

# 2026 Dental Underwriting Guidelines

Use this tool to compare underwriting rules across dental carriers. Click on a category in the [table of contents](#) to quickly navigate to the corresponding section of the document.



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## Cannabis

<b>Aetna</b> <ul style="list-style-type: none"> <li>Allowed but DE9C required</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Allowed</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Not Allowed</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Allowed</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Allowed</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Not Allowed</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Not Allowed</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>Allowed</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>Allowed</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>Not Allowed</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Not Allowed</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Allowed</li> </ul>

## Carve-Out Rules

<b>Aetna</b> <ul style="list-style-type: none"> <li>Alongside Medical: Carve-outs are not allowed</li> <li>Standalone: Union/Non-Union carve-outs allowed</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Union/Non-Union carve-outs allowed; min 5 enrolled</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Not Allowed</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Dental is not available standalone; carve-out rules are applied at the Medical level</li> <li>Refer to Medical Underwriting</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Union/Non-Union carve-outs allowed; min 2 enrolled</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Carve-outs and remaining employees are allowed to enroll as long as the products are in different pools.</li> <li>Total group population must be insured with Delta Dental</li> <li>Level II rates despite industry</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Carve-out groups are allowed; must be defined by class</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>Carve-out groups are not allowed</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>Carve-out groups are allowed; must be defined by class</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>Carve-out groups are allowed; must be defined by class</li> <li>Entire carve-out population must be offered coverage and 100% of eligibles must enroll</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Carve-out groups are allowed; must be defined by class</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Carve-outs not allowed</li> </ul>

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## Composite Fillings

<b>Aetna</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Smile Saver and Ameritas Plans: Covered</li> <li>MetLife DHMO plans: Not covered</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Covered with a Rider</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Covered with a Rider</li> </ul>

## Dependent Children

<b>Aetna</b> <ul style="list-style-type: none"> <li>Considered late enrollee if not added before age 5</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>May be added at any time during Open Enrollment</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>May be added at open enrollment</li> <li>May come on due to qualifying event if not added at initial enrollment</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Considered late enrollee if not added before age 3</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Late entrant rules vary by carrier</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>May be added at any time during Open Enrollment</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>May be added at any time during Open Enrollment, if Section 125 in force</li> <li>Group will be re-rated if there is an average of more than 4 children per dependent unit (EE&amp;CH or FAM)</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>May be added at any time during Open Enrollment</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>Considered Late Entrant if not added before 2yrs 31 days of age</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>May only come on due to qualifying event if not added at initial enrollment (unless group has added Open Enrollment option)</li> <li>Considered late enrollee if not added within 30 days of birth</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Considered late enrollee if not added before age 3</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>May be added at any time during Open Enrollment</li> </ul>

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## DE-9C

<b>Aetna</b> <ul style="list-style-type: none"> <li>2-4 Enrolled: DE-9C required</li> <li>5+ Enrolled: DE-9C not required</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>2 Enrolled with Medical: DE-9C Required</li> <li>Dental Only and 3+ Enrolled with Medical: DE-9C not required</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>DE-9C not required</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>1-4 Enrolled: DE-9C required</li> <li>5+ Enrolled w/o Prior Coverage: DE-9C required</li> <li>5+ Enrolled w/ Prior Coverage: DE-9C not required</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>DE-9C not required</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>DE-9C not required with census enrollment</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>DE-9C not required</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>DE-9C required for non-voluntary rates</li> <li>DE-9C not required for voluntary rates</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>DE-9C not required</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>DE-9C only required when more than 50% of group is related</li> <li>50+: Contact B&amp;P</li> <li>2-10 Employees: No more than 75% can be of the same family</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>DE-9C not required</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>2 enrolled: DE-9C or renewal for any line of coverage</li> <li>3+ enrolled: Participation Certification form</li> </ul>

## Effective Date

<b>Aetna</b> <ul style="list-style-type: none"> <li>1st of month</li> <li>15th of month</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>1st of month</li> <li>15th of month</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>1st of month</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>1st of month</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>1st of month</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>1st of month</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>1st of month</li> <li>15th of month (PPO standalone)</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>1st of month</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>1st of the month</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>1st of month</li> <li>15th of month (2-50 groups only)</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>1st of month</li> <li>15th of month</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>1st of month</li> <li>15th of month (PPO standalone)</li> </ul>

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## Eligibility

<b>Aetna</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Part-Time: 20+ hrs/wk</li> <li>• Retirees: Not eligible</li> <li>• 1099 Employees: Not eligible</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk, add'l rules apply</li> <li>• Part-Time: 20+ hrs/wk, add'l rules apply</li> <li>• Retirees: Not eligible</li> <li>• 1099 Employees: Not eligible</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Part-Time: 20+ hrs/wk</li> <li>• Retirees: Not eligible</li> <li>• 1099 Employees: Not eligible</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Part-Time: 20+ hrs/wk</li> <li>• Retirees: Not eligible</li> <li>• 1099 Employees: Not eligible</li> <li>• All employees must be covered by Workers' Compensation</li> <li>• Under age 3 not required to enroll with Dental</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Retirees: Not eligible</li> <li>• 1099 Employees: Not eligible</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• 1099 Employees: Not eligible</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Min 20 hrs/wk considered</li> <li>• 1099 Employees: Not eligible</li> <li>• No TX enrollees; contact B&amp;P</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Part-Time: 20+ hrs/wk</li> <li>• Retirees: Not eligible</li> <li>• 1099 Employees: Not eligible</li> <li>• All employees must be covered by Workers' Compensation</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Part-Time: 20+ hr/wk</li> <li>• Retirees: Eligible</li> <li>• 1099 employees: May include if there is at least 1 W2 employee (must work exclusively for group)</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Part-time: 25+ hr/wk</li> <li>• 1099 Employees: Not eligible</li> <li>• Group must be in business at least 1 year</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk</li> <li>• Part-Time: 20+ hrs/wk</li> <li>• Retirees: Max 10%</li> <li>• 1099 Employees: Not eligible</li> <li>• Under age 3: Not required to enroll</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>• Full-Time: 30+ hrs/wk (standalone); 20+ hrs/wk (with Medical)</li> <li>• Retirees: Eligible</li> <li>• 1099 Employees: not eligible</li> <li>• All employees must be covered by Workers' Compensation</li> </ul>

