

# Delta Dental PPO<sup>SM</sup> and Delta Dental Premier<sup>®</sup>

Dual-option Program—Millennium Choice

DESIGNED FOR GROUPS OF 5-199 ELIGIBLE EMPLOYEES

## Participation Requirements

(A minimum of five employees must enroll regardless of the group's size or options selected.)

For groups with 5-9 eligible employees:

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

For groups with 10-199 eligible employees:

- Annual open enrollment if 10 or more employees enroll.
- Enrollment must consist of at least 80% of all eligible employees and 80% of eligible dependents not covered by another dental plan with a minimum of 10 employees enrolled.

## Underwriting Guidelines

- Employee-only plans are available for groups of 5+.
- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- Employees who elect coverage and then drop it during the year may not re-enroll until a two-year waiting period has been satisfied to coincide with the group's open enrollment, if applicable.
- Groups with 20% or more of eligible employees residing outside of Minnesota are subject to underwriting review.
- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage, or adoption.
- 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.

### Medical lock

- Enrollment is tied to the medical plan, meaning 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 medical plan billing must be included with the master application and enrollment forms.)

## Optional Orthodontic Treatment Package

- Designed for groups of 10 or more enrolled employees.
- No waiting period for new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.



# Participation Guidelines



DELTA DENTAL OF MINNESOTA

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For more information,  
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(651) 406-5920 or (800) 906-5250

Participation Requirements

Underwriting Guidelines

Orthodontic Treatment Packages

# Delta Dental Premier® Program

DESIGNED FOR GROUPS OF 5-99 ELIGIBLE EMPLOYEES

## Participation Requirements

(A minimum of five employees must enroll regardless of the group's size or options selected.)

For groups with 5-14 eligible employees:

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

For groups with 15-99 eligible employees, employers may choose one of three options:

*Option 1 Annual enrollment for dependents*

- One-time enrollment for eligible employees but annual open enrollment available to eligible dependents (spouse and children) of enrolled employees 30 days prior to renewal.
- 100% of all eligible employees and 75% of eligible dependents not covered under another dental plan must enroll.

*Option 2 One-time enrollment*

- One-time enrollment.
- 80% of all eligible employees and 80% of eligible dependents not covered under another dental plan must enroll.

*Option 3 Medical lock*

- Enrollment is tied to the 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 medical plan billing must be included with the master application and enrollment forms.)

## Underwriting Guidelines

- Employee-only plans are available for groups of 5+.
- The employer must select one Delta Dental Premier plan for all employees.
- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- Groups with 20% or more of eligible employees residing outside of Minnesota are subject to underwriting review.
- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage, or adoption.
- 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 coverage with another group dental plan.** To qualify for these reduced rates:

- At least 90% of all employees enrolling in the Delta Dental Plan must be covered under the current dental plan with no lapse in coverage.
- The previous plan must be comparable to Delta Dental's coverage – we request 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 with Comprehensive Standard and Comprehensive Enhanced plans only)

- Designed for groups of 10 or more enrolled employees.
- No waiting period for new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.

# Delta Dental PPO™ Program

DESIGNED FOR GROUPS OF 5-99 ELIGIBLE EMPLOYEES

## Participation Requirements

(A minimum of five employees must enroll regardless of the group's size or options selected.)

For groups with 5-9 eligible employees:

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

For groups with 10-99 eligible employees:

- Annual open enrollment if 10 or more employees enroll.
- Enrollment must consist of at least 80% of all eligible employees and 80% of eligible dependents not covered by another dental plan with a minimum of 10 employees enrolled.

## Underwriting Guidelines

- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- Employee-only plans are available for groups of 5+.
- The employer must select one Delta Dental PPO plan for all employees.
- Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage, or adoption.
- Employees who drop coverage during the year may not re-enroll until a two-year waiting period has been satisfied. Re-enrollment will coincide with the group's open enrollment, if the group qualifies for one.
- Groups with 20% or more of eligible employees residing outside of Minnesota are subject to underwriting review.
- 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.

*Medical lock*

- Enrollment is tied to the medical plan, meaning 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 medical plan billing must be included with the master application and enrollment forms.)

## Optional Orthodontic Treatment Package

- Designed for groups of 10 or more enrolled employees.
- No waiting period for new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.

# Delta Dental PPO™ Plus Premier Voluntary Network Program–Dental Flex

## Discover Voluntary Non-Network Program

DESIGNED FOR GROUPS OF 5+ ELIGIBLE EMPLOYEES

## Participation Requirements

**Discover:**

- One-time enrollment.
- A minimum of 5 employees must enroll.

**Dental Flex:**

- Annual open enrollment.
- A minimum of 5 employees must enroll.
- For new groups not covered by an existing dental plan, the published waiting periods apply. For groups that have had at least 12 consecutive months of employer-paid comparable basic and major coverage, all waiting periods are waived. For new groups with at least 12 consecutive months of comparable voluntary basic and major coverage: If 90% of the enrolling group is covered under the previous dental plan, all waiting periods are waived.

## Underwriting Guidelines

- Employee-only plans are available for groups of 5+.
- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- Groups with 20% or more of eligible employees residing outside of Minnesota are subject to underwriting review.
- **Discover 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 statements and Articles of Incorporation.
- Cannot provide coverage for **Dental Flex** groups in which 50% or more of the employees are related by blood relation, marriage, or adoption.
- For **Dental Flex** groups: Employees who drop coverage during the year may not re-enroll until a two-year waiting period has been satisfied. Re-enrollment will coincide with the group's open enrollment.
- Lower premiums are offered if the employer's contribution is 50% or greater.
- 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.

*Medical lock*

- Enrollment is tied to the medical plan, meaning 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 medical plan billing must be included with the master application and enrollment forms.)

## Optional Orthodontic Treatment Package

**Discover:**

**The Discover orthodontic treatment plan is automatically included as long as 10 or more employees are enrolled in the plan.** Groups with fewer than 10 employees enrolled do not qualify for orthodontic benefits.

- No waiting period for new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.

**Dental Flex:**

**Orthodontic treatment plan available as an option to groups with 10 or more enrolled employees.**

- No waiting period for new groups with at least 12 months of prior orthodontic coverage. A 12-month waiting period applies to new groups and new employees without previous orthodontic coverage.
- Coverage for dependent children ages 8 through 18.