

Participation Guidelines

Community-rated groups of 5-99 eligible employees

EMPLOYER-PAID PLANS

Delta Dental Premier® program and Indemnity program

Participation Requirements

For groups with 5-9 eligible employees:

- A minimum of 5 employees must enroll, and 100% of all eligible employees not covered by another dental plan must enroll.
- One-time enrollment.

For groups with 10-99 eligible employees:

- A minimum of 5 employees and at least 60% of eligible employees not covered by another dental plan must enroll.
- Annual open enrollment applies if 10 or more employees enroll. If fewer than 10 employees enroll (or if enrollment subsequently drops below 10 employees), one-time enrollment applies.

Medical Lock option:

- Enrollment is tied to a medical plan, meaning eligible employees may not enroll in the dental plan unless they are enrolled in the medical plan as well.
- Employees selecting single medical coverage must select single dental coverage, while those opting for family medical coverage must select family dental coverage. (A copy of the current medical plan billing must be included with the master application and enrollment forms).

Waiting Periods

- No waiting periods.

Underwriting Guidelines

- Employee-only plans are available for groups of 5 or more enrolled employees.

- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for annual open enrollment.
- Groups with 20% or more of eligible employees residing outside of North Carolina are subject to underwriting review.
- Groups with 50% or more employees who are related by blood relation, marriage or adoption, are subject to review with appropriate documentation, including wage and tax statement and Articles of Incorporation.
- Coordination of benefits applies.
- Only full-time employees are eligible for a dental plan. Full-time employment is defined as a minimum of 20 hours per week, subject to the employer's practice.
- Seasonal or temporary employees are not eligible.
- Dental offices/clinics are not eligible.

Rates may be reduced for groups with prior comparable coverage under another group dental plan. To qualify for these reduced rates:

- The previous plan must be comparable to Delta Dental's coverage and must have been in force for 12 consecutive months (no lapse in coverage) immediately preceding the Delta Dental coverage – we require a summary page of the group's prior plan.
- A copy of the current dental billing must be submitted with initial enrollment.

Optional Orthodontic Treatment Package

- Available to groups of 10 or more enrolled employees only.
- No waiting period.
- Coverage for dependent children ages 8 through 18.

Optional Escalating MaximumSM and Lifetime Deductible benefit options

- Available on Employer-Paid plans.

VOLUNTARY PLANS

Delta Dental Premier® program and Indemnity program

Participation Requirements

For groups with 5-99 eligible employees:

- A minimum of five employees must enroll.
- Annual open enrollment applies if 10 or more employees enroll. If fewer than 10 employees enroll (or if enrollment subsequently drops below 10 employees), one-time enrollment applies.

Medical Lock option:

- Enrollment is tied to a medical plan, meaning eligible employees may not enroll in the dental plan unless they are enrolled in the medical plan as well.
- Employees selecting single medical coverage must select single dental coverage, while those opting for family medical coverage must select family dental coverage. (A copy of the current medical plan billing must be included with the master application and enrollment forms).

Waiting periods

- For new groups not covered by a prior existing dental plan – 12-month waiting periods apply for Major Restorative Services (including Prosthetic Services) and optional Orthodontic coverage.
- For groups that have had at least 12 consecutive months (with no lapse) of comparable coverage immediately preceding the Delta Dental coverage, waiting periods are (a) waived for employees enrolling in the plan at the group's Delta Dental effective date and (b) applied for all employees joining the group or enrolling in the plan after the effective date.

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- A copy of the current dental billing must be submitted with initial enrollment.

Optional Orthodontic Treatment Package

- Available to groups of 10 or more enrolled employees only.
- A 12-month waiting period applies, but it may be waived with prior comparable coverage.
- Coverage for dependent children ages 8 through 18.

Optional Escalating MaximumSM and Lifetime Deductible benefit options

- Not available on Voluntary plans.

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For more information, contact
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