

# **NEVADA** **VISION** **PARTICIPATION** **GUIDE**

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# NEVADA VISION PARTICIPATION GUIDE

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> <li>• Voluntary only. No Employer Sponsored option offered</li> </ul>	<ul style="list-style-type: none"> <li>• Available to groups with two or more enrolled employees</li> <li>• Group may only offer one vision plan to all employees</li> <li>• No minimum participation or contribution requirements</li> <li>• Waivers are not needed as participation is not required</li> </ul>



Employer Sponsored	Voluntary
<ul style="list-style-type: none"> <li>• No employer contribution requirement for Vision as long as participation is met, using employer sponsored rates</li> <li>• Available for 2-50 eligible employees with a minimum of 2 enrolled</li> <li>• A minimum of two employees must enroll</li> <li>• 50% participation for groups with 2-50 eligible with a minimum of 2 enrolled</li> <li>• Dual option is available (employer can select two plans to offer to employees). Employer may choose a maximum of two plans, but may not pair a voluntary plan with an employer-sponsored plan. Dual option requires at least 5 eligible employees. Two or more employees must enroll in each option</li> </ul>	<ul style="list-style-type: none"> <li>• Available for 5-50 eligible employees with a minimum of 2 enrolled</li> <li>• Dual option is available. Employer may choose a maximum of two plans, but may not pair a voluntary plan with an employer-sponsored plan. Dual option requires at least 10 eligible employees. Five or more employees must enroll in each option</li> </ul>

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A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

Employer Sponsored	Voluntary
<b>**Only available with Delta Dental Small Business Dental Plan**</b>	
<ul style="list-style-type: none"> <li>• Available to group size of 2-99 primary enrollees</li> <li>• Employer paid plans require at least 50% employer contribution towards single vision rate</li> <li>• Rate Tiers must align with dental rate tier selection</li> <li>• Vision membership must match dental if employer contribution is 100%</li> <li>• Vision membership matching dental membership is not required for plans where employer contribution is less than 100%</li> <li>• Vision employer contribution matching dental employer contribution is not required</li> </ul>	<ul style="list-style-type: none"> <li>• Available to group size of 2-99 primary enrollees</li> <li>• Rate Tiers must align with dental rate tier selection</li> <li>• Vision membership matching dental membership is not required for plans where employer contribution is less than 100%</li> <li>• Vision employer contribution matching dental employer contribution is not required</li> </ul>



Employer Sponsored	Voluntary
<ul style="list-style-type: none"> <li>• Non-contributory (100% employer paid) – 100% participation, no waivers allowed</li> <li>• Contributory – 40%, minimum 2 enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• 30% participation</li> <li>• Minimum 4 enrolled</li> </ul>
<p>Group size: 2-24 lives</p> <p>Rates for vision 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>	

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# Humana

Employer Sponsored	Voluntary
<ul style="list-style-type: none"> <li>• 1+ group size (enrolled) written with medical and/or dental:               <ul style="list-style-type: none"> <li>» Participation is either 50% or one enrolled employee – whichever is greater</li> <li>» Groups not able to meet these participation requirements must enroll in a voluntary plan</li> </ul> </li> <li>• 5+ group size (enrolled) written standalone               <ul style="list-style-type: none"> <li>» Participation is either 50% or five enrolled employees – whichever is greater</li> <li>» Groups not able to meet these participation requirements must enroll in a voluntary plan</li> </ul> </li> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• 1+ group size (enrolled) written with medical and/or dental:               <ul style="list-style-type: none"> <li>» A minimum of one enrolled employee is required</li> </ul> </li> <li>• 5+ group size (enrolled) written standalone               <ul style="list-style-type: none"> <li>» A minimum of five enrolled employees is required</li> </ul> </li> <li>• 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</li> <li>• Dual Option: Two vision plans if the group has a minimum of 10 eligible and enrolled lives</li> <li>• Vision may be dual choice if ALL of the following requirements are met:               <ul style="list-style-type: none"> <li>» Plans offered must include an employer-sponsored Humana Vision Exam Plus and a voluntary full-coverage vision plan (i.e., Humana Vision 100, 130, 160, or 200)</li> <li>» The employer must contribute 100% of the Humana Exam Plus premium</li> <li>» 100% participation is required (all employees must enroll on one of the two plans offered)</li> </ul> </li> <li>• If all of the above conditions are not met, the group cannot choose dual choice vision</li> </ul>

# MetLife®

Employer Sponsored	Voluntary
<ul style="list-style-type: none"> <li>• 50%-100% employer contribution is considered employer sponsored</li> <li>• Minimum of 10% participation with at least 5 enrolled</li> <li>• Employees age 65 and over must be less than 20% of the group</li> </ul>	<ul style="list-style-type: none"> <li>• 0%-49% employer contribution is considered voluntary</li> <li>• Minimum of 10% participation with at least 5 enrolled</li> <li>• Employees age 65 and over must be less than 20% of the group</li> </ul>

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Employer Sponsored	Voluntary
<ul style="list-style-type: none"> <li>• Contributory (50% minimum employer contribution) requires 50% participation</li> <li>• Non-contributory (100% employer paid) requires 100% participation</li> </ul>	<ul style="list-style-type: none"> <li>• Requires 20% participation</li> </ul>
Group Size 5+ enrolling for stand-alone coverage, or 2 lives when 2 or more lines of coverage are sold	



Employer Sponsored	Voluntary
<ul style="list-style-type: none"> <li>• 75% employer contribution towards employees and dependents requires a minimum of 5 enrolled</li> <li>• 75% employer contribution towards employee only and less than 75% employer contribution towards dependents (Core Option) requires a minimum of 10 enrolled</li> <li>• If the employer offers medical or dental through another carrier, they can choose the Packaged contribution option. Packaged option must match the complete enrollment and contribution percentage for employee and dependents as it appears for either their current medical or dental benefit. Minimum 5 enrolled is required</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a minimum of 10 enrolling</li> </ul>

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