

# California Dental Carrier 411

	Aetna 2-50	Anthem Blue Cross 2-50	Delta Dental 5-99
<b>UNDERWRITING</b>			
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED</b>	With Aetna medical: 2+ Standalone: 3+	With Anthem BC medical: 2+ Standalone: 2+	Standalone: 5+ Dual Choice: 10+ (minimum of 3 enrolled on one plan and the balance on the other)
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED TO OFFER ORTHODONTIA</b>	All Plans: 10+	EmployeeElect: 2+ Benefits: 2+	HMO: 5+ PPO: 10+
<b>PARTICIPATION</b>	<b>2-3:</b> 100% eligible employees <b>4-50:</b> 75% with a min 50% of total eligible enrolled	EmployeeElect: 75% of eligible employees Benefits: 60% of eligible employees	<b>DeltaCare USA, PPO and PPO Vol:</b> <a href="#">See footnote (5)</a>
<b>CONTRIBUTION (EMPLOYER MINIMUM)</b>	50% of employee premium or 25% of the total employee + dependent premium	EmployeeElect: 50% or \$15 of employee premium Benefits: 50%	<b>PPO:</b> At least 75% of employee premium <b>PPO Vol:</b> Up to 74.9% of employee premium <b>DeltaCare USA (DMO):</b> 0 – 100% of employee/dependent premium <a href="#">See footnote (6)</a>
<b>PERCENTAGE OF RELATED EMPLOYEES ALLOWED</b>	No maximum	No maximum	No maximum
<b>CARVE OUTS</b>	No	Mgmt/Non, Salary/Hourly, Union/Non-union, location  Requires 5+ enrolled lives	Mgmt/Non, Salary/Hourly, Union/Non-union Provided that the non-carved out employees are either not covered at all or covered under the DeltaCare USA plans. The group will receive level 2 rates.
<b>1099 EMPLOYEES</b>	No	No	No
<b>ARE SEASONAL EMPLOYEES ELIGIBLE?</b>	No. Seasonal is defined as being employed no more than 5 months in any calendar year. Aetna does not take seasonal businesses that shut down more than 2 months of the year.	Yes – must meet certain underwriting criteria. The criteria is available on page 3 of the Anthem Blue Cross Underwriting guidelines	No
<b>WILL CARRIER WRITE A GROUP WITH LEASED EMPLOYEES?</b>	No	No	No
<b>PERCENTAGE OF COBRAS ALLOWED</b>	No maximum	No maximum	No maximum

# California Dental Carrier 411

	GoldenWest PrePaid 2-99	GoldenWest PPO 10-99	Health Net DHMO 2-50	Health Net PPO 2-50
<b>UNDERWRITING</b>				
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED</b>	Standalone: 2+	Standalone: 10+	With HN medical: 2+ Standalone: 2+	With HN medical: 2+ Standalone: 2+
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED TO OFFER ORTHODONTIA</b>	2+	10+	2+	25+ 2+ if the group had prior group indemnity orthodontic coverage
<b>PARTICIPATION</b>	75% of eligible employees	75% of eligible employees	50% of eligible employees	75% of eligible employees
<b>CONTRIBUTION (EMPLOYER MINIMUM)</b>	<b>Standalone:</b> 50% of employee premium <b>Dual Option:</b> 75% of employees DHMO premium	<b>Standalone:</b> 50% of employee premium <b>Dual Option:</b> 75% of employees DHMO premium	50% of employee premium	PPO: 50% of employee premium Dual Option: 50% of employee premium
<b>PERCENTAGE OF RELATED EMPLOYEES ALLOWED</b>	No more than 50%	No more than 50%	No more than 50%	No more than 50%
<b>CARVE OUTS</b>	2-99: Enrolling employees – Mgmt/Non, Salary/Hourly, Union/Non-union, location	5-9: Enrolling employees – No 10-99: Enrolling employees - Yes – No Restrictions except a minimum of 7 lives must enroll	Yes, minimum 2 lives enrolling. Dual option allowed. Minimum size requirements for each product are required.	Yes, minimum 2 lives enrolling. Dual option allowed. Minimum size requirements for each product are required.
<b>1099 EMPLOYEES</b>	No	No	Yes - Must be with the company long enough to provide a 1099-MISC form and Schedule C tax return. The group must have a minimum of 2 owners, 1 owner & 1 W-2, or 2 W-2 employees, with at least one of them enrolling	Yes - Must be with the company long enough to provide a 1099-MISC form and Schedule C tax return. The group must have a minimum of 2 owners, 1 owner & 1 W-2, or 2 W-2 employees, with at least one of them enrolling
<b>ARE SEASONAL EMPLOYEES ELIGIBLE?</b>	Yes	No	No. Seasonal is defined as an EE who is not a permanent full-time EE. See Health Net Underwriting guidelines on what is required to establish “ineligibility”.	No. Seasonal is defined as an EE who is not a permanent full-time EE. See Health Net Underwriting guidelines on what is required to establish “ineligibility”.
<b>WILL CARRIER WRITE A GROUP WITH LEASED EMPLOYEES?</b>	Yes	No	Case by case	Case by case
<b>PERCENTAGE OF COBRAS ALLOWED</b>	No more than 10%	No more than 10%	No more than 10%	No more than 10%

# California Dental Carrier 411

	HumanaDental 2-50	Kaiser Dental 2-50	MetLife/SafeGuard Dental 2-50
<b>UNDERWRITING</b>			
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED</b>	<p>PPO: 2</p> <p>DHMO: can only be sold as Dual Option</p> <p>PPO/DHMO: 10 eligible, 2 enrolled (can have both on one plan or 1 each on each plan; the two enrolled employees cannot be husband and wife if populating the DHMO only)</p> <p>PPO/PPO (high/low offering): 25 enrolled</p>	<p>Must match medical enrollment.</p>	<p>DHMO standalone: 5-50 PPO standalone: 5-50 PPO Plans 100 &amp; 200: 2-9 standalone only <b>Dual Option DHMO/DHMO (5-50 eligible):</b> min. 5 enrolled on each DHMO plan. <b>Dual Option DHMO/PPO (5-24 eligible):</b> min. 7 enrolled with 2 min. on DHMO &amp; 5 min. on PPO. <b>Dual Option DHMO/PPO (25-50 eligible):</b> 75% of eligible with min. 5 enrolled on DHMO &amp; 10 enrolled on PPO. <b>Dual Option PPO/PPO (25-50 eligible):</b> ER contribution min. 50%, 75% min. participation AND 25 enrolled min. with at least 10% in the High plan.</p>
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED TO OFFER ORTHODONTIA</b>	<p>PPO: 10 DHMO: 2 (Dual Option offering only)</p>	<p>HMO: 2-50 PPO: Not Covered Indemnity Plan E: 10+</p>	<p>HMO: 5-50 (included in plan) PPO: 5-50 (ortho is excluded on the PPO 100 &amp; PPO 200 Plans)</p>
<b>PARTICIPATION</b>	<p>Employer contributes 100% of employee premium: 100%, with a minimum of 2 enrolled Employer contributes 25%-99% of employee premium: 75%, with a minimum of 2 enrolled. (HumanaDental will lower participation requirement to 50% if 25% of more of the eligible employees waive due to other creditable coverage.)</p>	<p>Must match medical enrollment.</p>	<p>DHMO: minimum 5 enrolled PPO: 5-50 enrolled PPO Plans 100 &amp; 200: 2-9 enrolled (book rates only, standalone only)</p> <p>See the first category in this column for additional guidelines.</p>
<b>CONTRIBUTION (EMPLOYER MINIMUM)</b>	<p>Employer-paid: 25% of employee premium</p>	<p>None</p>	<p>50% of employee premium</p>
<b>PERCENTAGE OF RELATED EMPLOYEES ALLOWED</b>	<p>No restriction</p>	<p>No maximum.</p>	<p>No maximum.</p>
<b>CARVE OUTS</b>	<p>Yes</p>	<p>Must match medical enrollment.</p>	<p>Yes – minimum 5 enrolled lives. MetLife/Safeguard must be the only carrier offered and 100% of the eligible carve out population must enroll.</p>
<b>1099 EMPLOYEES</b>	<p>Yes</p>	<p>No</p>	<p>No</p>
<b>ARE SEASONAL EMPLOYEES ELIGIBLE?</b>	<p>No</p>	<p>Employer option to consider them eligible.</p>	<p>No</p>
<b>WILL CARRIER WRITE A GROUP WITH LEASED EMPLOYEES?</b>	<p>Yes</p>	<p>No</p>	<p>Yes, limited to DHMO plans</p>
<b>PERCENTAGE OF COBRAS ALLOWED</b>	<p>No more than 10%</p>	<p>No maximum.</p>	<p>No more than 10%.</p>