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## Employer Contribution

<b>Aetna</b> <ul style="list-style-type: none"> <li>Min 50% of employee premium or 25% of the total plan cost</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>No employer contribution required</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Min 50% of employee premium</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Min 50% of lowest cost plan (3500 / 4000 / 5000, if offered)</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Min 50% of lowest cost plan</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Employer contribution dictates participation, see Participation section</li> <li>PPO/Dual Choice/Core Buy-Up: 50%-100% of employee premium</li> <li>DeltaCare USA: 0-100% of employee premium</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Min 20% of employee premium</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>Min 50% of employee premium</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>No Minimum</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>Min 50% of employee premium</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Min 50% of employee premium</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Contributory: Min 50% of employee premium</li> </ul>

## Group Size

<b>Aetna</b> <ul style="list-style-type: none"> <li>2-100</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>2-100</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>2-100</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>1-100</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>2-500</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>2-99</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>2-99</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>2-100</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>2-99</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>2-49</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>2-99</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>2-100</li> </ul>

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## Implants

<b>Aetna</b> <ul style="list-style-type: none"> <li>10-100: Covered on specific PPO plans</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Not Covered</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Covered</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>DHMO: Covered</li> <li>DPPO: Covered on DPPO Essential 10 3000 and Essential II 5000</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>5+ enrolled covered with a Rider; Preventative + plan excluded</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>Must be carrier at time of tooth loss</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Covered with a Rider</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Covered with a Rider</li> </ul>

## Loads / Restrictions

<b>Aetna</b> <ul style="list-style-type: none"> <li>Ineligible industries when dental is sold standalone</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Yes</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Ineligible industries; loads may apply based on industry</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>No</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Yes – SIC can impact rates for Delta and Anthem</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Ineligible industries</li> <li>Level I and Level II rates depend on SIC</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Ineligible industries; loads may apply based on industry</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>No</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>Yes, built into rates</li> <li>Sic code 8021 ineligible</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>Ineligible industries; loads may apply based on industry</li> <li>2-50 employees: Max 15% Cobra/CalCobra</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>SIC can impact rates</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Ineligible industries; domestic household staff (8800-8899)</li> </ul>

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## Missing Tooth

<b>Aetna</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>Beam</b> <ul style="list-style-type: none"><li>• Covered</li></ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>Delta Dental</b> <ul style="list-style-type: none"><li>• Covered</li></ul>
<b>Guardian</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>Health Net</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>Humana</b> <ul style="list-style-type: none"><li>• Covered</li></ul>
<b>MetLife</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>Principal</b> <ul style="list-style-type: none"><li>• Covered</li></ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"><li>• Covered</li></ul>

## Open Enrollment

<b>Aetna</b> <ul style="list-style-type: none"><li>• 2-9 Eligibles: No</li><li>• 10-100 Eligibles: Yes</li></ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"><li>• Yes, same as Medical</li></ul>	<b>Beam</b> <ul style="list-style-type: none"><li>• Yes</li></ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"><li>• Yes, same as Medical</li></ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"><li>• Yes</li></ul>	<b>Delta Dental</b> <ul style="list-style-type: none"><li>• Yes, if Section 125 in force</li></ul>
<b>Guardian</b> <ul style="list-style-type: none"><li>• Yes, if section 125 in force</li></ul>	<b>Health Net</b> <ul style="list-style-type: none"><li>• Yes, same as Medical</li></ul>	<b>Humana</b> <ul style="list-style-type: none"><li>• Yes</li></ul>
<b>MetLife</b> <ul style="list-style-type: none"><li>• 10+ Eligibles: Yes</li></ul>	<b>Principal</b> <ul style="list-style-type: none"><li>• Annual enrollment; may waive coverage at initial enrollment and enroll at anniversary</li></ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"><li>• Yes, same as Medical</li></ul>

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## Orthodontics

<p><b>Aetna</b></p> <ul style="list-style-type: none"> <li>• 2-9 Eligible: available (must meet participation guidelines)</li> <li>• 10+ Eligible: min 5 enrolled</li> <li>• Coverage: Adult and Child available for all plans</li> <li>• 12 month wait; waived with proof of prior coverage.</li> <li>• No wait for DMO Basic and Plus or DMO in FOC Basic and Plus</li> </ul>	<p><b>Anthem Blue Cross</b></p> <ul style="list-style-type: none"> <li>• PPO: Min 5 enrolled; min 5 eligible</li> <li>• Coverage: Adult and Child for DHMO and Platinum and Gold PPO; Child only (through age 18) for all additional PPOs</li> <li>• No waiting period for ortho</li> </ul>	<p><b>Beam</b></p> <ul style="list-style-type: none"> <li>• Min 2 enrolled; Adult and Child</li> </ul>
<p><b>CaliforniaChoice</b></p> <ul style="list-style-type: none"> <li>• Min 5+ enrolled</li> <li>• Coverage: Child only for EPO, PPO</li> <li>• 24 month wait</li> <li>• Waiting period waived for 10+ eligibles with uninterrupted, comparable prior coverage; excludes new hires</li> </ul>	<p><b>ChoiceBuilder</b></p> <ul style="list-style-type: none"> <li>• Min 5+ eligible (Ameritas)</li> <li>• Min 5 enrolled; min 10+ eligible (MetLife)</li> <li>• Min 10+ eligible (employer sponsored only) (Anthem)</li> <li>• Min 10+ enrolled (employer sponsored); 25+ employees (voluntary) (Delta Dental)</li> <li>• Coverage: Adult and Child (Anthem PPO and DeltaCare DHMO); Child only (Ameritas, Delta PPO, and MetLife)</li> <li>• 12 month wait for Ameritas; waived with proof of prior coverage for groups with 5+ eligibles</li> <li>• No wait for Delta and DeltaCare</li> </ul>	<p><b>Delta Dental</b></p> <ul style="list-style-type: none"> <li>• DeltaCare USA: Min 2 enrolled; Adult and Child</li> <li>• PPO 5+ Enrolled: Adult and Child</li> <li>• No waiting period for ortho</li> </ul>
<p><b>Guardian</b></p> <ul style="list-style-type: none"> <li>• 5-24 Enrolled: 12 month wait; waived with proof of prior coverage</li> <li>• 25+ Enrolled: No waiting period for ortho</li> <li>• Coverage: Child all plans (Adult contact B&amp;P)</li> </ul>	<p><b>Health Net</b></p> <ul style="list-style-type: none"> <li>• DPPO: 2+ enrolled with proof of immediately prior PPO or Indemnity ortho coverage; 10+ enrolled without prior coverage</li> <li>• Min 2 enrolled</li> <li>• Coverage: Adult and Child all plans</li> <li>• No waiting period for ortho</li> </ul>	<p><b>Humana</b></p> <ul style="list-style-type: none"> <li>• 2+ enrolled on Traditional Preferred &amp; PPO plans</li> <li>• Coverage: Child only and Adult and Child</li> <li>• 2-9 Enrolled: 24 month wait for Ortho; waived with proof of prior coverage</li> <li>• 10+ Enrolled: 12 month wait for Ortho; waived with proof of prior coverage</li> </ul>
<p><b>MetLife</b></p> <ul style="list-style-type: none"> <li>• PPO: 2-9 enrolled \$1000 max; 2+ enrolled requires prior major coverage</li> <li>• DHMO: 30% and min 5 enrolled; prior coverage not required</li> <li>• Dual Option: 5+ (PPO) and 5+ (DHMO) enrolled; prior ortho required for PPO enrollment</li> <li>• Coverage: Adult and Child all plans; Child only Options plans</li> <li>• No waiting period for ortho</li> </ul>	<p><b>Principal</b></p> <ul style="list-style-type: none"> <li>• 5+ enrolled: Child Only/Adult &amp; Child (children covered up to age 19)</li> </ul>	<p><b>UnitedHealthcare</b></p> <ul style="list-style-type: none"> <li>• 5+ Eligible: Min 3 enrolled</li> <li>• DHMO: Min 2 enrolled</li> <li>• Coverage: Adult and Child, varies by plan</li> <li>• 12 month wait; waived with comparable prior coverage or choose plans without a wait</li> </ul>

