



CONTACT INFORMATION

Member Support	877-238-6200 Prompt 1 for Dental Plan Member Prompt 2 for Dental Care Provider
Commissions	800-343-6101
Broker Services	800-343-6101 Option #6
Claims Reimbursement	Aetna P.O. Box 14094 Lexington, KY 40512

NEVADA COVERAGE

Nevada DMO Counties	Statewide
Nevada PPO Counties	Statewide

NOTE: Plans may not be available in all ZIP Codes within a county. Check with your Word & Brown representative to confirm if coverage is available for your group location.

OUT-OF-STATE COVERAGE

Is coverage offered for out-of-state employees?	Yes
What is the minimum percentage of employees required in NV?	Majority needs to be in NV
What states are allowed (or not allowed) for out-of-state coverage?	PPO - Available nationally with Dental PPO Network DMO - Not available out of state
What plans (or plan types, such as PPO, indemnity, etc.) are offered for out-of-state employees?	PPO
Are rates for out-of-state employees based on the NV employer ZIP Code or based on out-of-state ZIP Code?	Employer ZIP Code
Any other rules, restrictions, or guidelines not mentioned	Please refer to underwriting guidelines in the Aetna Plan Guide, or contact your Word & Brown representative

DUAL OPTION (MIX & MATCH)

DMO can be sold standalone or packaged with a PPO as a Dual Option offering.

PPO can be sold standalone or packaged with a DMO as a Dual Option offering.

Voluntary Dental plans cannot be sold or packaged with any other plan as Dual Option offering.

PROVIDER NETWORKS

HMO Network	Aetna DMO Network
PPO Network	Dental PPO/PDN with PPO II Network



RATING INFORMATION

Group Size	2-100
Rate Guarantee	12 Months
Rates Vary by Industry?	Yes

PLAN ELIGIBILITY REQUIREMENTS

Minimum Employer Contribution

	Group Size
	2-100
Employees	50%
For Dependents	N/A
% of Total Cost	25%

PARTICIPATION

CONTRIBUTORY

	Group Size	
	2-3	4-100
Employees	100%	75%
Dependents	N/A	N/A

NON-CONTRIBUTORY

Employees	100%	100%
Dependents	N/A	N/A

OUT-OF-NETWORK CLAIM ADJUDICATION

80% or 90% of UCR

COVERAGE REQUIREMENTS

Are commission-only employees allowed?	No
Are 1099 employees allowed?	No
Any ineligible industries?	Yes—if written standalone
Virgin groups eligible?	Yes
Wage & tax reports required?	51-100: No

CARVE OUTS*

Exclusions allowed by carrier:

Hourly/Salary?	Not allowed
Management/Non-management?	Not allowed
Union/Non-union?	Not allowed
Minimum group size	N/A

* Indicates a well-defined class of employees which may be selected from (i.e. carved out of) the entire group for coverage.

WAITING PERIOD WAIVER/TAKEOVER

Voluntary 3-100 Eligible Employees:

For Major and Ortho services, employees must be enrolled members of the plan for one year (N/A to DMO). Waiting period is waived separately for Major and Ortho for employees who were covered by the group's immediately preceding dental plan. Otherwise coverage waiting period for Major and Ortho is 12 months as an enrolled member.

Non-Voluntary 10-100 Eligible Employees:

No waiting period.

SPECIAL CONSIDERATIONS

N/A