# California Dental Carrier 411

	Principal Financial Group 5-99	UnitedHealthcare/PacifiCare 2-50
<b>UNDERWRITING</b>		
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED</b>	Standalone: 5+	2 eligible, 2 enrolled
<b>MINIMUM NUMBER OF EMPLOYEES REQUIRED TO OFFER ORTHODONTIA</b>	All Plans: 10+ (child only ortho) All Plans: 25+ (adult & child ortho)	UnitedHealthcare: 10 eligible, 8 enrolled PacifiCare DHMO: 2
<b>PARTICIPATION</b>	75% of eligible employees/50% of eligible dependents	75% of eligible EE's, not less than 50% after waivers
<b>CONTRIBUTION (EMPLOYER MINIMUM)</b>	50% of employee premium	50% of employee premium
<b>PERCENTAGE OF RELATED EMPLOYEES ALLOWED</b>	No maximum.	No maximum.
<b>CARVE OUTS</b>	<b>3-99:</b> Enrolling EE's w/multi-lines (i.e. dental, life, LTD, STD); <b>5-99:</b> Enrolling EE's standalone dental. Carve outs applicable to both scenarios above: Mgmt/Non, Salary/Hourly, Union/Non-union, location	Non-union/Union Mgmt/Non-mgmt Salary/hourly
<b>1099 EMPLOYEES</b>	No	Yes, no more than 25% of the enrolled population.
<b>ARE SEASONAL EMPLOYEES ELIGIBLE?</b>	No	No. Seasonal is defined as an employee who is not a permanent full-time employee.
<b>WILL CARRIER WRITE A GROUP WITH LEASED EMPLOYEES?</b>	No	Yes
<b>PERCENTAGE OF COBRAS ALLOWED</b>	No more than 20%.	No maximum.

# California Dental Carrier 411

	<b>Aetna 2-50</b>	<b>Anthem Blue Cross 2-50</b>	<b>Delta Dental 5-99</b>
<b>PERCENTAGE ALLOWED OUT OF STATE</b> (see separate topic for plans available to employees/ dependents who reside out of state)	No more than 49% with a minimum of 2 enrolled lives in CA. Employees who reside in a Non-DMO area may enroll in a DMO product offered by their employer if they live within 30 miles radius of their work site that is within the DMO service area. <b>(3)</b>	No more than 49% of employee's may be employed out of the state (on 50% of the work days in the last calendar quarter)	<b>PPO:</b> No more than 50% of Employees may reside out of state  <b>DeltaCare USA (DMO):</b> Not available
<b>EFFECTIVE DATES</b>	1st/15th (their cycle will remain the 15th). Effective date must coincide with prior carrier's termination date.	1st/15th (their cycle will change to 1st month)	1st only
<b>WAITING PERIODS</b>	1st or 15th day of billing cycle following 0,30,60,90,120,180 days (based on group's original effective date) <b>(9)</b>	1st month following doh,1,2,3,4,5 or 6 <b>(9)</b>	<b>(2) (11)</b>
<b>AT INITIAL ENROLLMENT CAN THE WAITING PERIOD BE WAIVED FOR NEW HIRES?</b>	Full-time employees: Yes Part-time employees: Yes	Full-time employees: Yes Part-time employees: No	Full-time employees: Yes Part-time employees: Not eligible
<b>DEPENDENT AGE MAXIMUM NON-FULL TIME STUDENT</b>	Non-full time: Thru 18	Non-full time: Thru 18	Non-full time: Thru 18
<b>FULL TIME STUDENT</b>	Full time: 19 thru 23	Full time: 19 thru 23	Full time: 19 thru 24
<b>What is the carrier's definition of a full-time student?</b>	Attends school regularly on a full-time or part-time basis (does not include home schooling) and is not employed. Aetna does not require the student to be enrolled in a min. number of units.	Qualifies as a dependent for federal income tax purposes <b>and</b> who is a full-time student (enrolled in 12 or more units).	Enrolled full-time in an accredited school, college or university (enrolled in 12 or more units).
<b>What is the carrier's definition of an eligible school?</b>	An institution is considered a school if it: <ul style="list-style-type: none"> <li>• Offers a regular schedule of courses on an annual or more frequent basis</li> <li>• Has a full-time faculty and a permanent administration, and</li> <li>• Includes some formal classroom sessions rather than just on-the-job training</li> </ul>	<ul style="list-style-type: none"> <li>• Accredited college</li> <li>• Accredited university</li> <li>• Vocational or technical school</li> </ul>	Accredited school, college or university
<b>What type(s) of documentation from the school are required?</b>	Aetna will ask for the expected graduation date for the overage dependent. Subsequent verification may be required in the form of <ul style="list-style-type: none"> <li>• School roster</li> <li>• Class schedule</li> <li>• Payment of tuition receipts</li> </ul>	Verification may be required in the form of <ul style="list-style-type: none"> <li>• Class schedule</li> <li>• School roster</li> <li>• Payment of tuition receipts</li> </ul>	Verification may be required in the form of <ul style="list-style-type: none"> <li>• Class schedule</li> <li>• School roster</li> <li>• Payment of tuition receipts</li> </ul>
<b>When is proof required?</b>	Aetna will not require proof at initial submission but will verify around Sept. of each year thereafter. Request is sent to the subscriber approximately three (3) months prior to the dependent child's birthday.	Anthem BC reserves the right to request proof during underwriting, however, will require proof every year thereafter. Request is sent to the subscriber approximately three (3) months prior to the dependent child's birthday.	Delta Dental will require proof at both initial submission and each year thereafter. Request is sent to the Employer approximately three (3) months prior to the dependent child's birthday. It is the employer's responsibility to monitor this verification.