# 2026 Dental Underwriting Guidelines

Use this tool to compare underwriting rules across dental carriers. Click on a category in the [table of contents](#) to quickly navigate to the corresponding section of the document.



## Out-of-Area/State (based on total eligibles)

Aetna	Anthem Blue Cross	Beam
<ul style="list-style-type: none"> <li>Max 49% out-of-state</li> <li>Out-of-state will receive same plans as CA employees; based on state rules and network availability</li> <li>If out-of-state employees reside in a state that does not allow CA plans, employee must enroll in an available PPO or Indemnity plan</li> </ul>	<ul style="list-style-type: none"> <li>Standalone: Max 49% out-of-state</li> <li>Alongside Anthem Medical: Majority of eligible must live in CA (if 50/50 CA/OOS split, please contact your B&amp;P Sales Rep)</li> <li>Group must be headquartered in CA</li> </ul>	<ul style="list-style-type: none"> <li>No Max</li> <li>Group must be situs in CA for CA rates and benefits</li> </ul>
CaliforniaChoice	ChoiceBuilder	Delta Dental
<ul style="list-style-type: none"> <li>Max 49% out-of-state</li> <li>FDH Access 100 Dental plan not available to out-of-state employees (CC only)</li> </ul>	<ul style="list-style-type: none"> <li>Max 49% out-of-state</li> <li>Out-of-state must enroll in an available PPO or Indemnity plan chosen by employer</li> </ul>	<ul style="list-style-type: none"> <li>PPO: <ul style="list-style-type: none"> <li>2-99 Enrolled: Min 1 employees enrolled in CA</li> <li>Group must be situs in CA</li> </ul> </li> <li>DHMO: <ul style="list-style-type: none"> <li>DeltaCare USA: All enrollees must reside in CA</li> </ul> </li> </ul>
Guardian	Health Net	Humana
<ul style="list-style-type: none"> <li>No max</li> <li>Must be headquartered in CA for CA rates and benefits</li> <li>No TX enrollees; contact B&amp;P</li> </ul>	<ul style="list-style-type: none"> <li>Max 49% out-of-state</li> <li>Out-of-state and out-of-area employees must enroll in a PPO plan</li> </ul>	<ul style="list-style-type: none"> <li>No max</li> <li>Group must be situs in CA and have 1 enrolling CA employee for CA rates and benefits</li> </ul>
MetLife	Principal	UnitedHealthcare
<ul style="list-style-type: none"> <li>2-9 Employees: Max 25% out-of-state</li> <li>DHMO only available in TX, FL, CA</li> </ul>	<ul style="list-style-type: none"> <li>Out-of-state employees will receive same PPO benefits CA employees receive</li> </ul>	<ul style="list-style-type: none"> <li>PPO: No max. Majority will determine situs state for rates and benefits; determined by corporate headquarters if no majority state</li> <li>DHMO: Enrollees must live in CA and reside in service area</li> </ul>

# 2026 Dental Underwriting Guidelines

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## Out-of-Network Reimbursement

<b>Aetna</b> <ul style="list-style-type: none"> <li>MAC, 80th &amp; 90th UCR</li> <li>UCR established: Ingenix</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>MAC and 90th UCR</li> <li>UCR established: Fair Health</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>MAC, 90th, &amp; 95th UCR</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>MAC &amp; 80th UCR</li> <li>UCR established: Ingenix</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Varies by plan: MAC and 70th, 80th, 90th UCR</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>UCR</li> <li>UCR established: Delta Dental</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>MAC, 50th, 70th, 75th, 80th, 85th, 90th, &amp; 95th UCR</li> <li>UCR Established: Combination of Fair Health and Guardian</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>MAC &amp; UCR</li> <li>UCR established: Fair Health</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>MAC &amp; 90th</li> <li>UCR Established: Fair Health</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>MAC, 51st, 80th, 90th, &amp; 99th UCR</li> <li>UCR established: MetLife data</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>MAC, 50th, 60th, 70th, 75th, 80th, 85th, 90th, 95th, 99th UCR</li> <li>UCR established: Ingenix</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>MAC, 70th, 80th, 90th, 99th UCR</li> <li>UCR established: Ingenix</li> </ul>

## Owner Only Groups (all business structures)

<b>Aetna</b> <ul style="list-style-type: none"> <li>Not allowed unless there is at least 1 NON-SPOUSE / NON-OWNER W2 employee enrolling in Dental</li> <li>Corporations allowed if all owners / officers are on DE-9C</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Allowed if Corp or LLC</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Allowed; 2 unrelated lives</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Standalone: not allowed</li> <li>Alongside Medical: Not allowed unless there is at least 1 NON-SPOUSE / NON-OWNER W2 employee enrolling in Dental</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>All 2+ enrolled groups are eligible</li> <li>Must enroll separately</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Owner only groups permitted unless they consist only of spouses</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>All 2+ enrolled groups are eligible</li> <li>Must enroll separately</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>Not allowed unless there is at least 1 NON-SPOUSE / NON-OWNER W2 eligible employee</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>All 2+ enrolled groups are eligible</li> <li>Must enroll separately</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>All 2+ enrolled groups are eligible (unless they consist of only spouses)</li> <li>Must enroll separately</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Allowed: Min 2 enrollees (unless they consist only of spouses)</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Not allowed unless there is at least 1 NON-SPOUSE / NON-OWNER W2 enrolled employee</li> </ul>

