

# **CALIFORNIA DENTAL PARTICIPATION GUIDE**

---

**Word&Brown®**

# CALIFORNIA DENTAL PARTICIPATION GUIDE

## TABLE OF CONTENTS

Aetna..... 3

Anthem Blue Cross ..... 4

Blue Shield of California..... 5

CaliforniaChoice ..... 6

ChoiceBuilder ..... 6

Delta Dental..... 7

Guardian..... 8

Health Net ..... 9

Humana..... 10

MetLife ..... 11

Nippon Life Benefits ..... 12

Principal ..... 13

United Concordia ..... 14

United Healthcare ..... 15

Unum ..... 16

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• 1 eligible employee - Not available</li> <li>• 2 eligible employees:               <ul style="list-style-type: none"> <li>» Non-Voluntary dental allowed, but conditional. If the groups industry is ineligible, then dental would only be allowed if it is sold with medical</li> </ul> </li> <li>• 3 to 100 eligible employees:               <ul style="list-style-type: none"> <li>» Non-Voluntary dental plans are available with or without medical</li> <li>» Standalone available</li> <li>» Standalone dental has ineligible industries</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 1 eligible employee - Not available</li> <li>• 2 eligible employees - Not available</li> <li>• 3 to 100 eligible employees:               <ul style="list-style-type: none"> <li>» Available with or without medical</li> <li>» Standalone available</li> <li>» Standalone dental has ineligible industries</li> </ul> </li> </ul> <p><b>Waivers:</b></p> <ul style="list-style-type: none"> <li>• Waivers are required</li> <li>• Example of a valid waiver: Spousal waiver</li> </ul>
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• 2-50 with medical or standalone (round to the nearest)               <ul style="list-style-type: none"> <li>» 2-3: 100% excluding valid waivers with a minimum of 2 enrolled employees</li> <li>» 4-50 non-contributory: 100% excluding valid waivers</li> <li>» 4-50 contributory: 75% excluding valid waivers. Minimum of 2 and 50% of total eligible employees must enroll</li> </ul> </li> <li>• 51-100 with medical or standalone               <ul style="list-style-type: none"> <li>» 51 to 100 non-contributory: 100% excluding valid waivers</li> <li>» 51 to 100 contributory: 30% excluding valid waivers</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• 3 to 100 eligible employees with medical or standalone - minimum 30% excluding valid waivers and a minimum of 3 enrolled</li> </ul>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• 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</li> </ul>

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>No employer contribution requirement for Dental as long as participation is met, using employer sponsored rates</li> <li>25% for 5+, minimum 2 enrolled</li> <li>65% for 2-4, minimum 2 enrolled</li> </ul> <p><b>Dental Net DHMO:</b> Available for 2-100 employees, a minimum of two employees must enroll and meet participation guidelines</p> <ul style="list-style-type: none"> <li>There are no waiting periods</li> <li>NOTE: Dental Net DHMO office numbers are required</li> </ul> <p><b>Metallic PPO and Essential Choice PPO:</b></p> <ul style="list-style-type: none"> <li>Available for 2-100 employees</li> </ul> <p><b>Dual Option Dental:</b></p> <ul style="list-style-type: none"> <li>Dental PPO/Dental Net or 2 PPO Dental Plans</li> </ul>	<p><b><u>Metallic PPO/Essential Choice PPO and/or Dental Net:</u></b></p> <ul style="list-style-type: none"> <li>Available for groups of 5-100 eligible employees</li> <li>May be offered on a voluntary basis when minimum participation cannot be met</li> </ul>
<b>Participation</b>	
<p><b><u>Metallic PPO and Essential Choice PPO:</u></b></p> <ul style="list-style-type: none"> <li>A minimum of 2 employees must enroll and meet participation guidelines</li> </ul> <p><b><u>Dual Option Dental:</u></b></p> <ul style="list-style-type: none"> <li>Requires a minimum of 5 eligible, 2 enrolled in each plan</li> </ul>	<p><b><u>Metallic PPO/Essential Choice PPO and/or Dental Net:</u></b></p> <ul style="list-style-type: none"> <li>Requires a minimum of 5 enrolled in each plan</li> </ul>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>Requires 5+ Enrolling: DPPPO plans are rated as Adult and Child Ortho or plans with Child Ortho only. Adult Ortho only is not available</li> </ul>	