# California Dental Carrier 411

	<b>GoldenWest PrePaid 2-99</b>	<b>GoldenWest PPO 10-99</b>	<b>Health Net DHMO 2-50</b>	<b>Health Net PPO 2-50</b>
<b>PERCENTAGE ALLOWED OUT OF STATE</b> (see separate topic for plans available to employees/ dependents who reside out of state)	Plan not available out of state	No more than 10% unless quoting national PPO/no maximum	Plan not available out of state	No more than 50%
<b>EFFECTIVE DATES</b>	1st only	1st only	1st only	1st only
<b>WAITING PERIODS</b>	1st of month following Employer's choice <b>(11)</b>	1st of month following Employer's choice <b>(11)</b>	1st month following DOH-6 months <b>(9)</b>	1st month following DOH-6 months <b>(9)</b>
<b>AT INITIAL ENROLLMENT CAN THE WAITING PERIOD BE WAIVED FOR NEW HIRES?</b>	Full-time employees: Yes Part-time employees: Yes	Full-time employees: Yes Part-time employees: Not eligible	Full-time employees: Yes Part-time employees: Yes	Full-time employees: Yes Part-time employees: Yes
<b>DEPENDENT AGE MAXIMUM NON- FULL TIME STUDENT</b>	Non-full time: Thru 18	Non-full time: Thru 18	Non-full time: Thru 18	Non-full time: Thru 18
<b>FULL TIME STUDENT</b>	Full time: 19 thru 22	Full time: 19 thru 22	Full time: 19 thru 23	Full time: 19 thru 23
<b>What is the carrier's definition of a full-time student?</b>	Enrolled as a full-time student (for 12 or more units) in a properly accredited college, university, vocational or technical school <b>and</b> is fully dependent upon me for support.	Enrolled as a full-time student (for 12 or more units) in a properly accredited college, university, vocational or technical school <b>and</b> is fully dependent upon me for support.	Enrolled in school as a full-time student (enrolled in 9 or more units or equivalent hours) <b>or</b> depends on the subscriber for at least 50% of his or her economic support	Enrolled in school as a full-time student (enrolled in 9 or more units or equivalent hours) <b>or</b> depends on the subscriber for at least 50% of his or her economic support
<b>What is the carrier's definition of an eligible school?</b>	<ul style="list-style-type: none"> <li>Accredited college or university</li> <li>Vocational or technical school</li> </ul>	<ul style="list-style-type: none"> <li>Accredited college or university</li> <li>Vocational or technical school</li> </ul>	<ul style="list-style-type: none"> <li>Qualified college, university or vocational/trade school</li> </ul>	<ul style="list-style-type: none"> <li>Qualified college, university or vocational/trade school</li> </ul>
<b>What type(s) of documentation from the school are required?</b>	Must complete a Golden West Student Verification form.	Must complete a Golden West Student Verification form.	Must complete a Health Net Overage Dependent Certification form. Additional documentation may be required in the form of school roster, class schedule, payment of tuition receipts, etc.).	Must complete a Health Net Overage Dependent Certification form. Additional documentation may be required in the form of school roster, class schedule, payment of tuition receipts, etc.).
<b>When is proof required?</b>	Golden West will require proof at both initial submission and each year thereafter. Request is sent to the subscriber approximately two (2) months prior to the dependent child's birthday.	Golden West will require proof at both initial submission and each year thereafter. Request is sent to the subscriber approximately two (2) months prior to the dependent child's birthday.	Health Net will only require proof each year thereafter. At initial submission the question on the Employee app. is the only thing required. A request for verification will be sent to the subscriber approximately one (1) month prior to the dependent child's birthday.	Health Net will only require proof each year thereafter. At initial submission the question on the Employee app. is the only thing required. A request for verification will be sent to the subscriber approximately one (1) month prior to the dependent child's birthday.

# California Dental Carrier 411

	<b>HumanaDental 2-50</b>	<b>Kaiser Dental 2-50</b>	<b>MetLife/SafeGuard Dental 2-50</b>
<b>PERCENTAGE ALLOWED OUT OF STATE</b> (see separate topic for plans available to employees/ dependents who reside out of state)	No more than 10% in NY No more than 10% in Washington State	Since the dental enrollment must match the dental enrollment and only one dental plan can be chosen by the ER, if there are OOS ee's then the ER would want to offer a PPO or Indemnity dental plan as the DeltaCare HMO plans are not available OOS.	Dental plan rates quoted in Warner Pacific's system are applicable to groups situated in CA with a max. of 10% of employees outside of CA. The WP Rating Analyst can request a quote from MetLife/SafeGuard if the OOS population is more than 10%.
<b>EFFECTIVE DATES</b>	1 <sup>st</sup> only	1 <sup>st</sup> only	1 <sup>st</sup> only
<b>WAITING PERIODS</b>	0 days, 30 days, 60 days, 90 days or Other, specify (ER can pick an amount more than 90 days)	1st of month following DOH, 30, 60, 90, 180 or 365 days <b>(14)</b>	1st of month following DOH, 30, 60, 90, 120 or 180 days <b>(12)</b>
<b>AT INITIAL ENROLLMENT CAN THE WAITING PERIOD BE WAIVED FOR NEW HIRES?</b>	Yes, with proof of prior coverage	Full-time employees: Yes Part-time employees: Yes	Full-time employees: Yes Part-time employees: Employer's discretion
<b>DEPENDENT AGE MAXIMUM NON- FULL TIME STUDENT</b>  <b>FULL TIME STUDENT</b>	The limiting age for each <i>dependent</i> child is: 1. 19 years; or 2. 25 years if the child is a regular full-time student at an accredited secondary school, college or university.  A <i>dependent</i> continues to be eligible for coverage for up to four months after the close of a school term only if enrolled as a full-time student for the next school term.	Non-fulltime: Through 18  Fulltime: 19 through 23	Always covered thru 19  Always covered thru 25
<b>What is the carrier's definition of a full-time student?</b>	Full-time student attending an accredited secondary school, college, or university.	Enrolled in an accredited institution <b>and</b> must be dependent upon subscriber for support.  Employer determines the number of school units required.	A full-time student at an accredited school, college, or university that is licensed in the jurisdiction where it is located.
<b>What is the carrier's definition of an eligible school?</b>	An accredited secondary school, college, or university.	<ul style="list-style-type: none"> <li>• Trade and vocational schools</li> <li>• Academic institutions</li> </ul>	An accredited school, college, or university that is licensed in the jurisdiction where it is located.
<b>What type(s) of documentation from the school are required?</b>	Transcripts or Admissions acceptance	Must complete Kaiser Permanente's Student Verification form	The school should have documentation to prove you are enrolled full time (i.e., transcripts, etc.)
<b>When is proof required?</b>	During enrollment and/or qualifying event	Same guidelines apply as medical enrollment.	When the child is over the age of 19

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	Principal Financial Group 5-99	UnitedHealthcare/PacifiCare 2-50
<b>PERCENTAGE ALLOWED OUT OF STATE</b> (see separate topic for plans available to employees/dependents who reside out of state)	Principal will take headquarter's location, SIC, and current census and quote the offerings available.	UnitedHealthcare: No max. Majority will determine situs state for rates and benefits. If no one state has the majority of the enrolled employees, the situs state for rates and benefits will be determined by corporate headquarters of the company. PacifiCare DHMO: All DHMO participants must live within CA and reside within the service area. Dual option with PPO out of state employees is available. No max., see PPO guides and dual option guides for specifics.
<b>EFFECTIVE DATES</b>	1st or 15th available (billing cycle will be on the 1st regardless of the new case effective date)	UnitedHealthcare: 1 <sup>st</sup> or 15th PacifiCare DHMO: 1st only
<b>WAITING PERIODS</b>	1st of month following DOH – 12 months (11)	1st of month following DOH, 30, 60, 90, 120, 150 or 180 days (9)
<b>AT INITIAL ENROLLMENT CAN THE WAITING PERIOD BE WAIVED FOR NEW HIRES?</b>	Full-time employees: Yes Part-time employees: Not eligible	Full-time employees: Yes Part-time employees: Not eligible
<b>DEPENDENT AGE MAXIMUM NON-FULL TIME STUDENT</b>	Non-full time: Thru 18	Non-full time: Thru 18
<b>FULL TIME STUDENT</b>	Full time: 19 thru 24	Full time: 19 thru 24
<b>What is the carrier's definition of a full-time student?</b>	Enrolled in school as a full-time student (number of hours, credits, or courses required by the school for full-time students. This can vary between schools, but is normally 12 units).	Enrolled in school as a full-time student (enrolled in 12 or more units or equivalent hours).
<b>What is the carrier's definition of an eligible school?</b>	<ul style="list-style-type: none"> <li>Accredited college, university</li> <li>Trade or vocational school</li> </ul>	Accredited learning institution
<b>What type(s) of documentation from the school are required?</b>	Principal's current practice is to take this information verbally by calling in on the 800 customer service number to update. No documentation is required however; Principal will honor a class schedule if provided.	No documentation is required. Employer is required to track eligibility.
<b>When is proof required?</b>	Principal will only require proof upon submission of a claim.	Does not require proof at initial submission or anytime thereafter.