# 2026 Dental Underwriting Guidelines

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## Participation

<p><b>Aetna</b></p> <ul style="list-style-type: none"> <li>• 2-3 Eligible: 100% (excluding waivers), min 2 enrolled</li> <li>• 4-50 Eligible: 75% and min 50% of total eligible (minus valid waivers)</li> <li>• 51-100 Employees: 30% eligibles (minus valid waivers)</li> <li>• When employer pays 100%, then 100% participation required</li> </ul>	<p><b>Anthem Blue Cross</b></p> <ul style="list-style-type: none"> <li>• 2-100 Eligible: 25% or min 2 enrolled, whichever is greater (minus valid waivers)</li> </ul>	<p><b>Beam</b></p> <ul style="list-style-type: none"> <li>• Single Option: Min 2 unrelated lives enrolled</li> <li>• Dual/Triple Option: Min 5 enrolled in each plan</li> </ul>
<p><b>CaliforniaChoice</b></p> <ul style="list-style-type: none"> <li>• 1-2 Enrolled: 100% (minus valid waivers)</li> <li>• 3-100 Enrolled : 70% (minus valid waivers)</li> </ul>	<p><b>ChoiceBuilder</b></p> <ul style="list-style-type: none"> <li>• 2-199 Employees: 70% eligibles and min 2 enrolled (minus valid waivers)</li> </ul>	<p><b>Delta Dental</b></p> <ul style="list-style-type: none"> <li>• PPO <ul style="list-style-type: none"> <li>○ Use min 2 if group is 2-4 eligibles, otherwise:</li> <li>○ 50-74% employer cont: 50% or 5 enrolled, whichever is greater</li> <li>○ 75-99% employer cont: 75% or 5 enrolled, whichever is greater</li> <li>○ When employer pays 100%, then 100% participation required</li> </ul> </li> <li>• DeltaCare USA <ul style="list-style-type: none"> <li>○ 0-99%: Min 2 enrolled</li> <li>○ 100%: All eligible employees must enroll</li> </ul> </li> </ul>
<p><b>Guardian</b></p> <ul style="list-style-type: none"> <li>• 2-3 Eligibles: 100% (no waivers allowed)</li> <li>• 4+ Eligibles: 75% (minus valid waivers)</li> <li>• When employer pays 100% then 100% participation is required</li> </ul>	<p><b>Health Net</b></p> <ul style="list-style-type: none"> <li>• 2-100 Employees Single plan: 50% min 2 enrolled (DHMO); 50% (DPPO); when employer pays 100% then 100% participation is required (minus valid waivers)</li> <li>• 2-100 Employees Dual Option: 50% (minus valid waivers), min 10 enrolled</li> </ul>	<p><b>Humana</b></p> <ul style="list-style-type: none"> <li>• Standalone: Minimum 50% (minus valid waivers)</li> <li>• Alongside another line of coverage: Minimum 2 enrolled</li> <li>• Dual Option: 10+ enrolled; 50% participation</li> </ul>
<p><b>MetLife</b></p> <ul style="list-style-type: none"> <li>• PPO <ul style="list-style-type: none"> <li>○ 2-4 Eligibles: 100% (no waivers allowed)</li> <li>○ 5-9: Min 5 enrolled</li> <li>○ 10-99: Min 10 enrolled or 25%</li> <li>○ When employer pays 100% then 100% participation is required</li> </ul> </li> <li>• DHMO <ul style="list-style-type: none"> <li>○ 5+ Eligibles: 30%; min 5 enrolled (minus valid waivers)</li> </ul> </li> </ul>	<p><b>Principal</b></p> <ul style="list-style-type: none"> <li>• 50% or 2 enrolled, whichever is greater (minus valid waivers)</li> </ul>	<p><b>UnitedHealthcare</b></p> <ul style="list-style-type: none"> <li>• 2-100 Employees (Contributory): 75% (minus valid waivers); not to fall below 50% of total eligible employees</li> <li>• When employer pays 100% then 100% participation is required (less valid waivers)</li> </ul>

# 2026 Dental Underwriting Guidelines

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## PEO

<b>Aetna</b> <ul style="list-style-type: none"><li>Allowed: Group must exit the PEO</li></ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"><li>Allowed: Group may remain in the PEO for payroll purposes</li></ul>	<b>Beam</b> <ul style="list-style-type: none"><li>Allowed: U/W approval required</li></ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"><li>Allowed: Group may remain in the PEO for payroll purposes</li></ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"><li>Allowed: Group may remain in the PEO for payroll purposes</li></ul>	<b>Delta Dental</b> <ul style="list-style-type: none"><li>Allowed: U/W approval required</li></ul>
<b>Guardian</b> <ul style="list-style-type: none"><li>Allowed: Group must exit the PEO</li></ul>	<b>Health Net</b> <ul style="list-style-type: none"><li>Allowed</li></ul>	<b>Humana</b> <ul style="list-style-type: none"><li>Allowed: Group must exit the PEO</li></ul>
<b>MetLife</b> <ul style="list-style-type: none"><li>Allowed: Group must exit the PEO</li></ul>	<b>Principal</b> <ul style="list-style-type: none"><li>Allowed: Group must exit the PEO</li></ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"><li>Allowed: Group may remain in the PEO for payroll purposes</li></ul>

# 2026 Dental Underwriting Guidelines

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## Product Options (dental)