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>Contributory plans require a minimum of one employee</li> </ul>	<ul style="list-style-type: none"> <li>At least one must enroll</li> </ul>
<b>Participation</b>	
<ul style="list-style-type: none"> <li>At least 65% of all eligible employees must enroll in the Blue Shield plan(s)</li> <li>Relaxed Requirements - At least 25% of the total number of eligible employees must enroll in the Blue Shield plan(s) and no fewer than five</li> <li>Trio Only Requirements - At least 1 employee must enroll in the Blue Shield plan when purchased with Trio Only Medical plans</li> </ul>	<ul style="list-style-type: none"> <li>No participation requirements</li> <li>PLEASE NOTE: Waivers are required for voluntary</li> </ul>
<b>Ortho</b>	
<p><b><u>Please Note:</u></b> Blue Shield dental plans may not be offered alongside another carrier's dental plans. Any two dental plan options may be selected under the dual option provision</p> <ul style="list-style-type: none"> <li>As a dual plan offering, any two dental plan options may be selected. Combined participation between the two offered dental plans must meet minimum requirements. Enrollment in both options is not required for a dual plan offering</li> <li>The following combination of three dental plans may be selected:             <ul style="list-style-type: none"> <li>Any two DHMO plans with any one DPPO plan</li> <li>Any three DHMO plans</li> </ul> </li> <li>The following <b>additional</b> combination of three dental plans may be selected only when purchased with Blue Shield of California small business medical coverage:             <ul style="list-style-type: none"> <li>Any two DPPO plans with any one DHMO plan</li> <li>2 DPPOs with 1 DHMO is now available for standalone specialty groups as well as when purchased with medical. The DPPO plans must have the same Ortho benefit</li> </ul> </li> <li>Blue Shield's dental plans that have ortho include both Child and Adult Ortho. You can offer our plans for groups from 1-100. We do not have plans that are Adult only, our plans that have ortho for all ages.</li> </ul>	

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier. Please refer to the carrier guidelines for additional information.



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<b>**Only available with Medical**</b>	
<ul style="list-style-type: none"> <li>• Employer must contribute at least 50% of the total cost for the lowest cost employee dental plan in the employee's zip code, if offered</li> <li>• If employer contribution is 100%, employees cannot waive due to cost or individual coverage. Additionally, 70% of eligible employees must enroll including those with other group dental coverage</li> </ul>	<ul style="list-style-type: none"> <li>• Employer is not permitted to contribute towards Voluntary Dental</li> </ul>



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Requires minimum 2 enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• Requires minimum 10 eligible and minimum of 5 enrolled</li> </ul>
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• 70% Participation</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• Ameritas 5+ eligible</li> <li>• Anthem Blue Cross 10+ eligible</li> <li>• Delta Dental 10+ enrolled</li> <li>• MetLife 10+ eligible with 5+ enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• Ameritas 5+ eligible</li> <li>• Delta Dental 25+ enrolled</li> <li>• MetLife 10+ eligible with 5+ enrolled</li> </ul>

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier. Please refer to the carrier guidelines for additional information.



A REGISTERED MARK OF DELTA DENTAL PLANS ASSOCIATION

Employer Sponsored	Voluntary
<b>Eligibility</b>	
• 2-99 eligible employees	• 2-99 eligible employees
<b>Participation</b>	
<b>PPO:</b> <ul style="list-style-type: none"> <li>• If employer contributes 100% of the cost, all eligible employees must enroll</li> <li>• If employer offers 50-74% - The greater of 50% or five must enroll (two for groups with 2-4 eligible)</li> <li>• If employer offers 75-99% - The greater with 75% or five must enroll (two for groups with 2-4 eligible employees)</li> </ul> <b>DeltaCare USA:</b> <ul style="list-style-type: none"> <li>• If employer contributes 0-99% - A minimum of two eligible employees must enroll</li> </ul>	<b>PPO:</b> <ul style="list-style-type: none"> <li>• If employer contributes 0–49% - A minimum of five eligible employees must enroll (two for groups with 2-4 employees)</li> </ul> <b>DeltaCare USA:</b> <ul style="list-style-type: none"> <li>• 0-99% - A minimum of two eligible employees must enroll</li> </ul>
<b>Dual Choice</b>	
<p>Groups can offer PPO and DeltaCare USA plans to employees. The following will apply:</p> <ul style="list-style-type: none"> <li>• This feature is not available in combination with another carrier</li> <li>• Employer contribution percentage must be identical for both plans</li> <li>• PPO plan must meet the Participation Requirement</li> <li>• PPO Classic: <ul style="list-style-type: none"> <li>» 10 or more enrolled employees — minimum of 2 enrolled in one plan with remainder in other plan.</li> <li>» Less than 10 enrolled employees — minimum of 2 enrolled in one plan and the remainder in the other plan. When enrolling less than 5 in PPO, use the 2-4 rates</li> </ul> </li> <li>• PPO Options: Minimum of 50 enrolled employees. At least 10 enrolled in one plan and remainder in other plan</li> <li>• PPO Voluntary: Minimum of 5 enrolled in PPO plan and 5 in DeltaCare USA plan. Minimum of 25 enrolled in PPO for orthodontic coverage</li> </ul>	
<b>Ortho</b>	
<u>Deluxe plan</u> <ul style="list-style-type: none"> <li>• Orthodontics options are not available for group sizes of 2-4</li> <li>• Adult orthodontics are not available to employer-paid groups of 5-24 and voluntary groups of 5-49</li> </ul> <u>Advantage plan</u> <ul style="list-style-type: none"> <li>• Orthodontics options are not available for group sizes of 2-4</li> </ul> <u>Core Plan</u> <ul style="list-style-type: none"> <li>• Orthodontics options are not available</li> </ul>	