# California Dental Carrier 411

	<b>Aetna 2-50</b>	<b>Anthem Blue Cross 2-50</b>	<b>Delta Dental 5-99</b>
<b>WRITTEN ALONG SIDE ANOTHER CARRIER</b>	No	Yes, 75% of eligible employees must enroll with Anthem Blue Cross	Yes, other carrier must be opposite type plan
<b>LENGTH OF TIME A COMPANY MUST BE IN BUSINESS</b>	50% of preceding calendar quarter. <b>Newly formed business</b> – 6 weeks	0 days (Anthem BC will review)	N/A
<b>RETIREES</b>	No	No	Yes-contribution must be same for all
<b>WILL CARRIER WRITE DOMESTIC HOUSEHOLD STAFF?</b>	No	Yes, provided the items in footnote (1) are met	As long as the client can provide the required DE6 establishing the ER/EE relationship, Delta Dental will allow them. Must use 8741 SIC which are Level 2 rates
<b>LENGTH OF TIME SIGNATURES ARE VALID</b>	60 days from effective date	60 days from effective date	90 days from effective date
<b>WHAT ARE THE REQUIREMENTS TO COVER PART TIME EMPLOYEES?</b>	20-29 hours. Group must stipulate at time of enrollment. To add part time employees on the plan, they may do so up to 30 days after the effective date or on plan anniversary. Not subject to underwriting.	20-29 hours or 15-29 hours. Group must stipulate at time of enrollment. To add part time employees on the plan they may do so at anniversary only and is subject to underwriting approval.	Not eligible
<b>IS WORKERS' COMP REQUIRED ON EMPLOYEES?</b>	AB1672 cases cannot be declined for not having work comp.	Not required	Not required
<b>CAN A HUSBAND &amp; WIFE WHO WORK FOR THE SAME COMPANY ENROLL TOGETHER OR SEPARATE?</b>	May enroll separately or as one being the dependent under the other.  If enrolling separate no declination is required by each. If enrolling one as a dependent a declination is required from the member enrolling as a dependent.	May enroll separately or as one being the dependent under the other.  If enrolling separate no declination is required by each. If enrolling one as a dependent no declination is required from the member enrolling as a dependent.	May enroll separately or as one being the dependent under the other (provided they still have a min. of 5 lives enrolled).  If enrolling separate no declination is required by each. If enrolling one as a dependent no declination is required from the member enrolling as a dependent.

# California Dental Carrier 411

	<b>GoldenWest PrePaid 2-99</b>	<b>GoldenWest PPO 10-99</b>	<b>Health Net DHMO 2-50</b>	<b>Health Net PPO 2-50</b>
<b>WRITTEN ALONGSIDE ANOTHER CARRIER</b>	Yes, DHMO or PPO	Yes, DHMO	No	No
<b>LENGTH OF TIME A COMPANY MUST BE IN BUSINESS</b>	N/A	N/A	N/A	N/A
<b>RETIREES</b>	Yes, no max.	No	No	No
<b>WILL CARRIER WRITE DOMESTIC HOUSEHOLD STAFF?</b>	No	Yes	No	No
<b>LENGTH OF TIME SIGNATURES ARE VALID</b>	60 days from effective date	60 days from effective date	60 days from effective date	60 days from effective date
<b>WHAT ARE THE REQUIREMENTS TO COVER PART TIME EMPLOYEES?</b>	DHMO only automatically covered. No minimum hours required	Not eligible	20-29 hours, Group must stipulate at time of enrollment. To add part time employees on the plan they may do so at anniversary only. Not subject to underwriting.	20-29 hours, Group must stipulate at time of enrollment. To add part time employees on the plan they may do so at anniversary only. Not subject to underwriting.
<b>IS WORKERS' COMP REQUIRED ON EMPLOYEES?</b>	Not required	Not required	Yes	Yes
<b>CAN A HUSBAND &amp; WIFE WHO WORK FOR THE SAME COMPANY ENROLL TOGETHER OR SEPARATE?</b>	Must enroll separately.	Must enroll separately.	A minimum of 2 enrollees are required. If only a husband and wife are enrolling, they must enroll separately.  If there will be 2 or more enrollees, a husband and wife can enroll separately or together. If enrolling together, with one as a dependent of the other, a waiver is not required. If enrolling separately, they do not need to decline each other.	A minimum of 2 enrollees are required. If only a husband and wife are enrolling, they must enroll separately.  If there will be 2 or more enrollees, a husband and wife can enroll separately or together. If enrolling together, with one as a dependent of the other, a waiver is not required. If enrolling separately, they do not need to decline each other.

# California Dental Carrier 411

	<b>HumanaDental 2-50</b>	<b>Kaiser Dental 2-50</b>	<b>MetLife/SafeGuard Dental 2-50</b>
<b>WRITTEN ALONGSIDE ANOTHER CARRIER</b>	Management carve out only	Yes, 1 employee with a minimum of 70% of eligible EE's in a group plan.	No
<b>LENGTH OF TIME A COMPANY MUST BE IN BUSINESS</b>	No restrictions	Employer is required to be in business on or before the effective date.	At least 2 years or subject to approval by underwriting
<b>RETIREES</b>	2-99 eligible: no more than 10% 100+ eligible: no more than 20%	No	No
<b>WILL CARRIER WRITE DOMESTIC HOUSEHOLD STAFF?</b>	Yes	Yes, if they are listed on a valid DE6	No
<b>LENGTH OF TIME SIGNATURES ARE VALID</b>	No restrictions	60 days prior to effective date	30 days from the effective date
<b>WHAT ARE THE REQUIREMENTS TO COVER PART TIME EMPLOYEES?</b>	Employer definition (example 20 to 30 hours)	20-29 hours: nothing is required  To add part time employees on the plan they may do so only at anniversary. Not subject to underwriting.	Employer discretion. If yes, 20-29 hours; group must stipulate at time of enrollment To add part time employees on the plan the group may do so at any time.
<b>IS WORKERS' COMP REQUIRED ON EMPLOYEES?</b>	No	Yes	Not required
<b>CAN A HUSBAND &amp; WIFE WHO WORK FOR THE SAME COMPANY ENROLL TOGETHER OR SEPARATE?</b>	May enroll separately or as one being the dependent under the other.	May enroll separately or as one being the dependent under the other.  If enrolling separate no declination is required by each. If enrolling one as a dependent no declination is required from the member enrolling as a dependent.	May enroll separately or as one being the dependent under the other.  If enrolling separate no declination is required by each. If enrolling one as a dependent no declination is required from the member enrolling as a dependent.

# California Dental Carrier 411

	<b>Principal Financial Group 5-99</b>	<b>UnitedHealthcare/PacifiCare 2-50</b>
<b>WRITTEN ALONGSIDE ANOTHER CARRIER</b>	Yes, as long as plans are opposite types. 75% of eligible employee's between both employer plan and the greater of 25% or 5 lives enrolled in the Principal dental. Rates subject to a load.	No
<b>LENGTH OF TIME A COMPANY MUST BE IN BUSINESS</b>	12 months	45 days
<b>RETIREES</b>	Yes, Employer's choice. No more than 15% of the group may be retirees.	No
<b>WILL CARRIER WRITE DOMESTIC HOUSEHOLD STAFF?</b>	No	Mp
<b>LENGTH OF TIME SIGNATURES ARE VALID</b>	30 days from the effective date	60 days from effective date
<b>WHAT ARE THE REQUIREMENTS TO COVER PART TIME EMPLOYEES?</b>	Part time employees are not eligible.	20-29 hours. Group must stipulate at time of enrollment. To add part time employees on the plan they may do so at anniversary.
<b>IS WORKERS' COMP REQUIRED ON EMPLOYEES?</b>	Not required	Standalone: No With medical: Yes, WC is required.
<b>CAN A HUSBAND &amp; WIFE WHO WORK FOR THE SAME COMPANY ENROLL TOGETHER OR SEPARATE?</b>	May enroll separately or as one being the dependent under the other.  If enrolling separate no declination is required by each. If enrolling one as a dependent no declination is required from the member enrolling as a dependent.	May enroll separately or as one being the dependent under the other (unless it is a 2 life group then they must enroll separately).  If enrolling separate no declination is required by each. If enrolling one as a dependent no declination is required from the member enrolling as a dependent.