Aetna	Anthem Blue Cross	Beam
<ul style="list-style-type: none"> <li>• Single plan, Dual Option (DMO/PPO)</li> <li>• Freedom-of-Choice cannot be packaged with other options; must be the only plan sold</li> <li>• 2 Eligibles: With Medical</li> <li>• 3-50 Eligibles: Standalone; SIC restrictions may apply</li> </ul>	<ul style="list-style-type: none"> <li>• 2-100 Eligibles: Dual Option, and single plans</li> <li>• Dual Option and single plans may be sold standalone or with Medical</li> <li>• Dual Option allowed 5+ eligibles; min 2 in each plan; plans must have min 10% premium differential</li> </ul>	<ul style="list-style-type: none"> <li>• 2-100: PPO only</li> <li>• 10-100: Dual option PPO, min 5 enrolled in each plan</li> </ul>
CaliforniaChoice	ChoiceBuilder	Delta Dental
<ul style="list-style-type: none"> <li>• 1-100 Enrolled: Available only with Medical</li> <li>• FDH 100 Access not available if employer offers any other dental plan (CC only)</li> </ul>	<ul style="list-style-type: none"> <li>• 2-199 Employees: Dual Option (1 plan must be DeltaCare DHMO)</li> </ul>	<ul style="list-style-type: none"> <li>• 2-4 Enrolled in PPO <ul style="list-style-type: none"> <li>○ Use 2-4 rates and plans</li> <li>○ Single plan: min 2 enrolled</li> <li>○ Dual Choice 1: min 2 enrolled in each plan</li> <li>○ Deluxe 100 plan not available</li> </ul> </li> <li>• 5-99 Enrolled in PPO <ul style="list-style-type: none"> <li>○ Single plan: use 5-99 rates and plans</li> <li>○ Dual Choice 1-3 &amp; Core/Buy-Up: min 2 enrolled in each plan (use 2-4 rates if fewer than 5 enrolled in a plan)</li> <li>○ Min 5 enrolled for Child and Child and Adult Ortho</li> </ul> </li> </ul>
Guardian	Health Net	Humana
<ul style="list-style-type: none"> <li>• 2+ Enrolled: PPO (DHMO contact B&amp;P)</li> <li>• Dual Option (DHMO/PPO): Not available in bpQuote; contact B&amp;P</li> </ul>	<ul style="list-style-type: none"> <li>• 2+ Enrolled: DPPO or DHMO min 2 enrolled</li> <li>• Dual Option: Min 2 enrolled in each plan</li> <li>• DPPO/DHMO min 4 eligibles and 50% participation across both plans</li> <li>• DPPO/DPPO or DHMO/DHMO min 4 eligibles and 50% participation across both plans</li> </ul>	<ul style="list-style-type: none"> <li>• 2-99 Single plan (Min 2 enrolled)</li> <li>• 10-24 enrolled: 2 plans</li> <li>• 25+ enrolled: 3 plans</li> <li>• DHMO may only be paired with Traditional Preferred or PPO plans</li> </ul>
MetLife	Principal	UnitedHealthcare
<ul style="list-style-type: none"> <li>• 2+ Enrolled: PPO; \$1750 CYM requires min 10 enrolled</li> <li>• 5+ Enrolled: DHMO</li> <li>• Dual Option: Min 5 enrolled in each plan</li> <li>• PPO/DHMO <ul style="list-style-type: none"> <li>○ 10-24 Eligibles: Min 5 enrolled on each plan</li> <li>○ 25-49 Eligibles: Min 10 (PPO) and 5 (DHMO) enrolled</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 2-99 Point of Service Plan: EPO and PPO benefits based on provider utilized and PPO</li> <li>• Dual Option PPO: Min 10 eligible, min 2 in each plan; plans must have min 20% premium differential</li> </ul>	<ul style="list-style-type: none"> <li>• 2-4 Eligibles: Single plan (min 2 enrolled)</li> <li>• 2-9 Eligibles: Silver and Bronze plans only (min 2 enrolled)</li> <li>• 5+ Eligibles: Single plan (min 3 enrolled); DHMO/PPO (min 3 enrolled with no ortho)</li> <li>• 10+ Eligibles: PPO/PPO (min 10 enrolled)</li> </ul>

# 2026 Dental Underwriting Guidelines

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## Product Options (other)

<b>Aetna</b> <ul style="list-style-type: none"> <li>Medical (1+ enrolled; standalone)</li> <li>Vision (2+ enrolled; standalone)</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Medical (1+ enrolled; standalone)</li> <li>Disability (2+ eligibles; standalone)</li> <li>Vision (2+ eligibles; standalone)</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>Vision</li> <li>Life</li> <li>LTD (2+ enrolled)</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Medical (1+ enrolled; standalone)</li> <li>Life (with Medical)</li> <li>Vision (with Medical)</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Life (2+ enrolled; match Dental)</li> <li>Vision (2+ enrolled with Dental)</li> <li>Chiro/Acupuncture (2+ enrolled; match Dental)</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>Vision (2+ enrolled with Dental)</li> <li>Life</li> <li>LTD</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Critical Illness, Life, LTD, STD, Vision</li> <li>Contact B&amp;P to obtain a proposal for these products</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>Medical (1+ enrolled standalone)</li> <li>Life (10+ enrolled standalone)</li> <li>Vision (2+ enrolled standalone)</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>Life (2+ enrolled)</li> <li>Vision (2-4 enrolled with Dental; 5+ enrolled standalone)</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>Life (2-4 enrolled with Dental)</li> <li>Life, LTD, STD (5+ enrolled standalone)</li> <li>Vision (2-4 enrolled with Dental; 5+ with Dental, Life or Disability)</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Vision, Life, STD, LTD (2+ enrolled with Dental; 5+ enrolled standalone)</li> <li>Accident, Critical Illness (greater of 5 enrolled or 10%)</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Medical (1+ enrolled standalone)</li> <li>Life (2-5 enrolled with Medical; 6+ enrolled standalone)</li> <li>Vision (2+ enrolled standalone)</li> </ul>

## Provider Directory

<b>Aetna</b> <ul style="list-style-type: none"> <li><a href="#">DocFind</a></li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li><a href="#">Find Care</a></li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li><a href="#">Find a Dentist</a></li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li><a href="#">Provider Search</a></li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li><a href="#">Provider Search</a></li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li><a href="#">Find a Dentist</a></li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li><a href="#">Find a Dentist</a></li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li><a href="#">Find a Provider</a></li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li><a href="#">Find a Doctor</a></li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li><a href="#">Find a Dentist</a></li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li><a href="#">Find a Dentist</a></li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li><a href="#">Find a Dentist</a></li> </ul>

# 2026 Dental Underwriting Guidelines

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## Rates

<b>Aetna</b> <ul style="list-style-type: none"> <li>• 2-50: Based on employer zip code</li> <li>• 51-100: Based on employee zip code</li> <li>• 12 month rate guarantee</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>• Based on employer zip, group size, and SIC code</li> <li>• SIC code does not apply to Dental Net DHMO</li> <li>• 24 month rate guarantee</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>• Based on employer zip, employee zip, eligibles, and SIC code</li> <li>• 12 month rate guarantee</li> <li>• 24 month rate guarantee available with rate load</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>• Based on employer zip code</li> <li>• 12 month rate guarantee</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>• Delta HMO: based on employer zip code</li> <li>• PPO: Based on employer zip code, group size and SIC code</li> <li>• 12 month rate guarantee</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>• Based on employer zip code and SIC</li> <li>• 24 month rate guarantee</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>• Based on employee zip code and enrolled</li> <li>• Min \$1000/yr premium</li> <li>• 12 month rate guarantee</li> <li>• 24 month rate guarantee available with rate load</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>• Based on employer zip code and enrolled</li> <li>• 12 month rate guarantee</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>• Based on employer zip code, number enrolled, and SIC code</li> <li>• 12 month rate guarantee</li> <li>• 24 month rate guarantee available with rate load</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>• Based on employer zip code and enrolled</li> <li>• 12 month rate guarantee</li> <li>• 24 month rate guarantee available with rate load</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>• Based on employer zip code, group size, and SIC code</li> <li>• 12 month rate guarantee</li> <li>• 24 month rate guarantee available with rate load</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>• Based on employer zip code, eligibles and SIC</li> <li>• 12 month rate guarantee</li> </ul>