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Non-contributory (100% employer paid) - no waivers allowed</li> <li>• Contributory - minimum 2 enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• Minimum 4 enrolled</li> </ul>
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• Non-contributory (100% employer paid) - 100% participation</li> <li>• Contributory - 40%</li> </ul>	<ul style="list-style-type: none"> <li>• 30% participation</li> </ul>
<b>Ortho</b>	
<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>	

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information





Employer Sponsored	Voluntary
<b>Eligibility</b>	
<b>DHMO:</b> <ul style="list-style-type: none"> <li>A minimum employer contribution of 50% of the employee premium is required for employer paid rates</li> <li>A minimum of 2 active subscribers is required</li> </ul> <b>DPPO:</b> <ul style="list-style-type: none"> <li>A minimum employer contribution of 50% of the employee premium is required for employer paid rates</li> <li>A minimum of 2 active subscribers is required</li> </ul>	<b>DHMO:</b> <ul style="list-style-type: none"> <li>Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution</li> <li>A minimum of 2 active subscribers is required</li> </ul> <b>DPPO:</b> <ul style="list-style-type: none"> <li>Voluntary rates apply to those cases with less than 50% participation and/or less than 50% contribution</li> <li>A minimum of 2 active subscribers is required</li> </ul>
<b>Participation</b>	
<b>DHMO:</b> <ul style="list-style-type: none"> <li>A minimum participation of 50% of the eligible employees is required for employer paid rates. Note: Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation</li> </ul> <b>DPPO:</b> <ul style="list-style-type: none"> <li>A minimum participation of 50% of the eligible employees is required for employer paid rates. Note: Employees waiving coverage due to group coverage through another employer (i.e. spousal coverage) will not count against participation</li> </ul>	<b>DHMO:</b> <ul style="list-style-type: none"> <li>Voluntary rates apply to those cases with less than 50% participation, less than 50% contribution</li> <li>A minimum of 2 active subscribers is required</li> </ul> <b>DPPO:</b> <ul style="list-style-type: none"> <li>Voluntary rates apply to those cases with less than 50% participation, less than 50% contribution</li> <li>A minimum of 2 active subscribers is required</li> </ul>
<b>Dual Choice</b>	
<ul style="list-style-type: none"> <li>Dual Choice Dental is available</li> <li>Groups may select 1 DHMO and 1 DPPO, 2 DHMO, or 2 DPPO plans, with a minimum of 2 active subscribers on each plan</li> <li>Groups electing DPPO with orthodontia are subject to the minimum enrollment requirements indicated below</li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>Orthodontia is available in Plus DHMO 150 and 225, and DPPO Classic 5 and Essential 5 only</li> <li>Groups electing Employer Paid DPPO with orthodontia and are enrolling 2-9 eligible employees must provide proof of immediately prior indemnity orthodontic coverage</li> <li>Groups electing Employer Paid or Voluntary DPPO with orthodontia and are enrolling 10 or more eligible employees are not required to provide proof of prior indemnity orthodontic coverage</li> </ul>	