# California Dental Carrier 411

	<b>Aetna 2-50</b>	<b>Anthem Blue Cross 2-50</b>	<b>Delta Dental 5-99</b>
<b>WHO IS CONSIDERED AN ELIGIBLE DEPENDENT</b>	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan who depends solely on you for support. <b>Children include:</b> EE's biological children, EE's adopted children, EE's stepchildren; any other child the employee supports who lives with the employee in a parent-child relationship.	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan who qualify as dependents for federal income tax purposes and who are full-time students. <b>Children include:</b> EE's biological children, EE's stepchildren, EE's domestic partner's natural child, EE's legally adopted child, child for whom the employee, their spouse or their domestic partner has been appointed permanent legal guardian by a final court decree or order.	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan who is a full time student. <b>Children include:</b> EE's biological children, EE's stepchildren, EE's legally adopted children, children of a domestic partner and foster children, provided they are dependent upon the employee for support
<b>WITHIN THE UNITED STATES, WHICH PLANS ARE AVAILABLE TO EMPLOYEES AND/OR DEPENDENTS WHO RESIDE OUT OF THE STATE OF CA?</b>	PPO plan types are available <b>See footnote (4)</b>	All PPO plan types are available.	PPO Plans
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA?</b>	PPO plan types are available <b>See footnote (4)</b>	All PPO plan types are available.	PPO Plans
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA AND IS ENROLLED ON AN HMO PLAN?</b>	Dependent would not have coverage.	Dependent would not have coverage.	The DeltaCare USA (DMO) plans are not available to dependents out of state.

# California Dental Carrier 411

	GoldenWest PrePaid 2-99	GoldenWest PPO 10-99	Health Net DHMO 2-50	Health Net PPO 2-50
<b>WHO IS CONSIDERED AN ELIGIBLE DEPENDENT</b>	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan if a full-time student. <b>Children include:</b> EE's biological children, EE's stepchildren, EE's legally adopted children, EE's spouse or domestic partner's natural children	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan if a full-time student. <b>Children include:</b> EE's biological children, EE's stepchildren, EE's legally adopted children, EE's spouse or domestic partner's natural children	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan who is a full-time student and/or depends on the subscriber for at least 50% support. <b>Children include:</b> EE's biological children, EE's stepchildren, EE's legally adopted children, EE's domestic partner's natural child, children for whom the employee, their spouse or their domestic partner has been court-appointed legal guardian.	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan who is a full-time student and/or depends on the subscriber for at least 50% support. <b>Children include:</b> EE's biological children, EE's stepchildren, EE's legally adopted children, EE's domestic partner's natural child, children for whom the employee, their spouse or their domestic partner has been court-appointed legal guardian.
<b>WITHIN THE UNITED STATES, WHICH PLANS ARE AVAILABLE TO EMPLOYEES AND/OR DEPENDENTS WHO RESIDE OUT OF THE STATE OF CA?</b>	PPO Dental only	PPO Dental	PPO Dental Only	PPO Dental
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA?</b>	PPO Dental Only	PPO Dental	PPO Dental Only	PPO Dental
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA AND IS ENROLLED ON AN HMO PLAN?</b>	Dependent would not have coverage.	Dependent would not have coverage.	Dependent would not have coverage.	Dependent would not have coverage.

# California Dental Carrier 411

	HumanaDental 2-50	Kaiser Dental 2-50	MetLife/SafeGuard Dental 2-50
<b>WHO IS CONSIDERED AN ELIGIBLE DEPENDENT</b>	<b>Dependent:</b> A covered <i>employee's</i> : 1. Lawful spouse or domestic partner; and 2. Unmarried, natural blood related child, stepchild, a child placed for adoption, existing child of a <i>domestic partner</i> , or legally adopted child whose age is less than the limiting age. Each child must qualify as a <i>dependent</i> as defined by the U.S. Internal Revenue Code. This child must receive at least 50 percent support and maintenance from the covered <i>employee</i> .	Spouse/qualifying domestic partner, unmarried children up to the limiting age of the plan who depends solely on you for support. <b>Children include:</b> EE's biological children, EE's adopted children, EE's stepchildren, child for whom the employee, their spouse or their domestic partner has been appointed permanent legal guardian by a final court order. Grandchildren can be covered as follows: (1) As long as the grandchild's parent is enrolled, or (2) without coverage for the grandchild's parent, if the eligible EE is the court appointed guardian.	Spouse, qualifying domestic partner, unmarried children up to the limiting age of the plan. Children include: EE's biological children, EE's stepchildren, EE's legally adopted children, EE's domestic partner's natural child, EE's foster children, EE's grandchildren, or other children for whom the employee is required to provide dental care pursuant to a court or administrative order.
<b>WITHIN THE UNITED STATES, WHICH PLANS ARE AVAILABLE TO EMPLOYEES AND/OR DEPENDENTS WHO RESIDE OUT OF THE STATE OF CA?</b>	PPO and Traditional plan are offered in most states. State that Humana does not have a license in we will allow no more that 10% of the employees covered in that state. Example Humana limits covered employees to 10% in New York or Washington state	Since the ER can only offer 1 dental plan, it would be suggested to offer a PPO or Indemnity plan.	PPO plans are available. DHMO plans are available in CA, FL & TX (within specified service areas in TX & FL).
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA?</b>	PPO, Traditional Dental or DHMO where available	Only the PPO or Indemnity plan offered by the employer. If the HMO dental is offered then there is no plan available to the dependent.	PPO plans are available. DHMO plans are available in CA, FL & TX (within specified service areas in TX & FL).
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA AND IS ENROLLED ON AN HMO PLAN?</b>	DHMO Plan Only	The dependent will have emergency only care.	DHMO is available in CA, TX, and FL. Any dependent living in these states (and within the service area in each state) will have access to DHMO.

# California Dental Carrier 411

	<b>Principal Financial Group 5-99</b>	<b>UnitedHealthcare/PacifiCare 2-50</b>
<b>WHO IS CONSIDERED AN ELIGIBLE DEPENDENT</b>	Spouse/ qualifying domestic partner, unmarried children up to the limiting age of the plan who are a full-time student. Children include: EE's biological children, EE's stepchildren, EE's legally adopted children, EE's domestic partner's natural child and foster children.	Spouse/ qualifying domestic partner, unmarried children up to the limiting age of the plan who are a full-time student. Children include: EE's biological children, EE's adopted children, EE's stepchildren, EE's domestic partner's natural child, child for whom the employee, their spouse or their domestic partner has been appointed permanent legal guardian by a court order, children for whom the EE, spouse or domestic partner is required to provide health insurance pursuant to a qualified medical child support order.
<b>WITHIN THE UNITED STATES, WHICH PLANS ARE AVAILABLE TO EMPLOYEES AND/OR DEPENDENTS WHO RESIDE OUT OF THE STATE OF CA?</b>	PPO and Indemnity plans are available.	UnitedHealthcare: either PPO or Indemnity is available in all 50 states. PacifiCare DHMO is not available out of state.
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA?</b>	PPO and Indemnity plans are available.	UnitedHealthcare: either PPO or Indemnity is available in all 50 states. PacifiCare DHMO is not available out of state.
<b>WHICH PLANS ARE AVAILABLE TO DEPENDENTS WHO RESIDE OR ARE ATTENDING SCHOOL OUT OF THE STATE OF CA WHEN THE EMPLOYEE RESIDES IN CA AND IS ENROLLED ON AN HMO PLAN?</b>	N/A Principal does not have a DHMO program.	UnitedHealthcare: No coverage unless the employee selects a PPO or Indemnity option. PacifiCare DHMO: No coverage.