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## Start Ups

<b>Aetna</b> <ul style="list-style-type: none"><li>Allowed for groups in operation for less than 3 months &amp; provide 2 weeks of payroll</li></ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"><li>Filed and stamped CA legal documents required</li></ul>	<b>Beam</b> <ul style="list-style-type: none"><li>Startups allowed</li></ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"><li>1-4 enrolled: 4 weeks of payroll</li><li>5+ enrolled: 1 week of payroll prior to the requested effective date</li></ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"><li>2 enrolled: 2 months in business prior to the requested effective date</li><li>3+ enrolled: 1 day in business prior to the requested effective date</li></ul>	<b>Delta Dental</b> <ul style="list-style-type: none"><li>2 weeks of payroll, OR</li><li>ER letter listing EEs, job titles &amp; dates of hire</li></ul>
<b>Guardian</b> <ul style="list-style-type: none"><li>Startups allowed</li></ul>	<b>Health Net</b> <ul style="list-style-type: none"><li>Startups allowed; min 2 weeks of payroll</li></ul>	<b>Humana</b> <ul style="list-style-type: none"><li>Startups allowed</li></ul>
<b>MetLife</b> <ul style="list-style-type: none"><li>Must be in business for 1 year</li></ul>	<b>Principal</b> <ul style="list-style-type: none"><li>Must be in business for 1 year</li></ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"><li>2 weeks of payroll and filed and stamped legal docs</li></ul>

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## Waiting Period (major services)

<p><b>Aetna</b></p> <ul style="list-style-type: none"> <li>• 2-9 Eligibles: 12 month waiting period (excludes DMO Basic and Plus, DMO in FOC Basic and Plus)</li> <li>• 2-9 Eligibles: Waiting period waived with proof of prior employer coverage, including new hires</li> <li>• 10-100 Eligibles: No waiting period</li> </ul>	<p><b>Anthem Blue Cross</b></p> <ul style="list-style-type: none"> <li>• No waiting period for major services</li> </ul>	<p><b>Beam</b></p> <ul style="list-style-type: none"> <li>• No waiting period for major services</li> <li>• No waiting period for new hires</li> </ul>
<p><b>CaliforniaChoice</b></p> <ul style="list-style-type: none"> <li>• 12 month waiting period (EPO, PPO)</li> <li>• Waiting period waived for 10+ eligibles with uninterrupted, comparable prior coverage; excludes new hires</li> </ul>	<p><b>ChoiceBuilder</b></p> <ul style="list-style-type: none"> <li>• None</li> </ul>	<p><b>Delta Dental</b></p> <ul style="list-style-type: none"> <li>• No waiting period for major services</li> <li>• No waiting period for new hires</li> </ul>
<p><b>Guardian</b></p> <ul style="list-style-type: none"> <li>• 2-9 Enrolled: 12 month wait (perio and major); waived with proof of prior coverage</li> <li>• 5-9 Enrolled: With prior coverage, group may waive wait to new hires with 3% load; Without prior coverage may waive wait for all with 15% load</li> <li>• 10+ Enrolled: No waiting period</li> </ul>	<p><b>Health Net</b></p> <ul style="list-style-type: none"> <li>• No waiting period for major services</li> <li>• No waiting period for new hires</li> </ul>	<p><b>Humana</b></p> <ul style="list-style-type: none"> <li>• 2-4 Enrolled: 12 month wait (perio and major); waived with proof of prior coverage</li> <li>• Waiting periods are for initial &amp; open enrollment. Waiting periods vary for Late applicants</li> </ul>
<p><b>MetLife</b></p> <ul style="list-style-type: none"> <li>• 2-50 Employees: No waiting period for major services or new hires</li> </ul>	<p><b>Principal</b></p> <ul style="list-style-type: none"> <li>• No waiting period for major services</li> <li>• No waiting period for new hires</li> </ul>	<p><b>UnitedHealthcare</b></p> <ul style="list-style-type: none"> <li>• Options available with and without waiting periods for major care and ortho services</li> <li>• Waiting period waived for entire group choosing a "wait" plan with proof of prior 12 month coverage showing "major" benefits</li> </ul>

# 2026 Dental Underwriting Guidelines

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## Waivers

Aetna	Anthem Blue Cross	Beam
<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>
CaliforniaChoice	ChoiceBuilder	Delta Dental
<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li></ul></li><li>Non-Valid:<ul style="list-style-type: none"><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>
Guardian	Health Net	Humana
<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li></ul></li><li>Non-Valid:<ul style="list-style-type: none"><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>
MetLife	Principal	UnitedHealthcare
<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Military</li></ul></li><li>Non-Valid:<ul style="list-style-type: none"><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li></ul></li><li>Non-Valid:<ul style="list-style-type: none"><li>Individual</li></ul></li></ul>	<ul style="list-style-type: none"><li>Valid:<ul style="list-style-type: none"><li>Group spousal coverage</li><li>Other group coverage</li><li>COBRA</li><li>Medicare / Medi-Cal</li><li>Military</li><li>Individual</li></ul></li></ul>

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## Voluntary Dependent Children

<b>Aetna</b> <ul style="list-style-type: none"> <li>Considered late entrant if not added prior to age 5 at Open Enrollment</li> <li>Late Entrants: Not allowed</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>Must be added at Open Enrollment</li> <li>Late Entrants: Allowed during open enrollment</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>May be added to any time during Open Enrollment</li> <li>May come on due to qualifying event if not added at initial enrollment</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>Considered late entrant if not added prior to age 3 at Open Enrollment</li> <li>Late Entrants: Not allowed</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>Late entrant rules vary by carrier</li> <li>Late Entrants: Allowed during open enrollment; waiting periods may apply</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>May be added to any time during Open Enrollment</li> <li>Considered late entrant if not added prior to age 4 at Open Enrollment</li> <li>Late Entrants: 12 month wait if enrollee initially chose to waive Vol coverage</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Rules have the potential to vary from group to group. Please contact a member of your B&amp;P Sales Team</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>Must be added at Open Enrollment</li> <li>Late Entrants: Allowed during open enrollment</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>Must be added before 2yrs and 31 days of age</li> <li>Late Entrant: if not added before 2yrs and 31 days of age</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>May only come on due to qualifying event if not added at initial enrollment (unless group has added OE option)</li> <li>Considered late enrollee if not added within 30 days of birth</li> <li>Late Entrants: 10+: May be added at any time during Open Enrollment</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>Must be added at Annual Enrollment</li> <li>Late Entrants: Considered late entrant with penalty applied if not signed within 31 days of eligibility</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>Must be added at Open Enrollment</li> <li>Late Entrants: May be added at any time during Open Enrollment</li> </ul>