# Humana

Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>1-100 employees</li> </ul> <b>Dual Option (Mix &amp; Match)</b> <ul style="list-style-type: none"> <li>Multiple choices available for Employers               <ul style="list-style-type: none"> <li>» 10-24 enrolled – Dual option DHMO/DPPPO or DPPPO with varying co-insurance</li> <li>» 25+ enrolled – Triple options available with DHMO/DPPPO/ DPPPO</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Requires minimum of 2+ eligible</li> </ul>
<b>Participation</b>	
<ul style="list-style-type: none"> <li>50% Participation (minimum 2 enrolled)</li> <li>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</li> <li>Groups unable to meet the 50% participation requirement are required to enroll in a voluntary plan</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>Requires minimum of 2 eligible but can have a minimum of 1 enrolled employee</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>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>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</li> </ul>	



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>Employer contributes at least 50% of the employee premium</li> </ul> <b>DHMO:</b> <ul style="list-style-type: none"> <li>At least 30% of the total eligible with a minimum of 5 enrolled regardless of employer contribution</li> </ul>	<ul style="list-style-type: none"> <li>Employer contributes 49% or less of the employee premium</li> </ul> <b>DHMO:</b> <ul style="list-style-type: none"> <li>At least 30% of the total eligible with a minimum of 5 enrolled regardless of employer contribution</li> </ul>
<b>Participation</b>	
<ul style="list-style-type: none"> <li>PPO 2-4 Eligible Lives - 100% of the total eligible must enroll</li> <li>PPO 5-99 Eligible Lives - 75% of the total eligible must enroll</li> </ul>	
<b>Dual Option</b>	
<ul style="list-style-type: none"> <li>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"> <li>» 10-24 Eligible Lives: minimum of 5 enrolled in each plan</li> <li>» 25-49 Eligible Lives: minimum of 5 enrolled in the DHMO and 10 enrolled in the PPO</li> <li>» 50-99 Eligible Lives: minimum of 5 enrolled in the DHMO and 20 enrolled in the PPO</li> <li>» Required participation % based on the single option PPO requirements listed</li> </ul> </li> <li>Employer Sponsored and Voluntary PPO/PPO dual options available at             <ul style="list-style-type: none"> <li>» 50 eligible lives 50-99 Eligible Lives: minimum of 10 enrolled in each plan</li> <li>» 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"> <li>• The coinsurance is different between the High and Low plan</li> <li>• Maximum, Out of Network, and Endo/Perio - at least 2 out of these 3 categories must be different between the High and Low plan</li> </ul> </li> <li>» Required participation % based on the single option PPO requirements listed</li> </ul> </li> </ul>	
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>Orthodontia requires at least 2 enrolled lives             <ul style="list-style-type: none"> <li>» 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</li> <li>» 10+ enrolled requires prior major coverage</li> </ul> </li> </ul>	

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information



# Nippon Life Benefits®

2-50 Enrolled Lives

Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Non Contributory (100% employer contribution) requires 100% of eligible employees to enroll</li> <li>• Contributory (minimum 50% employer contribution) requires 25% of eligible employees to enroll</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> </ul>
<b>Participation</b>	
<ul style="list-style-type: none"> <li>• Non Contributory (100% employer contribution) requires 100% of eligible employees to enroll</li> <li>• Contributory (minimum 50% employer contribution) requires 25% of eligible employees to enroll</li> </ul>	<ul style="list-style-type: none"> <li>• Greater of 5 enrolled or 25% of eligible employees</li> </ul>
<b>Ortho</b>	
<p>Orthodontia: Child and Adult Orthodontia</p> <ul style="list-style-type: none"> <li>• 5 or more enrolled with current orthodontia coverage</li> <li>• 10 or more enrolled without current orthodontia coverage</li> </ul> <p>Dual Option: Minimum case size is 10 enrolled employees. At least one employee must be enrolled in each benefit offering</p>	



Employer Sponsored	Voluntary
<b>Participation</b>	
<ul style="list-style-type: none"> <li>Contributory (50% minimum employer contribution) requires 50% participation</li> <li>Non-contributory (100% employer paid) 100% employer contribution is required however will allow 25% valid waivers</li> </ul>	<ul style="list-style-type: none"> <li>Minimum 2 enrolled</li> </ul>
<b>Ortho</b>	
<p><b><u>Please note:</u></b></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 &amp; Adult Ortho-available to groups of 25 or more enrolled employees</p>	

