

NEVADA DENTAL PARTICIPATION GUIDE

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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 	<ul style="list-style-type: none"> • 1 eligible employee - Not available • 2 eligible employees - Not available • 3 to 100 eligible employees: <ul style="list-style-type: none"> » Available with or without medical » Standalone available » Standalone dental has ineligible industries <p>Waivers:</p> <ul style="list-style-type: none"> • Waivers are required • Example of a valid waiver: Spousal waiver
Participation	
<ul style="list-style-type: none"> • 2-50 with medical or standalone (round to the nearest) <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"> • 3 to 100 eligible employees with medical or standalone - minimum 30% excluding valid waivers and a minimum of 3 enrolled
Ortho	
<ul style="list-style-type: none"> • All 10-100 dental plan options (non-voluntary and voluntary) are available with and without ortho coverage for both adults and children. Group must have 10 or more eligible employees with a minimum of five enrolled employees for adults and dependent children for both non-voluntary and voluntary plans. Adult and child ortho are paired together. All of ortho plans offer both. Ortho is not offered to 2-9 size groups 	<ul style="list-style-type: none"> • All 10-100 dental plan options (non-voluntary and voluntary) are available with and without ortho coverage for both adults and children. Group must have 10 or more eligible employees with a minimum of five enrolled employees for adults and dependent children for both non-voluntary and voluntary plans. Adult and child ortho are paired together. All of ortho plans offer both. Ortho is not offered to 2-9 size groups



Employer Sponsored		Voluntary	
Eligibility			
<ul style="list-style-type: none">• No employer contribution requirement for Dental as long as participation (50%) is met, using employer sponsored rates.• Available for 2-50 employees, a minimum of 2 employees must enroll Dual Option Dental: <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 5-50 eligible employees, a minimum of 2 employees must enroll and meet participation guidelines	
Participation			
<ul style="list-style-type: none">• 50% participation for groups with 2-50 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 15 eligible, 5 enrolled in each plan and meet participation guidelines• When offering two PPO dental plans the two plans offered must have at least a 10% differential of the employee-only tier premium		<ul style="list-style-type: none">• Requires minimum of 5 enrolled in each plan	
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• PLEASE NOTE: Unlimited annual maximum plans require 10 Employees			



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

Employer Sponsored	Voluntary
Eligibility	
• 2-99 eligible employees	• 2-99 eligible employees
Participation	
PPO: <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 DeltaCare USA: <ul style="list-style-type: none"> • 0-99% contribution - A minimum of 2 eligible employees must enroll 	PPO: <ul style="list-style-type: none"> • 0-49% employer contribution - A minimum of 5 eligible must enroll (2 for groups with 2-4 eligible) DeltaCare USA: <ul style="list-style-type: none"> • 0-99% - A minimum of two eligible employees must enroll
Dual Choice	
Not available in combination with another carrier. Rate tier selection must be the same for both plans PPO and DeltaCare USA: <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 PPO and Core/Buy-Up: <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 	
Ortho	
<u>Deluxe plan</u> <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 <u>Advantage plan</u> <ul style="list-style-type: none"> • Orthodontics options are not available for group sizes of 2-4 <u>Core Plan</u> <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
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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Humana

Employer Sponsored	Voluntary
Eligibility	
<ul style="list-style-type: none"> • 1-100 employees Dual Option (Mix & Match) <ul style="list-style-type: none"> • Multiple choices available for Employers <ul style="list-style-type: none"> » 10-24 enrolled – Dual option DHMO/DPPPO or DPPPO with varying co-insurance » 25+ enrolled – Triple options available with DHMO/DPPPO/ DPPPO 	<ul style="list-style-type: none"> • Requires minimum of 2+ eligible
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 	



Employer Sponsored	Voluntary
Eligibility	
<ul style="list-style-type: none"> • Employer contributes at least 50% of the employee premium DHMO: <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 DHMO: <ul style="list-style-type: none"> • At least 30% of the total eligible with a minimum of 5 enrolled regardless of employer contribution
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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Employer Sponsored	Voluntary
Participation	
<ul style="list-style-type: none"> • Contributory (50% minimum employer contribution) requires 50% participation • Non-contributory (100% employer paid) 100% employer contribution is required however will allow 25% valid waivers 	<ul style="list-style-type: none"> • Minimum 2 enrolled
Ortho	
<p><u>Please note:</u></p> <p>Group size: 3-100</p> <p>Orthodontia: Orthodontic coverage is available to groups of 5+ enrolled lives. Dependent ortho available to age 19</p> <p>Child Ortho-available to groups of 5 or more enrolled employees</p> <p>Child & 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 		
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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