## Voluntary Employer Contributions

<b>Aetna</b> <ul style="list-style-type: none"> <li>3-50: 0-24% for total cost OR 0-49% for employee cost permitted</li> <li>51-100: 0%; Employer contribution is not permitted</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>No contribution required</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>0%; Employer contribution is not permitted</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Rules have the potential to vary from group to group. Please contact a member of your B&amp;P Sales Team</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>0-49% contribution permitted</li> </ul>

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## Voluntary Open Enrollment

<b>Aetna</b> <ul style="list-style-type: none"><li>No</li></ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"><li>Yes</li></ul>	<b>Beam</b> <ul style="list-style-type: none"><li>Yes</li></ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"><li>Yes</li></ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"><li>Yes</li></ul>	<b>Delta Dental</b> <ul style="list-style-type: none"><li>Yes</li></ul>
<b>Guardian</b> <ul style="list-style-type: none"><li>Rules have the potential to vary from group to group. Please contact a member of your B&amp;P Sales Team</li></ul>	<b>Health Net</b> <ul style="list-style-type: none"><li>Yes</li></ul>	<b>Humana</b> <ul style="list-style-type: none"><li>Yes</li></ul>
<b>MetLife</b> <ul style="list-style-type: none"><li>Yes: 10+ eligibles</li></ul>	<b>Principal</b> <ul style="list-style-type: none"><li>Annual Enrollment: May waive coverage at initial enrollment and enroll at anniversary</li></ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"><li>Yes</li></ul>

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## Voluntary Orthodontics

Aetna	Anthem Blue Cross	Beam
<ul style="list-style-type: none"> <li>10+ eligibles required</li> <li>Coverage: Adult and Child (most plans); Child only (OOS)</li> <li>24 month wait for ortho</li> </ul>	<ul style="list-style-type: none"> <li>Coverage: Adult and Child for Dental Net and Gold 90% PPO; Child only (through age 18) for all additional PPOs</li> <li>12 month wait for ortho</li> </ul>	<ul style="list-style-type: none"> <li>Min 2 enrolled</li> <li>Coverage: Adult and Child</li> </ul>
CaliforniaChoice	ChoiceBuilder	Delta Dental
<ul style="list-style-type: none"> <li>Min 2 enrolled</li> <li>24 month waiting period</li> <li>Coverage: Adult and Child</li> </ul>	<ul style="list-style-type: none"> <li>Min 5+ eligible (Ameritas)</li> <li>Min 10+ eligible (Anthem, MetLife and Delta): Min 5 enrolled (MetLife and Delta)</li> <li>Coverage: Adult and Child for DHMO; Child only for PPO</li> <li>12 month wait for Ameritas; waived with proof of prior coverage for groups with 5+ eligibles</li> </ul>	<ul style="list-style-type: none"> <li>5+ enrolled required for DeltaCare USA ortho</li> <li>5+ enrolled required for PPO ortho</li> <li>Coverage: Adult and Child (DHMO); Child only with 5+ enrolled, Adult and Child with 50+ enrolled (PPO)</li> <li>12 month wait for ortho; waived with comparable prior coverage</li> </ul>
Guardian	Health Net	Humana
<ul style="list-style-type: none"> <li>Rules have the potential to vary from group to group. Please contact a member of your B&amp;P Sales Team</li> </ul>	<ul style="list-style-type: none"> <li>PPO: 2-4 enrolled with proof of prior PPO ortho coverage; 5+ enrolled with or without prior coverage</li> <li>DHMO: 2+ enrolled</li> <li>Coverage: Adult and Child all plans</li> <li>No waiting period for ortho</li> </ul>	<ul style="list-style-type: none"> <li>2+ enrolled on Traditional Preferred &amp; PPO plans</li> <li>Coverage: Child only and Adult and Child</li> <li>2-9 Enrolled: 24 month wait for Ortho; waived with proof of prior coverage</li> <li>10+ Enrolled: 12 month wait for Ortho; waived with proof of prior coverage</li> </ul>
MetLife	Principal	UnitedHealthcare
<ul style="list-style-type: none"> <li>PPO: 5-9 enrolled with prior ortho coverage; 10+ enrolled requires prior major coverage</li> <li>DHMO: 5+ enrolled; prior coverage not required</li> <li>Dual Option: 10+ (PPO) and 5+ (DHMO) enrolled; min 25 enrolled required for PPO ortho enrollment</li> <li>Coverage: Adult and Child all plans; Child only Option plans</li> <li>2-49 Employees: No waiting period for ortho</li> </ul>	<ul style="list-style-type: none"> <li>2+ Enrolled: Child ortho (up to age 19)</li> <li>25+ Enrolled: Adult ortho (employees 19+ and dependents ages 19-26)</li> </ul>	<ul style="list-style-type: none"> <li>10+ eligibles required with min 8 enrolled</li> <li>Coverage: Child only ortho (PPO and Indemnity voluntary plans)</li> <li>12 month waiting period; waived with comparable prior coverage or choose no-wait plans</li> </ul>

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## Voluntary Participation

<p><b>Aetna</b></p> <ul style="list-style-type: none"> <li>• 3-100 with Medical: Min 30% or 3 enrolled, whichever is greater</li> </ul>	<p><b>Anthem Blue Cross</b></p> <ul style="list-style-type: none"> <li>• PPO: 5+ eligible, min 2 enrolled</li> <li>• Dual Option (DHMO/PPO): Min 5 enrolled on each plan</li> </ul>	<p><b>Beam</b></p> <ul style="list-style-type: none"> <li>• Single Option: Min 2 unrelated lives enrolled</li> <li>• Dual/Triple Option: Min 5 enrolled in each plan</li> </ul>
<p><b>CaliforniaChoice</b></p> <ul style="list-style-type: none"> <li>• Min 1 enrolled</li> </ul>	<p><b>ChoiceBuilder</b></p> <ul style="list-style-type: none"> <li>• 5+ Eligibles (Anthem): Min 2 enrolled</li> <li>• 10+ Eligibles (All other carriers): Min 5 enrolled</li> </ul>	<p><b>Delta Dental</b></p> <ul style="list-style-type: none"> <li>• 2-4 Employees: Min 2 enrolled</li> <li>• 5+ Employees: Min 5 enrolled</li> </ul>
<p><b>Guardian</b></p> <ul style="list-style-type: none"> <li>• Rules have the potential to vary from group to group. Please contact a member of your B&amp;P Sales Team</li> </ul>	<p><b>Health Net</b></p> <ul style="list-style-type: none"> <li>• DHMO: 2+ enrolled</li> <li>• PPO: 2+ enrolled</li> </ul>	<p><b>Humana</b></p> <ul style="list-style-type: none"> <li>• Standalone: Minimum 50%</li> <li>• Alongside another line of coverage: Minimum 2 enrolled</li> <li>• Dual Option: 10+ enrolled; 50% participation</li> </ul>
<p><b>MetLife</b></p> <ul style="list-style-type: none"> <li>• DHMO: 5+ enrolled with min 30% of total eligibles</li> <li>• PPO: 5+ enrolled and 50% of total eligible; 2000 CYM requires min 10 enrolled</li> <li>• Dual Option: Min 3 in each plan</li> <li>• PPO/DHMO 25-49 eligibles: Min 10 (PPO) and 5 (DHMO) enrolled</li> </ul>	<p><b>Principal</b></p> <ul style="list-style-type: none"> <li>• 20% or 5 enrolled employees, whichever is greater</li> </ul>	<p><b>UnitedHealthcare</b></p> <ul style="list-style-type: none"> <li>• Single plan: 2+ enrolled</li> <li>• Dual Option: 5+ eligibles; min 3 enrolled and at least 1 in each plan</li> </ul>