# California Dental Carrier 411

	Aetna 2-50	Anthem Blue Cross 2-50	Delta Dental 5-99
<b>RATING/RATES</b>			
<b>RATE GUARANTEE</b>	12 months	12 months	12 months
<b>CARRIER RULE FOR RE-APPLYING DUE TO REQUESTED CANCELLATION OR NON-PAYMENT OF DUES</b>	Must wait 12 months. Earlier reviews by carrier underwriting available on a case by case basis.	Must wait 12 months. Earlier reviews by carrier underwriting available on a case by case basis.	Non-payment of dues: Can be reviewed by carrier underwriting on a case by case basis  Voluntary cancellation: Must wait 12 months, can request reinstatement if cancelled within the last 4-6 months and will be required to pay back premiums.
<b>EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Work zip code	Home zip code	Work Zip code
<b>OUT OF STATE EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Work zip code	Work zip code	Work zip code
<b>COBRA-LEGAL</b>			
<b>WHO IS ADMINISTERING CAL-COBRA?</b>	Carrier	Carrier	Allied Administrators
<b>WHO IS ADMINISTERING FEDERAL COBRA?</b>	Employer	Employer	Employer

# California Dental Carrier 411

	GoldenWest PrePaid 2-99	GoldenWest PPO 10-99	Health Net DHMO 2-50	Health Net PPO 2-50
<b>RATING/RATES</b>				
<b>RATE GUARANTEE</b>	12 months	12 months	12 months	12 months
<b>CARRIER RULE FOR RE-APPLYING DUE TO REQUESTED CANCELLATION OR NON-PAYMENT OF DUES</b>			Non-payment of dues: Can be reviewed for reinstatement if the account was not previously cancelled for nonpayment within a 12 months period. Voluntary Cancellation: Must wait 12 months. Earlier reviews by carrier underwriting available on a case by case basis	Non-payment of dues: Can be reviewed for reinstatement if the account was not previously cancelled for nonpayment within a 12 months period. Voluntary Cancellation: Must wait 12 months. Earlier reviews by carrier underwriting available on a case by case basis
<b>EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Not area rated	Work zip code	Work zip code	Work zip code
<b>OUT OF STATE EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Not available	Work zip code	Not available	Work zip code
<b>COBRA - LEGAL</b>				
<b>WHO IS ADMINISTERING CAL-COBRA?</b>	Employer	Employer	Carrier	Carrier
<b>WHO IS ADMINISTERING FEDERAL COBRA?</b>	Employer	Employer	Employer	Employer

# California Dental Carrier 411

	HumanaDental 2-50	Kaiser Dental 2-50	MetLife/SafeGuard Dental 2-50
<b>RATING/RATES</b>			
<b>RATE GUARANTEE</b>	24 months	12 months	12 months
<b>CARRIER RULE FOR RE-APPLYING DUE TO REQUESTED CANCELLATION OR NON-PAYMENT OF DUES</b>	No restriction	Non-payment of dues: Must wait 12 months. Voluntary Cancellation: Must have been gone one full year or show proof of any type (individual or group) of current coverage.	Can re-apply at any time
<b>EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Manually rated groups = Work Zip Experience rated groups (EE ZIPS available) = EE Zips	Work zip code	PPO: Work zip code DHMO: N/A
<b>OUT OF STATE EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Work zip code	Work zip code	PPO: Work zip code DHMO: N/A
<b>COBRA - LEGAL</b>			
<b>WHO IS ADMINISTERING CAL-COBRA?</b>	Carrier	Carrier	Carrier
<b>WHO IS ADMINISTERING FEDERAL COBRA?</b>	Employer	Employer. Kaiser will allow an ER to choose to have the member billed with the group or member directly.	Employer

# California Dental Carrier 411

	Principal Financial Group 5-99	UnitedHealthcare/PacifiCare 2-50
<b>RATING/RATES</b>		
<b>RATE GUARANTEE</b>	12 months or 24 months	12 months
<b>CARRIER RULE FOR RE-APPLYING DUE TO REQUESTED CANCELLATION OR NON-PAYMENT OF DUES</b>	Must wait 12 months	May apply within 6 months
<b>EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Work zip code	Work zip code
<b>OUT OF STATE EMPLOYEE RATES ARE BASED ON HOME OR WORK ZIPCODE</b>	Work zip code	Work zip code
<b>COBRA - LEGAL</b>		
<b>WHO IS ADMINISTERING CAL-COBRA?</b>	Carrier	Carrier
<b>WHO IS ADMINISTERING FEDERAL COBRA?</b>	Employer but Principal will allow an employer to choose to have the member billed with the group or member directly.	Employer or No Fee UHC Cobra Services available when written in conjunction with UHC or PacifiCare medical options.

# California Dental Carrier 411

	Aetna 2-50	Anthem Blue Cross 2-50	Delta Dental 5-99
<b>PROVIDER/NETWORK</b>			
<b>HOW OFTEN CAN A MEMBER CHANGE A DENTAL OFFICE?</b>	Monthly	Once per month, if called in between 1st through 15th of month, Anthem BC will make the change retroactive to the 1st of the same month. If after 15th the change will be 1st of following month	Monthly
<b>CAN EACH FAMILY MEMBER CHOOSE DIFFERENT DENTAL OFFICES?</b>	Yes	No	Yes, up to 3 different offices maximum on DHMO.
<b>NAME OF PROVIDER NETWORK USED</b>	Aetna	Anthem Blue Cross Dental Blue	DeltaCare USA Delta PPO Delta Premier
<b>CLAIMS/BENEFITS</b>			
<b>PERCENTILE OF UCR INFORMATION IS BASED ON</b>	80 <sup>th</sup> (90 <sup>th</sup> for the PPO 2000) AAHP-HIAA (8)	80 <sup>th</sup> Anthem Blue Cross	PPO A: Reimbursed at the lesser of the submitted charge or the PPO provider allowed fee. PPO B + C: (13)
<b>IS DEDUCTIBLE CREDIT GIVEN WHEN COMING FROM A PRIOR GROUP CARRIER?</b>	New group transfer: No New group transfer but members had coverage elsewhere: No New hires: No	New group transfer: Yes New group transfer but members had coverage elsewhere: No New hires: No	New group transfer: No New group transfer but members had coverage elsewhere: No New hires: No
<b>IF A MEMBER HAD PRIOR COVERAGE DO THEY RECEIVE A NEW ANNUAL MAXIMUM?</b>	Yes, except ortho. Amounts for ortho. Previously used will be applied	Yes	Yes

# California Dental Carrier 411

	GoldenWest PrePaid 2-99	GoldenWest PPO 10-99	Health Net DHMO 2-50	Health Net PPO 2-50
<b>PROVIDER/NETWORK</b>				
<b>HOW OFTEN CAN A MEMBER CHANGE A DENTAL OFFICE?</b>	Monthly; must notify by the 20th of the prior month	N/A	Monthly	N/A
<b>CAN EACH FAMILY MEMBER CHOOSE DIFFERENT DENTAL OFFICES?</b>	Yes, maximum of 3 offices per family	N/A	Yes	N/A
<b>NAME OF PROVIDER NETWORK USED</b>	GoldenWest	Unicare PPO	Health Net Dental	Health Net Dental
<b>CLAIMS/BENEFITS</b>				
<b>PERCENTILE OF UCR INFORMATION IS BASED ON</b>	N/A	85th AAHP-HIAA (8)	N/A	80th AAHP-HIAA (8)
<b>IS DEDUCTIBLE CREDIT GIVEN WHEN COMING FROM A PRIOR GROUP CARRIER?</b>	New group transfer: Yes New group transfer but members had coverage elsewhere: No New hires: No	New group transfer: Yes New group transfer but members had coverage elsewhere: No New hires: No	New group transfer: Yes New group transfer but members had coverage elsewhere: Yes New hires: Yes Annual maximum is reduced by deductible amount credited	New group transfer: Yes New group transfer but members had coverage elsewhere: Yes New hires: Yes Annual maximum is reduced by deductible amount credited
<b>IF A MEMBER HAD PRIOR COVERAGE DO THEY RECEIVE A NEW ANNUAL MAXIMUM?</b>	N/A	No, amounts previously used will be applied	N/A	No, amounts previously used will be applied

