



Underwriting Guidelines and Participation Requirements

DELTA DENTAL OF MINNESOTA

For more information, contact
Delta Dental ConnectSM — 1-800-906-5250 or
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UNDERWRITING GUIDELINES

- Employee-only plans are available for groups of 5+.
- Dental offices/clinics are not eligible.
- Groups with 20% or more of eligible employees residing outside Minnesota are subject to underwriting review.
- Coordination of benefits applies.
- If coverage is waived, a qualifying event must occur to gain coverage unless the group qualifies for an open enrollment.
- 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.
- Groups of any size may request domestic partners coverage (same-sex and/or opposite sex).
- **For Delta Dental Premier and Delta Dental PPO Programs:** The employer must select one plan for all employees.
- **For Delta Dental Premier, Delta Dental PPO, Dental Flex and Millennium Choice:** Cannot provide coverage for groups in which 50% or more of employees are related by blood relation, marriage or adoption.
- **For 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.
- **For Delta Dental PPO, Dental Flex and Millennium Choice:** 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.

- **For Discover and Dental Flex:** Lower premiums are offered if the employer's contribution is 50% or greater.

Medical lock available with all plans

- 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.)

OPTIONAL ORTHODONTIC COVERAGE

- Available as an option for Delta Dental Premier*, Delta Dental PPO, Dental Flex and Millennium Choice. Designed for groups of 10 or more enrolled employees.
- Automatically included for Discover groups as long as 10 or more employees are enrolled in the plan.
- **For Delta Dental Premier*, Delta Dental PPO, Millennium Choice and Discover:** No waiting period for new groups and new employees without previous orthodontic coverage.
- **For Dental Flex:** 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.

**Available for Comprehensive Standard and Enhanced plans.*

THE POWER OF SMILE[®]

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In the following plans, a minimum of 5 employees must enroll regardless of the group's size or options selected

Delta Dental Premier® — 5-99 eligible employees	
For Groups with 5-14 eligible employees	<ul style="list-style-type: none"> • 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	<p>Option 1 – Annual enrollment for dependents</p> <ul style="list-style-type: none"> • 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. <p>Option 2 – One-time enrollment</p> <ul style="list-style-type: none"> • One-time enrollment. • 80% of all eligible employees and 80% of eligible dependents not covered under another dental plan must enroll. <p>Option 3 – Medical lock (see description in Underwriting section)</p>
Rates may be reduced for groups with prior coverage with another group dental plan. To qualify:	<ul style="list-style-type: none"> • 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.

Delta Dental PPOSM — 5-99 eligible employees	
For groups with 5-9 eligible employees	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

Delta Dental PPOSM and Delta Dental Premier® – 5-199 eligible employees <i>Dual-Option Program – Millennium Choice</i>	
For groups with 5-9 eligible employees	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

In the following plans, only 5 employees need to enroll with no other employee or dependent participation percentage requirements

Delta Dental PPOSM Plus Premier – 5+ eligible employees <i>Voluntary Network Program — Dental Flex</i>	
<ul style="list-style-type: none"> • 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. 	

Discover – 5+ eligible employees (Voluntary Non-Network Program)	
<ul style="list-style-type: none"> • One-time enrollment. • A minimum of 5 employees must enroll. 	