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## Voluntary Product Options

<p><b>Aetna</b></p> <ul style="list-style-type: none"> <li>• Available standalone (SIC restrictions)</li> <li>• Dual Option not allowed</li> <li>• 3-9 plans: DMO Access, DMO Plus, FOC PPO 1000 and 1500</li> <li>• 10-50 plans: FOC Active, Active PPO Low, Active PPO, Active PPO Plus, PPO Max 1000 and 1500, and PPO 1500 and 2000</li> </ul>	<p><b>Anthem Blue Cross</b></p> <ul style="list-style-type: none"> <li>• Plans: Vol Dental PPO, Vol Dental Net</li> <li>• 5+ eligible: Min 2 enrolled; Dual Option allowed with min 2 enrolled in each plan</li> </ul>	<p><b>Beam</b></p> <ul style="list-style-type: none"> <li>• Available standalone</li> <li>• Plans: Offerings are the same as contributory but with different rates</li> </ul>
<p><b>CaliforniaChoice</b></p> <ul style="list-style-type: none"> <li>• Must be sold with Medical</li> <li>• Employee does not need to elect Medical to enroll in Voluntary Dental</li> <li>• Voluntary plan: Smile Saver 3000; must contact Smile Saver prior to using benefits</li> </ul>	<p><b>ChoiceBuilder</b></p> <ul style="list-style-type: none"> <li>• 10-199 Employees: Single plan</li> <li>• 10-199 Employees: Dual option (1 plan must be DeltaCare DHMO)</li> </ul>	<p><b>Delta Dental</b></p> <ul style="list-style-type: none"> <li>• Standalone: DHMO, PPO</li> <li>• Dual Choice 1, 2, 3: min 2 required to enroll in each plan</li> </ul>
<p><b>Guardian</b></p> <ul style="list-style-type: none"> <li>• Rules have the potential to vary from group to group. Please contact a member of your B&amp;P Sales Team</li> </ul>	<p><b>Health Net</b></p> <ul style="list-style-type: none"> <li>• Available standalone</li> <li>• Plans: Offerings are the same as contributory but with different rates</li> </ul>	<p><b>Humana</b></p> <ul style="list-style-type: none"> <li>• 2-99 Single plan (Min 2 enrolled)</li> <li>• 10-24 enrolled: 2 plans; plans must have different coinsurance levels</li> <li>• 25+ enrolled: 3 plans; plans must have different coinsurance levels</li> <li>• DHMO may only be paired with Traditional Preferred or PPO plans</li> </ul>
<p><b>MetLife</b></p> <ul style="list-style-type: none"> <li>• Available standalone</li> <li>• 2-49 Employees: Plan offerings are the same as contributory but with different rates</li> </ul>	<p><b>Principal</b></p> <ul style="list-style-type: none"> <li>• Available standalone</li> <li>• Plans: Offerings are the same as contributory but with different rates</li> </ul>	<p><b>UnitedHealthcare</b></p> <ul style="list-style-type: none"> <li>• Available standalone</li> <li>• Dual Option</li> <li>• Plans: PPO \$1000, PPO \$1500 and DHMO plans</li> <li>• 10+ Enrolled: PPO \$2000 calendar year max available</li> </ul>

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## Voluntary Waiting Period (major services)

<b>Aetna</b> <ul style="list-style-type: none"> <li>PPO: 12 month wait</li> <li>Waiting period waived with proof of prior group coverage</li> <li>Waiting period applies to new hires</li> </ul>	<b>Anthem Blue Cross</b> <ul style="list-style-type: none"> <li>12 month wait; waived with proof of comparable coverage</li> </ul>	<b>Beam</b> <ul style="list-style-type: none"> <li>No waiting period for major services</li> </ul>
<b>CaliforniaChoice</b> <ul style="list-style-type: none"> <li>No waiting period if enrolled at Open Enrollment</li> </ul>	<b>ChoiceBuilder</b> <ul style="list-style-type: none"> <li>MetLife (Silver): No waiting period</li> <li>Ameritas: No waiting period</li> <li>Anthem PPO (Silver): 12 month wait</li> <li>Delta DHMO: No waiting period</li> </ul>	<b>Delta Dental</b> <ul style="list-style-type: none"> <li>12 month wait; waived with proof of prior qualified coverage for enrollees submitted with group enrollment (n/a to new hires)</li> </ul>
<b>Guardian</b> <ul style="list-style-type: none"> <li>Rules have the potential to vary from group to group. Please contact a member of your B&amp;P Sales Team</li> </ul>	<b>Health Net</b> <ul style="list-style-type: none"> <li>No waiting period for major services</li> <li>No waiting periods for new hires</li> </ul>	<b>Humana</b> <ul style="list-style-type: none"> <li>2-4 Enrolled: 12 month wait (perio and major); waived with proof of prior coverage</li> <li>Waiting periods are for initial &amp; open enrollment. Waiting periods vary for Late applicants</li> </ul>
<b>MetLife</b> <ul style="list-style-type: none"> <li>2-49 Employees: No waiting period for major services or new hires</li> </ul>	<b>Principal</b> <ul style="list-style-type: none"> <li>No waiting period for major services</li> </ul>	<b>UnitedHealthcare</b> <ul style="list-style-type: none"> <li>12 month wait; waived with proof of prior qualified coverage for enrollees submitted with group enrollment</li> </ul>