# California Dental Carrier 411

	HumanaDental 2-50	Kaiser Dental 2-50	MetLife/Safeguard Dental 2-50
<b>PROVIDER/NETWORK</b>			
<b>HOW OFTEN CAN A MEMBER CHANGE A DENTAL OFFICE?</b>	PPO: N/A DHMO: Monthly	DHMO: Monthly	PPO: Not Applicable DHMO: Monthly, must notify Safeguard by the 25th of the prior month
<b>CAN EACH FAMILY MEMBER CHOOSE DIFFERENT DENTAL OFFICES?</b>	PPO: Yes DHMO: Yes, up to 3 different offices max.	DHMO: Yes, up to 3 different offices maximum.	Yes
<b>NAME OF PROVIDER NETWORK USED</b>	PPO: HumanaDental's PPO Network DHMO: Golden West's DHMO Network	DHMO: DeltaCare USA PPO/Indemnity: Delta Dental	PPO: MetLife Preferred Dentist Program (PDP) DHMO: SafeGuard
<b>CLAIMS/BENEFITS</b>			
<b>PERCENTILE OF UCR INFORMATION IS BASED ON</b>	PPO: Maximum Allowable Fee (MAF) Schedule which is equivalent to UCR at the 90 <sup>th</sup> percentile. <i>or</i> PPO: INFS which is equivalent to MAC (In Network Reimbursement Schedule) DHMO: N/A	DHMO: N/A PPO: Maximum allowable charge Indemnity: UCR	Plans in quoting model at 80 <sup>th</sup> , 90 <sup>th</sup> , 99 <sup>th</sup> and MAC plans are available) AAHP-HIAA (8)
<b>IS DEDUCTIBLE CREDIT GIVEN WHEN COMING FROM A PRIOR GROUP CARRIER?</b>	No	New group transfer: No  New group transfer but members had coverage elsewhere: No  New hires: No	New group transfer: Yes  New group transfer but members had coverage elsewhere: Yes  New hires: Yes  Annual maximum is reduced by deductible amount credited: Yes
<b>IF A MEMBER HAD PRIOR COVERAGE DO THEY RECEIVE A NEW ANNUAL MAXIMUM?</b>	Yes	Yes	Yes

# California Dental Carrier 411

	Principal Financial Group 5-99	UnitedHealthcare/PacifiCare 2-50
<b>PROVIDER/NETWORK</b>		
<b>HOW OFTEN CAN A MEMBER CHANGE A DENTAL OFFICE?</b>	N/A	UnitedHealthcare: N/A PacifiCare DHMO: Monthly
<b>CAN EACH FAMILY MEMBER CHOOSE DIFFERENT DENTAL OFFICES</b>	N/A	UnitedHealthcare: N/A PacifiCare DHMO: Yes
<b>NAME OF PROVIDER NETWORK USED</b>	PPO: The Principal Plan EPO: First Dental Health	PPO: UnitedHealthcare HMO: PacifiCare Dental
<b>CLAIMS/BENEFITS</b>		
<b>PERCENTILE OF UCR INFORMATION IS BASED ON</b>	Standard quoting option is 90th but 50th-99th options are available NADP (7)	UnitedHealthcare: 85 <sup>th</sup> of HIAA (8) or 90 <sup>th</sup> of HIAA (8) PacifiCare DHMO: N/A
<b>IS DEDUCTIBLE CREDIT GIVEN WHEN COMING FROM A PRIOR GROUP CARRIER?</b>	New group transfer: Yes New group transfer but members had coverage elsewhere: No New hires: No	UnitedHealthcare: New group transfer: Yes New group transfer but members had coverage elsewhere: Yes New hires: Yes (Annual maximum utilization will also be applied at the time of deductible credit.)  PacifiCare DHMO: N/A
<b>IF A MEMBER HAD PRIOR COVERAGE DO THEY RECEIVE A NEW ANNUAL MAXIMUM?</b>	Yes, except for Ortho. Amounts for ortho. Previously used will be applied.	UnitedHealthCare: Yes, except for Ortho. Amounts for ortho. Previously used will be applied. PacifiCare DHMO: N/A

# California Dental Carrier 411

	<b>Aetna 2-50</b>	<b>Anthem Blue Cross 2-50</b>	<b>Delta Dental 5-99</b>
<b>IS TAKEOVER OF TREATMENT IN PROGRESS AVAILABLE?</b>	Yes, for those that were covered by the prior group plan immediately prior to the effective date	<b>HMO:</b> No <b>PPO:</b> Depends on type of treatment	No
<b>IS TAKEOVER OF ORTHO TREATMENT IN PROGRESS AVAILABLE?</b>	Yes, for those that were covered by the prior group plan immediately prior to the effective date	<b>HMO:</b> No <b>PPO:</b> No	<b>HMO:</b> Yes <b>PPO:</b> Yes, amounts previously used will be applied
<b>MEMBERSHIP</b>			
<b>CANCELLATION NOTICE</b>	Group must notify carrier 30 days prior	Group must notify carrier 30 days prior.	Group must notify carrier 30 days prior.
<b>WHAT ONLINE SERVICES ARE AVAILABLE FOR A GROUP ADMINISTRATOR?</b>	Aetnaenroll – Enroll employees and dependents, update member information, view employee benefits, add employee benefits, and terminate employees and dependents.	Enroll employees and dependents, add COBRA members, view current and past bills, cancel employee/dependent coverage, make changes to employee addresses and phone numbers, order ID cards and EOC's, access forms, print group administration manual, access Ph. numbers & addresses	Access account info, enroll employee's/dependents, order supplies, access plan info, verify benefits and coverage
<b>MISCELLANEOUS</b>			
<b>CARRIER OPTIONS FOR MONTHLY BILLING PAYMENT</b>	Mail check	Mail check, Check-by-phone (there is a \$10 fee for this option), pay online through EmployerAccess	Mail check
<b>WEBSITE ADDRESS</b>	<a href="http://www.aetna.com">www.aetna.com</a>	<a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>ARE SPLIT COMMISSIONS ALLOWED, IF YES WHAT IS THE MAXIMUM ALLOWED?</b>	Yes (4 maximum)	Yes (4 maximum)	No

# California Dental Carrier 411

	GoldenWest PrePaid 2-99	GoldenWest PPO 10-99	Health Net DHMO 2-50	Health Net PPO 2-50
IS TAKEOVER OF TREATMENT IN PROGRESS AVAILABLE?	No	No	No	No
IS TAKEOVER OF ORTHO TREATMENT IN PROGRESS AVAILABLE?	No	Yes, amounts previously used will be applied	No	Yes, amounts previously used will be applied
<b>MEMBERSHIP</b>				
CANCELLATION NOTICE	Group must notify carrier 30 days prior	Group must notify carrier 30 days prior	Group must notify carrier 30 days prior	Group must notify carrier 30 days prior
WHAT ONLINE SERVICES ARE AVAILABLE FOR A GROUP ADMINISTRATOR?	Order supplies/forms, access plan information, provider search and customized directories	Not Available	Order supplies and access plan information	Order supplies and access plan information
<b>MISCELLANEOUS</b>				
CARRIER OPTIONS FOR MONTHLY BILLING PAYMENT	Mail check, EFT or credit card	Mail check, EFT or credit card	Mail check, EFT through Eservices (this option is not an automatic deduction. The group needs to log into their online account monthly and indicate the amount they are paying)	Mail check, EFT through Eservices (this option is not an automatic deduction. The group needs to log into their online account monthly and indicate the amount they are paying)
WEBSITE ADDRESS	<a href="http://www.goldenwestdental.com">www.goldenwestdental.com</a>	<a href="http://www.goldenwestdental.com">www.goldenwestdental.com</a>	<a href="http://www.yourdentalplan.com/healthnet">www.yourdentalplan.com/healthnet</a>	<a href="http://www.yourdentalplan.com/healthnet">www.yourdentalplan.com/healthnet</a>
ARE SPLIT COMMISSIONS ALLOWED, IF YES WHAT IS THE MAXIMUM ALLOWED?	Yes (2 maximum)	Yes (2 maximum)	Yes (unlimited)	Yes (unlimited)

