

## Dental Underwriting Guidelines

### Anthem Blue Cross

This list is meant to be informative and is not intended to be all-inclusive. Other policies and guidelines may apply.

<b>Group Size</b>	DHMO and DPPO products are available to groups with a minimum of 2 enrolled employees. Voluntary Dental is available to groups of 5-100 with medical coverage that have a minimum participation of 5 enrolled employees. Ortho plans are available for 10-100 eligible employees.
<b>Contribution</b>	A minimum of 50% of employee's monthly premium if Traditional Contribution is chosen. Otherwise, a Defined Contribution of \$15 or more per employee is required. Voluntary Dental Plans are intended to be 100% employee-paid. There are no employer contribution requirements for these plans.
<b>Participation</b>	DHMO: 2-4 enrolled: 50%; 5-100 enrolled: 30%. PPO: 2-4 enrolled: 50%; 5-100 enrolled: 30%. For voluntary dental, there is a minimum of 5 enrolled. Participation level is calculated based on [number of employees enrolled] divided by [the number of eligible employees less the qualified waived employees (those with coverage elsewhere)].
<b>Dual Choice</b>	Employers have the option of selecting "all plans" for their employees, or designating specific plan options to make available to employees. A dual option is available with at least 10 eligible employees. A minimum of 2 employees must enroll in each option and the two dental plans offered must have at least 20% premium differential. Dual option is not available for Voluntary dental plans.
<b>General</b>	Proof of 12 months of prior comparable coverage affects the PPO Dental rates.

### Delta Classic 2-99

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<b>Group Size</b>	Groups of 2-99 enrolled employees for Delta Classic PPO and for DeltaCare USA HMO. DeltaCare HMO cases must be submitted by the 15th of the month prior to the effective date. NOTE: If the group's current dental program is with Delta Dental, they are ineligible for Delta Dental 2-99 products.
<b>Contribution</b>	PPO or dual choice requires 75% minimum employer contribution for employees with no contribution required for dependents. DeltaCare has three Options. Option A -75% to 100% employer contribution for employees and dependents. Option B - 75% to 100% employer contribution for employees and 0% to 99.9% for dependents. Option C - 0% to 74.9% for employees and 0% for dependents.
<b>Participation</b>	If employer contributes 100% then all eligible employees must enroll. PPO requires minimum of 75% of all eligible employees. Groups of 2-4 must have a minimum of 2 eligible enrolled; groups of 5-99 must have a minimum of 5 eligible enrolled. Employees and dependents may waive if they have other group coverage, to enroll at a later date they must show proof of loss of coverage. Out of State employees can enroll in Delta Classic PPO (Groups with 2-3 eligible employees, all employees must be located in Ca. Groups with 4 eligible employees, one eligible employee may be located outside of Ca). DeltaCare requires a minimum of 2 enrolled employees.
<b>General</b>	12 month rate guarantee. Employee class carve-outs may be allowed. This includes management/non-management, union/non-union & hourly/salaried. Employees not covered by the Delta Classic PPO plans must enroll in the DeltaCare USA plans or be left uninsured. All other standard program requirements apply. For fee-for-service rating purposes, carve-outs will be classified as Level 2 and will be assigned a SIC code of 9999, regardless of what their true industry SIC is. The rates illustrated for Delta Classic PPO products apply to new businesses only. SIC 0000 should be used for any In-force Delta group whose SIC required Level 2 rates when written but has since been moved to Level 1 for New Business. Seasonal employees are Ineligible. PPO-Premier up to 50% out of state. If over, need approval from Delta Dental underwriting.
<b>Dual Choice</b>	Dual Choice available to groups with 4+ enrolling, with a minimum of 2 enrolled on one plan and the balance on the other. Can only be paired with DeltaCare HMO plans 10A, 11A, 12A,15B-Options A or B, or 48N. Voluntary PPO/HMO Dual Choice available to groups 10+, with a minimum of 5 enrolled in each plan. Can only be paired with DeltaCare HMO plans 10A, 11A, 12A,15B-Option C, or 48N.

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by the carrier. Final rates are determined by the carrier's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this website or printed output, will form the contract between the insured and the carrier.