High and Low plan • Maximum, Out of Network, and Endo/Perio - at least 2 out of these 3 categories must be different between the High and Low plan » Required participation % based on the single option PPO requirements listed | |
| Ortho | |
| <ul style="list-style-type: none"> • Orthodontia requires at least 2 enrolled lives <ul style="list-style-type: none"> » 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 » 10+ enrolled requires prior major coverage | |

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Nippon Life Benefits[®]

2-50 Enrolled Lives

| Employer Sponsored | Voluntary |
|--|--|
| Eligibility | |
| <ul style="list-style-type: none"> • Non-contributory: (100% employer contribution) requires 100% of eligible employees to enroll • Contributory: (minimum 50% employer contribution) requires 25% of eligible employees to enroll | <ul style="list-style-type: none"> • N/A |
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are not eligible for coverage | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are not eligible for coverage | |
| Participation | |
| <ul style="list-style-type: none"> • Non-contributory: (100% employer contribution) requires 100% of eligible employees to enroll • Contributory: (minimum 50% employer contribution) requires 25% of eligible employees to enroll | <ul style="list-style-type: none"> • Greater of 5 enrolled or 25% of eligible employees |
| Ortho | |
| <p>Orthodontia: Child and Adult Orthodontia</p> <ul style="list-style-type: none"> • 5 or more enrolled with current orthodontia coverage • 10 or more enrolled without current orthodontia coverage <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 |
|--|--|
| Owner Only Groups | |
| <ul style="list-style-type: none"> • Owner Only Groups are eligible for coverage • At least 2 eligible owners are required to enroll | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> • Spouses Only/Domestic Partner Only Groups are eligible for coverage • At least 2 eligible employees are required to enroll | |
| Participation | |
| <ul style="list-style-type: none"> • Minimum 2 enrolled • Contributory: (50% minimum employer contribution) requires 50% participation • Non-contributory: (100% employer paid) 100% employer contribution is required however will allow 25% valid waivers • Groups of only 2 employees: Neither individual can be related by blood or marriage | <ul style="list-style-type: none"> • Minimum 5 eligible, 2 enrolled |
| Ortho | |
| <p>Group size: 3-100 Orthodontia: Orthodontic coverage is available to groups of 5+ enrolled lives. Dependent ortho available to age 19 Child Ortho: Available to groups of 5 or more enrolled employees Child & Adult Ortho: Available to groups of 25 or more enrolled employees</p> | |

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UNITED CONCORDIA[®] DENTAL

| Employer Sponsored | Voluntary |
|---|--|
| Eligibility | |
| <ul style="list-style-type: none"> Requires minimum 2 enrolled | |
| Owner Only Groups | |
| <ul style="list-style-type: none"> Owner Only Groups are eligible for coverage At least 2 eligible owners are required to enroll | |
| Spouses Only/Domestic Partner Only Groups | |
| <ul style="list-style-type: none"> Spouses Only/Domestic Partner Only Groups are eligible for coverage At least 2 eligible employees are required to enroll | |
| Participation | |
| <ul style="list-style-type: none"> DPPO Groups 2-9 (70% participation must be met with a minimum of 2 employees enrolled in California) DPPO Groups 10-50 (70% participation must be met with a minimum of 10 employees enrolled in California) DHMO: Minimum employee enrollment requirement is 2 employees | <ul style="list-style-type: none"> All plans qualify for Voluntary. Benefits and rates do not change. Minimum 20% participation is required |
| Dual Option (Mix & Match) | |
| <ul style="list-style-type: none"> DHMO/PPO: 70% participation with a minimum of 10 eligible – at least 2 on the DHMO and 5 on the PPO 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 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 & period in basic versus major) 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) | |
| Ortho | |
| <ul style="list-style-type: none"> Underwriting guidelines for any FFS plan, offering orthodontic coverage, are as follows: <ul style="list-style-type: none"> » If any FFS plan has less than 25 enrolled contracts, orthodontics is available on a takeover basis only » Groups that do not currently have orthodontic coverage are not eligible for this benefit » 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 » Adult ortho is not available for groups less than 10 lives » The adult ortho would have to be paired with child ortho. Book rates offer either child only ortho or child & adult ortho only - no adult only | |

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

(Continued on page 19)

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier. Please refer to the carrier guidelines for additional information.



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

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

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