# California Dental Carrier 411

	HumanaDental 2-50	Kaiser Dental 2-50	MetLife/Safeguard Dental 2-50
<b>IS TAKEOVER OF TREATMENT IN PROGRESS AVAILABLE?</b>	PPO: Yes DHMO: No	No	Yes
<b>IS TAKEOVER OF ORTHO TREATMENT IN PROGRESS AVAILABLE?</b>	PPO: Yes DHMO: No	DHMO: Yes PPO: N/A Indemnity: Yes	Yes
<b>MEMBERSHIP</b>			
<b>CANCELLATION NOTICE</b>	30 days	Group must notify carrier 30 days prior.	Group must notify carrier 30 days prior
<b>WHAT ONLINE SERVICES ARE AVAILABLE FOR A GROUP ADMINISTRATOR?</b>	Employee changes, additions, and terminations, electronic premium payment, and access copies of each employee letter of coverage with ID card information.	Customer Account Services – Access active enrollees, add, edit or terminate employees, view membership and invoices – real time information	Enroll employee's/dependents, update eligibility, view bills, download forms, order ID cards
<b>MISCELLANEOUS</b>			
<b>CARRIER OPTIONS FOR MONTHLY BILLING PAYMENT</b>	Check, bank draft, or On-line check pay	Mail check, EFT through E-business Services (this option is not an automatic deduction. The group needs to log on to their online account monthly and indicate the amount they are paying)	Mail check, EFT from a checking account or pay with credit card
<b>WEBSITE ADDRESS</b>	<a href="http://www.humanadental.com">www.humanadental.com</a>	<a href="http://www.kp.org">www.kp.org</a>	<a href="http://www.metlife.com/dental">www.metlife.com/dental</a> <a href="http://www.safeguard.net">www.safeguard.net</a>
<b>ARE SPLIT COMMISSIONS ALLOWED, IF YES WHAT IS THE MAXIMUM ALLOWED?</b>	Yes, flexible	Yes, 3 maximum	Yes (unlimited)

# California Dental Carrier 411

	Principal Financial Group 5-99	UnitedHealthcare/PacifiCare 2-50
IS TAKEOVER OF TREATMENT IN PROGRESS AVAILABLE?	Yes	UnitedHealthcare: Yes PacifiCare DHMO: No
IS TAKEOVER OF ORTHO TREATMENT IN PROGRESS AVAILABLE?	Yes	UnitedHealthcare: Yes PacifiCare DHMO: No
<b>MEMBERSHIP</b>		
CANCELLATION NOTICE	Group must notify carrier 30 days prior	Group must notify carrier 30 days prior
WHAT ONLINE SERVICES ARE AVAILABLE FOR A GROUP ADMINISTRATOR?	Enroll employee's/dependents, delete employee's/dependents, print ID cards, view eligibility, view billing statement, name changes, continuation elect/terminate, download forms	Member eligibility, add, terminate employees & their dependents, provider search, billing, reinstate employees, change employee status, plan and benefit information, general dental information and UnitedHealthcare Dental resources.
<b>MISCELLANEOUS</b>		
CARRIER OPTIONS FOR MONTHLY BILLING PAYMENT	Mail check, EFT from a checking account	Mail check, EFT from a checking account through Easy Pay
WEBSITE ADDRESS	<a href="http://www.principal.com">www.principal.com</a>	<a href="http://www.myuhcdental.com">www.myuhcdental.com</a> <a href="http://www.employereservices.com">www.employereservices.com</a> <a href="http://www.pacificare-dental.com">www.pacificare-dental.com</a>
ARE SPLIT COMMISSIONS ALLOWED, IF YES WHAT IS THE MAXIMUM ALLOWED?	Yes (6 maximum)	Yes (unlimited)

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(1) Household staff members are eligible provided they meet the following criteria: (1) Groups must be able to provide Anthem Blue Cross with a DE6 or DE3BHW showing all eligible employees (2) Groups must provide a job description for each employee (3) Groups will be reviewed under AB1672 guidelines (4) Groups must meet our participation guidelines (75% for EmployeeElect/60% for BeneFits) (5) The following, but not limited to, will NOT be considered eligible employees: The Employer, Carpenters, Electricians, Librarians, Musicians, Nursing Registry, Employee Leasing Service, Painters, Plumbers, Private Secretaries, Tutors, The Employer's minor children, parents or spouse, Household services provided by Independent Businesses such as janitorial service, catering service, gardening services, etc. (6) Private Household Employers who pay annual withholding instead of quarterly withholding will not be eligible.

(2) Standard: First of the month following minimum 90 days OR Custom: As mirrors our group medical plan (a) First of the month following date of hire (b) Date of hire (c) First of the month, following \_\_\_\_\_ days of employment (minimum of 30 days).

(3) Aetna CA groups with out-of-state employees may only be offered one of the available 4 Out of State Dental plans. Maximum out-of-state employee percentage (and/or number of employees) will agree with the Medical guidelines for each state. Orthodontic coverage is included for groups of 10 or more eligible employees. Orthodontic coverage is only available for dependent children.

(4) Out-of-State PPO dental is for out-of-state employees in all states except Arkansas, Alaska, Hawaii, Idaho, Maine, Montana, North Dakota, New Hampshire, New Mexico, South Dakota, Vermont, and Wyoming. Out-of-state employees in these states will receive the indemnity dental plan.

(5) Employees - Option A -If the employer contributes less than 100% all eligible employees and dependents must enroll. Option B-If the employer contributes 75% - 99.9% of the employee cost then 80% of the eligible employees must enroll (excluding those with dental coverage elsewhere). Option C - If employer contributes up to 74.9% of employee premiums (PPO Vol) –at least 5 eligible employees must enroll. Groups that purchase PPO Vol do not need to submit a DE-6 Dependents – If the primary enrollee elects dependent coverage, all eligible dependents must enroll at the same time as primary enrollee or within 30 days of the dependent becoming eligible for enrollment. If under 4 years of age, dependent can be enrolled at the beginning of any contract year up to and immediately following the dependents fourth birthday.

(6) Option A, Non-Voluntary (at least 75% employer paid) Option B, Voluntary Dependents Option C, Voluntary (100% employee paid)

(7) National Association of Dental Providers

(8) American Association of Health Plans - Health Insurance Association of America

(9) Carrier will allow up to 2 different waiting periods to be chosen by the employer based on employees employment class/title. PacifiCare DHMO will only allow this on groups of 10 or more lives.

(11) Carrier will allow the employer to choose as many waiting periods as they want based on employees employment class/title. Principal allows multiple based on group size. Must verify with Principal underwriting for approval.

(12) Carrier will allow the employer to choose only 1 waiting period.

(13) PPO B + C: PPO dentists are reimbursed at the lesser of the submitted charge or the PPO provider allowed fee. Premier dentists are reimbursed at the lesser of the submitted charge or the Premier provider allowed fee. Non-contracted dentists are reimbursed at the lesser of the submitted charge or the fee that satisfies the majority of dentists with the same training and geographical location.

(14) Carrier will allow up to 2 different waiting periods to be chosen by employer based on employees employment class/title.