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information

# UNITED CONCORDIA<sup>®</sup>

## DENTAL

Employer Sponsored		Voluntary
<b>Eligibility</b>		
<ul style="list-style-type: none"> <li>Requires minimum 2 enrolled</li> </ul>		
<b>Participation</b>		
<ul style="list-style-type: none"> <li>DPPPO Groups 2-9 (70% participation must be met with a minimum of 2 employees enrolled in California)</li> <li>DPPPO Groups 10-50 (70% participation must be met with a minimum of 10 employees enrolled in California)</li> <li>DHMO – minimum employee enrollment requirement is 2 employees</li> </ul>		<ul style="list-style-type: none"> <li>All plans qualify for Voluntary. Benefits and rates do not change. Minimum 20% participation is required</li> </ul>
<b>Dual Option (Mix &amp; Match)</b>		
<ul style="list-style-type: none"> <li>DHMO/PPO - 70% participation with a minimum of 10 eligible – at least 2 on the DHMO and 5 on the PPO</li> <li>DPPPO/DPPPO – 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</li> <li>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 &amp; period in basic versus major)</li> <li>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)</li> </ul>		
<b>Ortho</b>		
<ul style="list-style-type: none"> <li>Underwriting guidelines for any FFS plan, offering orthodontic coverage, are as follows:             <ul style="list-style-type: none"> <li>» If any FFS plan has less than 25 enrolled contracts, orthodontics is available on a takeover basis only</li> <li>» Groups that do not currently have orthodontic coverage are not eligible for this benefit</li> <li>» 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</li> <li>» Adult ortho is not available for groups less than 10 lives</li> <li>» The adult ortho would have to be paired with child ortho. Book rates offer either child only ortho or child &amp; adult ortho only - no adult only</li> </ul> </li> </ul>		



Employer Sponsored	Voluntary
<b>Eligibility</b>	
<ul style="list-style-type: none"> <li>• Minimum 2 enrolled for all plans</li> <li>• Contributory (50% minimum employer contribution) requires 75% participation (not to fall below 50% with valid waivers)</li> </ul> <p><b>HMO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Minimum of 5 eligible employees, 3 enrolling</li> </ul> <p><b>PPO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Minimum of 10 eligible employees, 10 enrolling</li> <li>• Combination of plans must be logical, e.g. high and low options</li> </ul> <p><b>HMO/HMO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Minimum of 5 eligible employees, 3 enrolling</li> </ul>	<ul style="list-style-type: none"> <li>• 0%-49% employer contribution</li> </ul>
<b>Participation</b>	
<p><b>HMO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 3 enrolled</li> </ul> <p><b>PPO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 10 enrolled</li> </ul> <p><b>HMO/HMO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• Normal participation guidelines apply based on whether the group is voluntary or contributory, while meeting the minimum of 3 enrolled</li> </ul>	<ul style="list-style-type: none"> <li>• Requires a minimum of 2 enrolled</li> </ul>
<b>Ortho</b>	
<ul style="list-style-type: none"> <li>• Orthodontia available on PPO Only. Requires 50% employer contribution and available to groups of 5 or more eligible employees, with a minimum of 4 enrollees.</li> </ul> <p><b>HMO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 5 eligible and 4 enrolled is required on any INO or PPO plan that includes orthodontic services</li> </ul> <p><b>PPO/PPO Dual Option:</b></p> <ul style="list-style-type: none"> <li>• A minimum of 5 eligible and 4 enrolled is required on any option that includes orthodontic. If both plans include ortho, each plan will require a minimum of 8 enrolling</li> <li>• Plans must differ by more than just orthodontia on one plan</li> </ul>	<ul style="list-style-type: none"> <li>• Orthodontia only available on PPO plans and will still require 5 eligible and 4 enrolled even if Voluntary</li> </ul>

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
Please refer to the carrier guidelines for additional information



Employer Sponsored	Voluntary
<b>Eligibility</b>	
• 2-99 eligible	• 2-99 eligible
<b>Participation</b>	
<b><u>Standalone PPO:</u></b> • 2+ Employees <b><u>Dual Option PPO:</u></b> • 10+ (5 enrolled in each plan) <b><u>Standalone PPO:</u></b> • 5+ in PPO, 2+ in HMO <b><u>Standalone PPO:</u></b> • 10+ Employees	• 2+ Employees
<b>Ortho</b>	
Orthodontia: Available up on request but not available for virgin group	

This guide has been created as a quick reference and does not replace the full underwriting guidelines published by each carrier  
 Please refer to the carrier guidelines for additional information



Word&Brown®

[wordandbrown.com](http://wordandbrown.com)

Northern California 800.255.9673 | Inland Empire 877.225.0988 | Los Angeles 800.560.5614 | Orange 800.869.6989 | San Diego 800.397.3381